U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

HIV/AIDS Bureau

Division of Policy and Data

Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program – Implementation and Technical Assistance Provider

Funding Opportunity Number: HRSA-22-031

Funding Opportunity Type: New

Assistance Listings (AL/CFDA) Number: 93.928

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Letter of Intent Requested by: January 21, 2022

Application Due Date: February 23, 2022

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

HRSA will not approve deadline extensions for lack of registration.

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

Issuance Date: November 22, 2021

Adan Cajina, MSOR
Chief, Special Projects of National Significance Branch
Telephone: (301) 443-3180
Email: ACajina@hrsa.gov

See Section VII for a complete list of agency contacts.

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

508 Compliance Disclaimer

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

EXECUTIVE SUMMARY

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

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

The purpose of this funding announcement (HRSA-22-031) is to support a single organization that will serve as the ITAP to provide technical assistance to up to 10 sites ("implementation sites") implementing and adapting housing-related evidence-based interventions, evidence-informed interventions, and emerging strategies (collectively, "intervention strategies") for the following three key populations of people with HIV experiencing unstable housing: 1) lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people; 2) youth and young adults (ages 13-24); and 3) people who have been justice involved (i.e., people impacted by the justice system).

The ITAP will select and fund implementation sites under individual subawards; provide *implementation-related* technical assistance to the sites; and develop a communication plan and replication tools for widespread adoption of these housing-related intervention strategies for these three key populations of people with HIV experiencing unstable housing. The EP, funded under the companion announcement (HRSA-22-032), will develop and implement a multi-site evaluation of these intervention strategies and provide evaluation-related technical assistance using an implementation science framework. The ITAP will support the EP and implementation sites in carrying out the multi-site evaluation.

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. This program may be cancelled prior to award.

Funding Opportunity Title:	Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program – Implementation and Technical Assistance Provider
Funding Opportunity Number:	**HRSA-22-031**
Due Date for Applications:	February 23, 2022
Anticipated Total Annual Available FY 2022 Funding:	**$3,500,000**
Estimated Number and Type of Award:	One (1) cooperative agreement
Estimated Annual Award Amount:	Up to $3,500,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2022 through July 31, 2026 (4 years)
Eligible Applicants:	Eligible applicants include entities eligible for funding under Ryan White HIV/AIDS Program Parts A - D of Title XXVI of the Public Health Service (PHS) Act, including public and nonprofit private entities; state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; community health centers receiving support under Section 330 of the PHS Act; faith-based and community-based organizations; and Indian Tribes or Tribal organizations with or without federal recognition.

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

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Monday, December 13, 2021
Time: 2 p.m. – 3:30 p.m. ET

Weblink: Join ZoomGov Meeting
https://hrsa-gov.zoomgov.com/j/1613730153?pwd=TEordlQ2aitMNVRRbXZyR0hxZDZBdz09
Meeting ID: 161 373 0153
Passcode: qvi6Q2px

Or Dial-In
Call-In Number: 1-833-568-8864 (US Toll-free)
Meeting ID: 161 373 0153
Passcode: 34174265

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) Special Projects of National Significance (SPNS) Program[1] project titled *Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program - Implementation and Technical Assistance Provider (ITAP).*

The purpose of this project is to support a single organization that will serve as an ITAP to provide technical assistance (TA) to up to 10 implementation sites that will implement and adapt housing-related intervention strategies for the following three key populations of people with HIV experiencing unstable housing, who often have the highest HIV-related disparities (see Background Section I.2):

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

The *SURE Housing* initiative has two separate, yet coordinated recipients: the ITAP, which will be funded under this announcement (HRSA-22-031), and an Evaluation Provider (EP), funded under a different announcement (HRSA-22-032), which will use an implementation science framework[2] to evaluate the implementation and adaptation of the housing intervention strategies. Both the ITAP and the EP must coordinate activities and share information and data in the design, implementation, evaluation, communication, and dissemination of this initiative. The success of this initiative is dependent on the collective success of the individual components, with the ultimate goal of communicating and disseminating replication tools to the broader RWHAP, HIV, and housing communities.

The ITAP will identify potential intervention strategies that can be adapted for the key populations identified, using criteria that assess feasibility, adaptability, and effectiveness. The ITAP will also develop and quickly release an application process to select and fund the implementation sites under individual subawards (up to $250,000/site per year); provide TA to the sites in implementing and adapting these interventions; and develop replication tools for widespread adoption of these intervention strategies for the above three key populations of people with HIV experiencing unstable housing.

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

[2] Psihopaidas D, Cohen SM, West T, et al.; Implementation science and the Health Resources and Services Administration's Ryan White HIV AIDS Program's work towards ending the HIV epidemic in the United States. PLoS Med 2020;17(11):e1003128. Available at: https://doi.org/10.1371/journal.pmed.1003128

This initiative will engage and retain people with HIV experiencing unstable housing in HIV medical care and support services by addressing their housing and behavioral health needs, as needed. Thus, the proposed housing intervention strategies should include models to integrate behavioral health services, including mental health and substance use disorder treatment, with HIV care to specifically address the comprehensive needs of people with HIV experiencing unstable housing to improve health outcomes.

In addition, the implementation sites will participate in a multi-site evaluation to assess the effectiveness of the interventions' implementation and adaption. The ITAP will work collaboratively with the EP and HRSA staff in all aspects of the planning, implementation, adaptation, provision of TA, and evaluation of the housing-related intervention strategies. The ITAP will also develop adaptation manuals prior to the implementation of these interventions. Finally, the ITAP will actively disseminate the initiative's findings, lessons learned, and outcomes for future replication in other settings.

Recognizing the critical role of housing in supporting people with HIV to improve health outcomes, HRSA will draw upon the expertise of the U.S. Department of Housing and Urban Development (HUD), including its Office of HIV/AIDS Housing (OHH), which administers the Housing Opportunities for Persons With AIDS (HOPWA) Program.[3] HUD is responsible for national policy and programs that address America's housing needs and enforce fair housing laws. As such, HRSA will consult with HUD as needed for the purposes of this initiative.

The ultimate goal of this initiative is to promote the replication of effective housing interventions in the RWHAP to decrease health and housing disparities and improve health outcomes along the HIV care continuum. Thus, the ITAP and implementation sites should partner with relevant housing organizations, housing consortiums, HUD's Continuum of Care (CoC) Program,[4] and planning councils, to address unmet housing needs. In addition, for a wider reach in order to leverage services and have broad impact, applicants should consider partnerships with LGBTQ+ organizations, youth organizations, and correctional/justice-involved institutions.

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

For more details, see Program Requirements and Expectations.

2. Background

The RWHAP SPNS Program is authorized by 42 USC § 300ff-101 (§ 2691 of the Public Health Service Act).

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

[4] HUD Exchange. HUD's Continuum of Care Program. Available at: https://www.hudexchange.info/programs/coc/

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

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

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

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

Strategic Frameworks and National Objectives

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

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

According to recent data from the 2019 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2015 to 2019, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 83.4 percent to 88.1 percent. Additionally, racial/ethnic, age-based, and regional disparities reflected in viral

suppression rates have significantly decreased.[5] For example, the disparities in viral suppression rates between Black/African Americans and White clients have decreased since 2010.[6] These improved outcomes mean more people with HIV in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.[7]

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

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

Using Data Effectively: Integrated Data Sharing and Use

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

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

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

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[5] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2019. Published December 2020. Accessed December 2, 2020. Available at: http://hab.hrsa.gov/data/data-reports.
[6] Black/African American clients went from 79.4 percent viral suppression in 2015 to 85.2 percent in 2019, while 88.3 percent of White clients were virally suppressed in 2015 and 91.8 percent in 2019
[7] National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available at: https://clinicaltrials.gov/ NCT00074581 NLM Identifier: NCT00074581.

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

Program Resources and Innovative Models

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

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

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

- Integrating HIV Innovative Practices (IHIP)
  Resources on the IHIP website include easy-to-use training manuals, curricula, case studies, pocket guides, monographs, and handbooks, as well as informational handouts and infographics about SPNS generally. IHIP also hosts TA training webinars designed to provide a more interactive experience with experts, and a TA

help desk exists for you to submit additional questions and share your own lessons learned.

- Replication Resources from the SPNS Systems Linkages and Access to Care
  There are intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among hard-to-reach people with HIV.
- Dissemination of Evidence Informed Interventions
  The Dissemination of Evidence-Informed Interventions initiative ran from 2015-2020 and disseminated four adapted linkage and retention interventions from prior SPNS and the Minority HIV/AIDS Funds (MHAF) from the HHS Secretary's Office initiatives to improve health outcomes along the HIV care continuum. The initiative produced four evidence-informed care and treatment interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing health care environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

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

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

The SPNS Program supports the development of innovative models of HIV care to quickly respond to the emerging needs of clients served by the Ryan White HIV/AIDS Program. The SPNS Program evaluates the effectiveness of these models' design, implementation, utilization, cost, and health-related outcomes while promoting the communication, dissemination, and replication of successful models.

HRSA is publishing this notice of funding opportunity (NOFO) in conjunction with Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program – Evaluation Provider (HRSA-22-032). Because award recipients under both NOFOs (HRSA-22-031 and HRSA-22-032) will need to work closely together to be successful, HAB encourages you to read the companion announcement and become familiar with all program expectations within each NOFO.

The HRSA HAB Implementation Science Approach

The goal of this initiative is to identify, implement, and adapt intervention strategies that could be effective for improving outcomes among the three key populations of people with HIV identified in this NOFO who are served by the RWHAP, thereby reducing disparities and moving toward ending the HIV epidemic in the U.S within the HRSA HAB

implementation science framework (HAB IS).[8] HAB IS was developed to support the translation of insights from the implementation science literature to real-world settings.

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

HIV, Housing Disparities, and Key Populations

Promoting equity is essential to HHS' mission of protecting the health of Americans and providing essential human services. This view is reflected in Executive Order 13985[9] entitled Advancing Racial Equity and Support for Underserved Communities through the Federal Government. Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences.[10]

Structural and social determinants of health such as housing,[11] employment,[12] and disparate service delivery systems[13] are often associated with HIV-related health disparities. Housing stability has a particular impact on the health of people with HIV. Homelessness was associated with 3.84 times the likelihood of incomplete viral suppression when compared to people with HIV who were stably housed.[14] People with HIV experiencing homelessness are at increased risk of poorer mental, physical, and overall health status.[15] Thus, housing is a potentially important mechanism for

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[8] Psihopaidas D, Cohen SM, West T, et al.; Implementation science and the Health Resources and Services Administration's Ryan White HIV AIDS Program's work towards ending the HIV epidemic in the United States. PLoS Med 2020;17(11):e1003128. https://doi.org/10.1371/journal.pmed.1003128

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

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

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

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

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

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

[15] Kidder DP, Wolitski RJ, Campsmith ML, Nakamura GV. Health status, health care use, medication use, and medication adherence among homeless and housed people living with HIV/AIDS. *Am J Public Health.*

improving the health of people with HIV who have not yet been successfully maintained in care.

HRSA has identified three key focus populations for this project: LGBTQ+; youth and young adults; and justice involved individuals. HIV disproportionately affects the LGBTQ+ communities – in 2018, gay, bisexual, and other men who have sex with men (MSM) accounted for 69 percent of the 37,968 new HIV diagnoses in the United States.[16] Similarly, youth and young adults ages 13-24 accounted for approximately 21 percent of new HIV diagnoses in 2018.[17] In addition, those with recent incarceration history were more likely to experience homelessness and least likely to report HIV medication adherence and durable viral suppression compared to those who were never incarcerated.[18]

Specifically, data from the Ryan White HIV/AIDS Program Services Report (RSR) show that although viral suppression rates have increased over time in the RWHAP, challenges remain for certain populations, especially clients with temporary or unstable housing. Data from the 2019 RSR show that RWHAP clients with unstable housing have lower viral suppression rates (74.5 percent) than clients with stable housing (89.3 percent). In addition, key populations with unstable housing continue to have the lowest percentages of viral suppression: transgender people (67.5 percent); youth aged 13-24 years (69.3 percent); and Black/African American MSM (71.7 percent).[19] These data underscore the importance of replicating effective structural and evidence-informed housing intervention strategies for these subpopulations across the RWHAP.

Implementation and Adaptation of Housing Intervention Strategies

The RWHAP SPNS program has extensive experience in funding demonstration project initiatives that implement and evaluate innovative models focused on improving access to and retention in care for people with HIV, including successful implementation and evaluation of three housing-related initiatives to improve health outcomes for people with HIV experiencing unstable housing (See Table 1).

Table 1. RWHAP SPNS Housing-Related Initiatives

2007;97(12):2238-2245. doi:10.2105/AJPH.2006.090209. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2089119/

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

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

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

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

Evidence-Informed Interventions and Emerging Strategies	Summary	Website
Building a Medical Home for Multiply Diagnosed HIV Positive Homeless Populations	The goals of these interventions were to improve the timely entry, engagement, and retention in HIV care and support services for homeless and unstably housed people with HIV with co-occurring mental illness and/or substance use disorders. The interventions employed models of care focused on the development of sustainable linkages to mental health, substance abuse treatment, and HIV primary care services for homeless or unstably housed people with HIV. Demonstration sites provided intensive coordination of care and service needs, including integrated and co-located HIV primary care, substance abuse, and mental health treatment services within an HIV primary care clinic, public housing facility, or network of providers.	https://hab.hrsa.gov/about-ryan-white-hivaids-program/spns-homeless-populations https://www.targethiv.org/library/building-medical-homes-multiply-diagnosed-hiv-positive-homeless-populations
Addressing HIV Care and Housing Coordination through Data Integration	These interventions supported the electronic integration of housing and HIV care data and implementation of enhanced coordinated service delivery strategies between HRSA's RWHAP and HUD's HOPWA program.	https://hab.hrsa.gov/about-ryan-white-hivaids-program/spns-data-integration https://www.targethiv.org/library/spns-housing-data-integration
Improving HIV Health Outcomes through the Coordination of Supportive	The overall goal of these coordinated services interventions was to decrease the negative impact of the social determinants of health that affect long-term HIV health outcomes for people	https://hab.hrsa.gov/about-ryan-white-hivaids-program/spns-initiative-improving-hiv-health-outcomes.html

Employment and Housing Services	with HIV impacted by employment and housing instability in racial and ethnic minority communities. This strategy integrated HIV care, housing, and employment services into a coordinated intervention.	https://targethiv.org/housing-and-employment

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

HRSA also acknowledges other interventions funded outside of RWHAP SPNS as a potential source of housing-related intervention strategies. These may include, but are not limited to, intervention strategies from HUD HOPWA and other innovative HIV and housing-related models.

One such intervention involves rapidly delivering housing services to people with HIV. In a 2019 New York City study, 236 people with HIV assigned to rapid re-housing (i.e., immediate assignment to a case manager to rapidly re-house a client and provide case management services) found housing faster and were more than twice as likely to achieve or maintain viral suppression as compared to those who were assigned to standard housing services and assistance.[20]

In another intervention, researchers established a POP-UP low-threshold, no appointment primary care program for people with HIV experiencing unstable housing. One aspect of this care involved delivering prescribed medicine to the clinic itself so that the patients had direct access to their medication. By six months, 55 percent of the participants of the program achieved viral suppression.[21]

However, more needs to be done to extend the uptake and reach of these and other housing-related intervention strategies, especially in focus populations, who continue to experience health and housing disparities, to assure rapid replication and better integrate these interventions across RWHAP provider organizations. Successful dissemination and wider-scale replication of these intervention strategies will be key in improving health outcomes for people with HIV experiencing unstable housing to support ending the HIV epidemic across the U.S.

Key Definitions

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[20] Towe VL, Wiewel EW, Zhong Y, Linnemayr S, Johnson R, Rojas J. A Randomized Controlled Trial of a Rapid Re-housing Intervention for Homeless Persons Living with HIV/AIDS: Impact on Housing and HIV Medical Outcomes. AIDS Behav. 2019 Sep;23(9):2315-2325. doi: 10.1007/s10461-019-02461-4. PMID: 30879212. Available at: https://pubmed.ncbi.nlm.nih.gov/30879212/

[21] Imbert E, Hickey MD, Clemenzi-Allen A, Lynch E, Friend J, Kelley J, Conte M, Das D, Rosario JBD, Collins E, Oskarsson J, Hicks ML, Riley ED, Havlir DV, Gandhi M. Evaluation of the POP-UP programme: a multicomponent model of care for people living with HIV with homelessness or unstable housing. AIDS. 2021 Jul 1;35(8):1241-1246. doi: 10.1097/QAD.0000000000002843. PMID: 34076613; PMCID: PMC8186736. Available at: https://pubmed.ncbi.nlm.nih.gov/34076613/

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

- *Evidence-based interventions* are strategies, models, or approaches that have been proven effective at improving the care and treatment of people with HIV. Evidence-based interventions have demonstrated impact and strength of published research evidence and have met the evidence-based criteria established by the Centers for Disease Control and Prevention (CDC).
- *Evidence-informed interventions*[22] are strategies, models, or approaches that have been proven effective or have shown promise as a methodology, practice, or means of improving the care and treatment of people with HIV. Evidence-informed should be understood as distinct from evidence-based., Evidence-informed interventions may demonstrate impact and strength of published research evidence without meeting CDC or other criteria for being evidence-based.
- *Emerging strategies* are innovative strategies that address emerging priorities for the care and treatment of people with HIV. Real world validity and effectiveness have been demonstrated, but emerging strategies do not yet have sufficient published research evidence.
- *HIV care services* are all of the HIV care and treatment services allowable through the RWHAP. For more information regarding RWHAP eligible services, refer to Policy Clarification Notice (PCN) #16-02: *Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds*.[23]
- *Housing services* are the full range of rental, utility, security deposit, and mortgage assistance offered through HUD, including the HOPWA program, the Continuum of Care Program, and Emergency Solutions Grants Program, to stabilize individuals and families experiencing unstable housing or homelessness. In addition, please see the HRSA HAB program letter, *Using Ryan White HIV/AIDS Program Funds to Support Housing Services*.[24]
- *Unstable housing* includes but is not limited to literal homelessness (i.e., lacking a fixed, regular, and adequate nighttime residence, including sleeping in a place not meant for human habitation, such as a park bench, vehicle, bus, train or subway station, abandoned building, or anywhere outside, etc.);[25] temporary housing (e.g., transitional housing, hotel or motel, or temporary arrangement with family or friends); and unstable housing arrangements (e.g., emergency shelter,

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[22] Psihopaidas D, Cohen SM, West T, et al.; Implementation science and the Health Resources and Services Administration's Ryan White HIV AIDS Program's work towards ending the HIV epidemic in the United States. PLoS Med 2020;17(11):e1003128. Available at: https://doi.org/10.1371/journal.pmed.1003128

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

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

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

jail, prison, or juvenile detention facility, or not having a lease, ownership interest, or occupancy agreement in permanent housing).[26]

- *Justice involved* refers to any person who is engaged at any point along the continuum of the criminal justice system as a defendant (including arrest, incarceration, and community supervision). See HRSA's Ryan White HIV/AIDS Program: Addressing the HIV Care Needs of People with HIV in State Prisons and Local Jails.[27] For more information regarding RWHAP eligible services for people with HIV who are justice involved, refer to: Policy Clarification Notice (PCN) #18-02: The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved.[28]
- *Equity* means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.[29]
- *Underserved Communities* are populations sharing a particular characteristic, as well as geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of "equity."[30]

II. Award Information

1. Type of Application and Award

Type of applications sought: **New**

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

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

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

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

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

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

HRSA program involvement will include:

- Providing the expertise of HRSA personnel and other relevant staff and resources to the project.
- Seeking the expertise of HUD staff and other relevant resources to support the initiative.
- Facilitating relationships between the ITAP, EP, and other relevant stakeholders.
- Reviewing and concurring with activities, procedures, measures, and tools to be established and implemented for accomplishing the goals of the cooperative agreement.
- Participating in the design and implementation of tools, implementation plans, and other project materials.
- Reviewing and concurring with all information products prior to communication and dissemination.
- Facilitating the communication and dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader HIV health care and housing provider communities.

The cooperative agreement recipient's responsibilities will include:

- Researching and creating a process for identifying and selecting housing-related intervention strategies
- Developing adaptation manuals of housing-related intervention strategies to be implemented and adapted by the implementation sites
- Leading the identification and selection of subrecipient implementation sites.
- Providing TA on the implementation and adaptation of housing-related intervention strategies to implementation sites through regular teleconferences, webinars, site visits, and meetings for a range of needs over the course of the initiative.
- Coordinating and leading the logistics for one national annual multi-site meeting in each of the four years of the initiative with HAB, the EP, and implementation sites in the Washington, DC Metropolitan area.
- Conducting an annual site visit to each of the implementation sites for each year of the initiative.
- Developing and implementing a communications and dissemination plan to share information about the initiative throughout the period of performance.
- Developing dissemination materials to support replication of intervention strategies, including dissemination of project findings, manuscripts, professional conference presentations, toolkits, and other replication materials for the initiative.
- Collaborating with the assigned HRSA project officer and other HRSA staff as necessary to plan and execute TA and implementation activities.
- Monitoring subrecipients and providing TA to implement and adapt the intervention strategies.
- Supporting the EP and implementation sites in carrying out the multi-site evaluation.

HRSA encourages you to collaborate with partner organizations, as needed, to achieve cooperative agreement requirements, program expectations and goals. The ITAP recipient will fulfill three important functions as follows:

1) Identify and Select Intervention Strategies and Implementation Sites

The ITAP will conduct a needs assessment of people with HIV who are experiencing unstable housing to inform the gathering of potential housing intervention strategies. In collaboration with HAB and the EP, the ITAP will develop and apply criteria to select intervention strategies that can be implemented and adapted in RWHAP settings.

In conjunction with HRSA and EP staff, the ITAP will research, identify, and create an inventory of existing housing-related intervention strategies. From this inventory, the ITAP will identify intervention strategies to be selected for potential implementation and adaptation by the implementation sites.

The ITAP will create a process for selecting and issuing subrecipient awards to up to 10 implementation sites to implement and adapt the housing-related intervention strategies selected. Implementation site criteria should include factors based on HIV and housing disparities and capacity and readiness to implement the intervention and participate in a multi-site evaluation. Implementation sites must be RWHAP-funded organizations who are co-funded or are partnering with housing service organizations. ITAP applicants must demonstrate efficiency in their organization's administrative and financial processes to expedite and manage subrecipient awards.

2) Provide TA to the Implementation Sites

The ITAP will develop customized TA plans and materials to ensure that implementation sites can successfully implement and adapt their respective housing-related intervention strategies. The ITAP will provide the necessary resources to the sites, including required adaptations as informed by the evaluation.

The ITAP will monitor and provide implementation-related TA to the implementation sites following the adaptation manuals it develops for the individual sites which will serve as the primary technical assistance resource for the replication of these interventions. The ITAP will deliver TA through a variety of mediums: adaptation manuals published on TargetHIV; webinars and regular conference calls with implementation sites; at the initiative's learning sessions and annual meetings (to be held remotely or in the Washington, DC area when able); and through a minimum of one site visit per year with each implementation site, with the participation of EP and HRSA staff.

The ITAP, with input from the EP where appropriate, will submit site visit reports to the RWHAP SPNS Program, as well as monthly summary reports of the TA provided to the implementation sites. The ITAP shall submit annual summaries of the TA provided to

the sites to include strategies employed to address barriers to implementation of the interventions. Proposed staff of ITAP applicants should have demonstrated knowledge and experience in the provision of TA to HIV and housing provider organizations that serve people with HIV who are experiencing unstable housing, including LGBTQ+ populations, youth and young adults, and justice-involved individuals.

3) Develop and Disseminate Communication and Replication Materials

The ITAP will be responsible for developing a communication strategy and producing and disseminating innovative TA toolkits, materials, and products, including packaging materials aligned with RWHAP service categories for replication purposes. Audiences for these materials and products include the implementation sites as well as the larger RWHAP and HIV community. Mechanisms of dissemination may include websites, social media, presentations via webcast, the National Ryan White Conference on HIV Care and Treatment, HIV and housing-related conferences, and other meetings or national forums. This external communication and dissemination will include interactive tools and materials that can be used by RWHAP recipients not funded under this project to adapt these intervention strategies within their own organizations and assess their impact. The ITAP will utilize TargetHIV (i.e., the website for hosting tools, webcasts, trainings and other resources to assist RWHAP-funded programs) as the web forum to communicate and disseminate all information, tools, materials, and products from this project, as well promoting materials in the RWHAP Best Practices Compilation.[31] The ITAP will work collaboratively with the EP, TargetHIV contractor and SPNS Program staff to facilitate future replication of successful interventions.

2. Summary of Funding

HRSA estimates approximately $3,500,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to $3,500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is August 1, 2022 through July 31, 2026 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the *Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program – Implementation and Technical Assistance Provider (ITAP)* program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce funding levels beyond the first year if the recipient is unable to fully succeed in achieving the goals listed in the application.

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

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include entities eligible for funding under Ryan White HIV/AIDS Program Parts A - D of Title XXVI of the Public Health Service (PHS) Act, including public and nonprofit private entities; state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; and community health centers receiving support under Section 330 of the PHS Act. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-031 in order to receive notifications including modifications, clarifications, and/or re-publications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED

DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

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

Application Page Limitation

The total size of all uploaded files included in the page limit may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and letters of commitment and support required in the Application Guide and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-031, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

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

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).

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

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

Program Requirements and Expectations

Program-Specific Instructions

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

i. *Project Abstract*

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

NARRATIVE GUIDANCE

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

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

ii. *Project Narrative*

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

To assist in preparing your work plan and budget, please see the anticipated overall project phases for the ITAP (Table 2). This table outlines anticipated project phases that successful ITAP applicants should aim to address across the lifespan of this initiative. This table also clarifies below the interrelationship between the ITAP and the EP (funded separately under HRSA-22-032) on specific project activities.

Table 2: Overall project phases for ITAP (HRSA-22-031)

Project Phases	ITAP (HRSA-22-031)	EP (HRSA-22-032)
Year 1, Months 1-3	• Convene with HRSA and EP to develop a joint work plan and timeline • Assess inventory and select intervention strategies • Develop the process for the selection of implementation sites	• Convene with HRSA and the ITAP to develop a joint work plan and timeline • Provide subject matter expert support to ITAP on evaluation areas in the selection of intervention strategies
Year 1, Months 4-6	• Implement the process of site selection • Develop needs assessment of potential sites • Select intervention strategies in alignment with needs assessment • Start process to assess TA for selected sites	• Support the ITAP on the process of site selection • Support the ITAP on the process of need assessment of potential sites • Support the ITAP on the selection of intervention strategies as it relates to sites ' evaluation capacity
Year 1, Months 7-9	• Complete the site selection process and issue subrecipient awards to the implementation sites • Develop plan for implementation of intervention strategies • Implement refinements and adaptations prior to roll out of intervention strategies • Develop TA plans for implementation sites • Develop tools to support the delivery of TA and monitoring of the implementation sites • Develop plan to tailor and adapt interventions	• Develop multi-site evaluation plan • Develop plan to assess demonstrated effectiveness of interventions strategies • Develop data collection instruments, systems and tools

Project Phases	ITAP (HRSA-22-031)	EP (HRSA-22-032)
	• Support EP in the development of data collection tools	
Year 1, Months 10-12	• Begin implementation of intervention strategies • Finalize TA plans and tools • Support implementation sites in staff recruitment and preparation for implementation of intervention strategies • Develop Learning Session curricula and logistic preparation for Years 2 and 3	• Begin multi-site evaluation data collection (baseline data). Develop plan to evaluate mid-year performance of sites in preparation for Learning Sessions discussions in Years 2 and 3.
Years 2-3	• Implement and monitor implementation of intervention strategies • Implement TA plan and provide ongoing TA to the implementation sites • Implement Learning Sessions (2 per year) to assess effectiveness of intervention strategies • Implement post Learning Session adaptations to intervention strategies (as needed) as informed through evaluation findings • Produce TA tracking summaries • Implement communication strategy with EP to inform the RWHAP community on project status and activities. • Start development of dissemination plan and materials for replication purposes	• Collect multi-site data • Conduct interim evaluation of intervention strategies to inform Learning Sessions conducted in Years 2 & 3 • Implement communication strategy with ITAP to inform the RWHAP community on project status and activities. • Work with ITAP on implementing adaptations to intervention strategies (if needed) • Start development of evaluation dissemination plans
Year 4, Months 1-3	• Conclude implementation of intervention strategies across implementation sites	• Conclude multi-site data collection activities

Project Phases	ITAP (HRSA-22-031)	EP (HRSA-22-032)
	• Development of communication and dissemination plan activities	• Initiate final data analysis activities and evaluation findings • Develop evaluation-related dissemination materials, including tools for replication • Support ITAP on development of dissemination activities
Year 4, Months 4-9	• Work with EP on evaluation findings to inform development of dissemination material • Develop implementation-related materials for dissemination • Develop tools for replication of intervention models	• Present preliminary evaluation findings to inform ITAP on development of dissemination material • Conclude data analyses related to implementation and client outcomes • Assist ITAP on the development of dissemination material and tools as it relates to evaluation of intervention strategies
Year 4, Months 10-12	• Conduct communication and dissemination activities to promote the replication of intervention strategies	• Conduct dissemination evaluation activities on findings and lessons learned from intervention strategies • Work with ITAP on promoting the dissemination of findings and lessons learned

Use the following section headers for the narrative:

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

  Briefly describe the purpose of your proposed ITAP project. Provide a clear and succinct description of the roles and activities of the ITAP.

  Briefly describe your organization and its ability to provide TA, develop replication materials, and disseminate project findings and lessons learned.

  Describe your overall approach to how you will select and monitor up to 10 implementation sites, and conduct the TA activities to support the sites' implementation and adaptation of the intervention strategies described above.

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

Describe and document the unmet health needs of people with HIV experiencing unstable housing. Using the most recent available data, describe national incidence and/or prevalence rates of HIV in populations experiencing housing instability. Provide a summary of the literature that demonstrates an in-depth understanding of the health disparities, needs, and service barriers related to providing care for people with HIV experiencing unstable housing, including the three key populations: LGBTQ+ populations, youth and young adults, and justice involved individuals.

Discuss issues that interfere with engaging and retaining people with HIV experiencing unstable housing in high-quality HIV medical care, including policy and structural issues and what strategies may be used to overcome these issues. Provide a summary of the literature that demonstrates a comprehensive understanding of the role of housing-related intervention strategies in reducing housing and HIV-related health disparities and improving health outcomes. Include the following outcomes in your summary: improving retention in care, treatment adherence, and viral suppression.

Discuss the role of an implementation science framework in the effective implementation and adaptation of intervention strategies. Discuss the issues impacting the effective implementation of housing-related intervention strategies and the provision of effective TA tailored to implementation sites with a diversity of needs and resources, particularly as they relate to improving health outcomes. Include examples where TA has led to successful strategies to overcome barriers to HIV care engagement and subsequent improvements in health outcomes for people with HIV experiencing unstable housing.

METHODOLOGY -- Corresponds to Section V's Review *Criteria #2 Response*, *#3 Evaluative Measures*, *and #4 Impact*

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

Intervention Strategy Selection

You must include a summary table of existing intervention strategies to be used as a starting point of interventions to be implemented and adapted by the sites. Examples may include, but are not limited to, intervention strategies from the RWHAP SPNS housing-related initiatives (see above Table 1); HUD HOPWA's *Integrated HIV/AIDS Housing Plan*[32] or *VAWA/HOPWA Demonstration Initiative,*[33]

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

and other innovative HIV and housing-related models[34] as a resource to identify potential effective interventions.

- Pre-select and provide an initial table of housing-related intervention strategies you will use as a starting point to identify existing intervention strategies the implementation sites will implement and adapt to address unmet housing and HIV care needs focused on the three key populations (LGBTQ+ youth and young adults, and justice involved). Include as ***Attachment 7***.

- Propose an approach to research, identify, and create an inventory of existing housing-related, evidence-based, evidence-informed, and emerging strategies for implementation and adaption for the above three key populations of people with HIV experiencing unstable housing. You should consider intervention strategies that are feasible to implement in RWHAP settings and address known HIV and housing-related disparities and needs in the three key populations of people with HIV experiencing unstable housing.

- Propose an approach to filter the inventory of the identified housing-related intervention strategies to be selected for potential implementation and adaptation by the implementation sites which meet the criteria for evidence-based, evidence-informed interventions, or emerging strategies. This approach should include a process that creates a subset of intervention strategies that are promising and feasible within the RWHAP in improving uptake, integration, and impact, specifically to improve HIV care and treatment outcomes for the three key populations of people with HIV experiencing unstable housing.

- Discuss the methods to collaborate with the EP to monitor and evaluate fidelity to the intervention strategy as originally implemented or as adapted in the implementation sites' settings among the three key populations of people with HIV experiencing unstable housing.

Implementation Site Selection

- Propose a plan to solicit and select up to 10 subrecipient implementation sites. Describe the approach in selecting sites to ensure a diverse and representative sample that focuses on key populations with the highest HIV and housing disparities and reflect geographic diversity and providers across the RWHAP.

- Describe how the selection criteria will ensure the identification and participation of a diverse group of RWHAP-funded organizations while considering:
  - The implementation site applicant's experience with providing direct HIV care and treatment for people with HIV experiencing unstable housing
  - The implementation site applicant's demonstrated need and focus on key populations to implement and adapt the specific intervention strategy

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

- The implementation site applicant's size, capacity, performance level, number of clients served, number of HIV cases, and unmet housing need reported among key populations
- The site applicant's partnership with HOPWA or other funded housing organizations to leverage and provide housing services
- The existence of a robust data system, preferably in an electronic format, for collecting client-level data

Adaptation Manuals

- Describe your organization's plan for developing the adaptation manuals for the selected housing-related intervention strategies. For each intervention, the proposed adaptation manual must include, but is not limited to:
  - A review of relevant literature;
  - Core intervention components;
  - Staffing and programmatic requirements;
  - Other resources needed;
  - Costs (if available); and
  - Considerations for replication.

Technical Assistance

- Describe an approach to assess TA needs for each implementation site. Describe an approach to develop a TA plan for guiding each implementation site through the adaptation of the intervention strategy.
- Discuss a proposed method to tailor and adapt among key populations the selected housing intervention strategies for each implementation site while maintaining fidelity to the core elements of the intervention strategy.
- Describe the methods that you will use to provide TA to the implementation sites. Describe the types of tools/materials needed to provide TA.
- Describe the methods that you will use to monitor subrecipient implementation sites.
- Describe how you will track, organize, and summarize implementation sites' TA requests. Describe how you will synthesize and summarize this information in quarterly updates to inform the EP and HRSA.
- Describe a plan for supporting the implementation sites in understanding the housing intervention strategy they will implement and adapt in an implementation science framework.
- Describe a process for supporting sustainability planning for the implementation sites during the project period.

Learning sessions:

- Describe an approach to developing curricula, including tools and materials, and the facilitation you will provide during the learning sessions (2 per year in Years 2 and 3). Describe how the learning sessions will address different learning needs and support implementation sites to achieve the project's goals.
- Describe how you will work with the EP and implementation sites to identify any potential mid-implementation refinements as a result of learning session discussions. Describe a plan to implement post-learning session adaptations to intervention strategies as needed and as informed through evaluation findings.

Evaluation

- Describe a plan for working collaboratively with the EP in the evaluation of both project process and outcomes, and assessment of implementation adjustments as needed.
- Describe a plan to work collaboratively with the EP to ensure that TA activities support and complement the evaluation.
- Describe a plan for integrating the evaluation findings into the TA tracking and subrecipient monitoring reports to inform dissemination activities.

Communication

- Describe a plan to communicate information to the RWHAP throughout the duration of the project such as project status, lessons learned, and tools developed and used during the project to reach all RWHAP recipients, subrecipients, and stakeholders.
- Describe the communication plan's content development, messages, products, timeline, and information channels. Provide examples of potential materials and messages.
- Describe how you will collaborate with the implementation sites and evaluation provider on the communication plan, including roles and responsibilities.

Dissemination

- Describe a plan for developing and disseminating innovative and highly accessible tools and materials for replication purposes.
- Describe a plan for disseminating project information, activities, and findings throughout the project period at national conferences; discuss how these presentations will include and highlight experiences and project insights of implementation site staff.

- Describe the key components of the replication products and tools for dissemination; discuss how the tools are innovative beyond commonly used documents to maximize impact and accessibility.
- Describe how the replication products and tools for dissemination will incorporate information regarding intervention strategies used and the experiences of the implementation sites, including lessons learned while adapting these housing intervention strategies.
- Describe the plan to disseminate information both to the implementation sites as well as other RWHAP recipients and subrecipients to adapt and replicate these housing intervention strategies.
- Describe the plan for promoting webinars and materials using TargetHIV and the RWHAP Best Practices Compilation.
- Describe how you will ensure timely progress toward the creation of these materials, including interim methods papers and publications on project findings so they are ready for dissemination at the culmination of this project.

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

Provide a work plan that delineates your activities or steps that you will take to achieve each of the project goals and objectives over the four-year period of performance. The work plan should be in table format and directly relate to the methods described in the Methodology section for this NOFO.

Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.

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

You must clearly write overall goals for the entire proposed four-year period of performance. Write objectives and key action steps in time-framed and measurable terms, providing numbers for targeted outcomes where applicable, not just percentages.

Include key action steps or activities for your first-year objectives that you anticipate undertaking to implement the project. Consider including:

- Hiring appropriate staff,
- Identifying effective intervention strategies
- Planning and implementing the site selection process
- Assisting implementation sites in their implementation and adaptation of housing-related intervention strategies

- Planning and providing TA to the implementation sites
- Developing a communication plan and disseminating replication tools for the RWHAP communities
- Coordinating with the EP throughout the project period to ensure the project activities and objectives align; and
- Addressing Institutional Review Board (IRB) and Health Insurance Portability and Accountability Act (HIPAA) requirements, as needed.

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

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

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan and approaches that you will use to resolve such challenges.

  More specifically:
  - Describe the challenges that are likely to occur in implementing and adapting housing-related intervention strategies within varied program settings, and propose potential strategies to overcome these challenges.
  - Describe challenges to assessing project progress and making mid-implementation adjustments as needed, and propose potential strategies to overcome these challenges.
  - Describe challenges to providing TA to implementation sites within various settings and techniques that you will use to address these challenges.
  - Describe other potential obstacles for implementing this project and your plan to address those obstacles.

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

  Describe your current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe any experience in partnering with other entities for close collaboration as will be required in this initiative with the EP.

  Describe your organization's experience in gathering data/information to determine the needs of health care providers or organizations related to the development and implementation of intervention strategies.

  Describe a plan for assessing project performance and a process for continuous quality improvement. This should monitor ongoing processes and the progress toward the goals and objectives of the project. Describe the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

Describe the systems and processes that will support your project progress through effective tracking of performance outcomes. Describe how your organization will collaborate with the EP and implementation sites in collecting and managing data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting.

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

  Describe your mission and structure, the scope of current activities, and experience in providing TA, especially to RWHAP recipients and other HIV providers and housing organizations nationwide. Describe how these experiences contribute to your ability to successfully implement this project and meet the goals and objectives of this initiative.

  Describe your experience in providing TA for the implementation and adaptation of intervention strategies to improve the delivery of HIV services to people with HIV experiencing unstable housing. Describe an approach to providing TA and the potential for replication of the success demonstrated at the implementation sites.

  Include a one-page project organizational chart as ***Attachment 5*** depicting the organizational structure of only the ITAP project (not the entire organization), and include contractors (if applicable) and other significant collaborators. If you plan to use consultants and/or contractors to provide any of the proposed services, describe their roles and responsibilities on the project. Include signed letters of agreement, memoranda of understanding, and descriptions of proposed and/or existing contracts related to the proposed project in ***Attachment 4***.

  Describe your organization's knowledge and experience with housing programs (such as HOPWA, CoC, ESG, Section 8, etc.) to assist with coordinating housing services within the community for people with HIV who are unstably housed or at imminent risk of homelessness. Describe your organization's experience related to supporting housing-related intervention strategies to improve linkage to and retention in care for people with HIV experiencing unstable housing.

  Describe your organization's experience in providing TA and tailoring intervention plans and strategies for specific organizations and subsequent adaptations of established intervention plans.

  Describe your level of experience in the area of developing intervention toolkits, specifically related to toolkits for HIV service delivery organizations or similar organizations.

  Describe collaborative efforts with other pertinent agencies that enhance your ability to accomplish the proposed project. Discuss any examples of previous projects that reflect the experience of proposed staff in working collaboratively with RWHAP recipients.

Describe the level and number of years of experience in supporting TA projects, developing and disseminating informational materials, and providing TA to HIV-related organizations or similar organizations on a national level.

Describe any experience in logistical planning and facilitation for subrecipient or other large meetings aimed at sharing information and expertise to build participants' knowledge and capacity. Describe your organization's capacity to host webinars and webcasts, including platforms to be utilized.

Describe the experience of proposed key project staff (including any consultants and contractors) that demonstrates the necessary knowledge, experience, training, and skills for this project. Describe past experience developing curricula, "How-To" manuals, implementation guides, or intervention toolkits including the topic areas and targeted audiences. Describe the experience in staying up-to-date on the latest, most innovative practices for the development of these materials.

Describe your organizational process to manage subrecipient awards that you will issue under this cooperative agreement. Describe your subrecipient award process from initiation to approval, the submission of invoices and reimbursement for services in a timely manner, and your timeline for procurements.

Describe the proposed processes you will use to monitor and oversee implementation sites in the performance and delivery of project activities.

Include a staffing plan for proposed project staff and brief job descriptions to include the roles and responsibilities, including who will manage/oversee the various project activities, and qualifications and include as ***Attachment 2***. See Section 4.1. of HRSA's *SF-424 Application Guide* for additional information.

Include short biographical sketches of key project staff as ***Attachment 3***. See Section 4.1. of HRSA's *SF-424 Application Guide* for information on the content for the sketches.

iii. *Budget*

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

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

In addition, the *SURE Housing – Implementation and Technical Assistance Center (ITAP)* requires the following:

- Line Item Budget for Years 1 through 4: Submit line-item budgets for each year of the proposed period of performance as a single spreadsheet table, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs, as ***Attachment 6***.

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

iv. *Budget Narrative*

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

In addition, the *Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program – Implementation and Technical Assistance Provider (ITAP)* requires the following:

Subaward Budget: Describe funding for up to ten implementation sites, at an amount of up to $250,000/year each (up to $2,500,000 total). The amount allotted for each subrecipient must include sufficient funds to cover costs associated with the implementation and adaption of the housing intervention strategy as well as the collection and submission of evaluation-related data, travel to annual meetings and conferences (if in-person), and the hiring of project staff or allocation of existing staff. Implementation sites should leverage existing resources (e.g. HUD, RWHAP Parts A-D, EHE or other relevant funding) for the provision of housing services.

v. *Attachments*

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

Attachment 1: Work Plan (required)

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

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

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

Attachment 3: Biographical Sketches of Key Personnel (required)

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

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

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal, including HIV or housing service providers; LGBTQ+ serving organizations; youth organizations; and/or correctional/justice involved institutions. If applicable, include any letters of support from local CoCs as relevant. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverables. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart (required)

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

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

Attachment 7: Summary of known intervention strategies (required)

Include a summary table of pre-selected existing housing-related intervention strategies. The summary table should include the intervention strategy name, brief description, focus area, and citations.

Attachment 8-10: Other Relevant Documents

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

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

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

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

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

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is ***February 23, 2022 at 11:59 p.m. ET***. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before**

the deadline to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The *SURE Housing – ITAP* is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately

You may request funding for a period of performance of up to four (4) years, at no more than $3,500,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

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

- Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, HUD);
- Purchase or construction of new facilities or capital improvement to existing facilities;
- Purchase vehicles;
- International travel;
- Cash payments to intended RWHAP clients;
- Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (nPEP) medications or the related medical services. (Please note that RWHAP recipients and providers may provide prevention counseling and information to eligible clients' partners – see RWHAP and PrEP Program Letter);

- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See https://www.hiv.gov/sites/default/files/hhs-ssp-hrsa-guidance.pdf.

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

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

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

7. Other Submission Requirements

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

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

HRSA Digital Services Operation (DSO)
Use the HRSA opportunity number as email subject (HRSA-22-031)
HRSADSO@hrsa.gov

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

V. Application Review Information

1. Review Criteria

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

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

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

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

Introduction (4 points)

- The strength and clarity of the description of the proposed project, including the approach to conducting TA activities to support the implementation and adaptation of intervention strategies.
- The strength and clarity of the brief description of the organization's ability to manage subawards, provide TA, and develop innovative replication tools for widespread adoption across the RWHAP, HIV, and housing communities.

Needs Assessment (6 points)

- The extent to which the summary of the literature demonstrates a comprehensive understanding of the needs of people with HIV experiencing unstable housing.
- The extent to which the application demonstrates a thorough understanding of the role of effective housing interventions on reducing HIV-related health disparities and improving health outcomes for people with HIV, including increasing retention in care, improving treatment adherence, and improving viral suppression.
- The extent to which the application demonstrates a thorough understanding of the roles and issues impacting implementation science in the effective implementation and adaptation of intervention strategies.
- The extent to which the application demonstrates a thorough understanding of challenges or barriers associated with the provision of effective TA tailored to individual implementation sites with diverse needs and resources.

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

Methodology (15 points)

Intervention Strategy Selection

- The strength, feasibility, and clarity of the approach to identify, filter, and select a subset of housing-related intervention strategies with evidence of effectiveness, as defined by HRSA HAB, for supporting rapid and successful implementation in HIV care and treatment, including pre-selection of housing-related intervention strategies.
- The strength, feasibility, and clarity of the methods to collaborate with the EP to monitor and evaluate fidelity to the intervention strategy as originally described and as adapted for this project.

Site Selection

- The strength and clarity of the plan to solicit and select up to 10 subrecipient implementation sites to implement and adapt housing-related intervention strategies.
- The strength and clarity of the proposed approach to develop site selection criteria that will ensure the identification of a diverse group of implementation sites with a range of capacity, resources, organizational size across geographical locations.

Adaptation Manuals

- The strength and clarity of the plan for developing the adaptation manuals for the selected housing-related intervention strategies, including a review of relevant literature, core intervention components, staffing and programmatic requirements, other resources needed, costs (if available), and considerations for replication.

Technical Assistance

- The strength and clarity of the approach to develop a TA needs assessment for each implementation site and use the findings to create a customized intervention strategy and TA plan for each subrecipient.
- The strength and clarity of the plan to track, organize and summarize implementation sites' TA requests and synthesize this information in quarterly updates to inform the evaluation provider.
- The strength and clarity of the plan to assess any proposed mid-implementation adjustments and support their integration where applicable while maintaining fidelity to the core elements of the intervention strategy.

Learning sessions

- The extent to which the application demonstrates a clear approach to developing curricula and facilitating learning sessions, and how the organization will address different learning needs to support implementation sites in achieving the goals of the project.
- The extent to which the application demonstrates the ability to work with the EP and implementation sites to identify mid-implementation refinements as a result of learning session discussions, and plan to implement post learning session adaptions to intervention strategies as needed.

Work Plan (15 points)

- The strength 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 Methodology section of the narrative, and addresses the program requirements in this NOFO.
- The extent to which the work plan includes: (1) clearly written objectives that are specific, measurable, achievable, realistic and time-framed (SMART); (2) action steps and activities; (3) staff responsible for each action step; and (4) anticipated dates of completion.
- The extent to which the work plan demonstrates the ability to achieve the proposed goals during the four-year period of performance.

Resolution of Challenges (5 points)

- The strength, clarity, and feasibility of the plan to identify challenges and propose solutions to adapting in-progress interventions.
- The strength, clarity, and feasibility of the plan to identify challenges and propose solutions to providing TA to HIV service delivery organizations within a variety of settings.
- The strength, clarity, and feasibility of the approaches, strategies, and techniques to resolve anticipated challenges.

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

Methodology (5 points)

- The extent to which the application demonstrates a thorough understanding of the role of the evaluation in informing project activities.
- The strength and clarity of the plan to support the EP to ensure close collaboration through every step of the project.
- The clarity and feasibility of the plan to support the EP in the multi-site evaluation of both project process and outcomes, and assessment of any mid-implementation adjustments from the learning sessions or other activities.

Evaluation and Technical Support Capacity (5 points)

- The extent to which the application's plan for the process evaluation clearly demonstrates how the organization will implement continuous quality improvement to monitor progress toward the goals and objectives of the project.

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

Learning sessions (4 points)

- The strength and clarity of the application's plan to assess the outcomes of the learning sessions and integrate any proposed mid-implementation adjustments identified.

Communication and Dissemination (6 points)

- The strength and clarity of the plan to communicate information to the RWHAP throughout the duration of the project, such as project status, lessons learned, and tools developed and used during the project, to reach all RWHAP recipients, subrecipients, and stakeholders.
- The strength and clarity of the plan to develop highly innovative dissemination tools and materials to describe the intervention strategies and support their successful and rapid replication in other RHWAP settings.
- The strength and clarity of the plan to collaborate closely with the EP to assess the implementation and adaptation of intervention strategies, integrate TA tracking, perform site visit monitoring, and analyze evaluation findings to inform dissemination plans.

- The strength and clarity of the plan to integrate project findings and lessons learned to develop and promote dissemination products.
- The strength and feasibility of the proposed methods for addressing the long-term sustainability of intervention strategies.

Criterion 5: RESOURCES/CAPABILITIES (25 points) *– Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information*

Evaluation and Technical Support Capacity (10 points)

- The extent to which the application demonstrates the capacity to provide implementation-related TA to HIV and housing service delivery organizations serving people with HIV experiencing unstable housing.
- The extent to which project personnel are qualified by training and/or experience to fulfill the requirements of the proposed project, including the knowledge and skills to carry out the project activities and provide implementation-related TA.
- The extent to which the staffing plan (***Attachment 2***) and project organizational chart (***Attachment 5***) are consistent with the project description and project activities.

Organizational information (15 points)

- The extent to which the applicant demonstrates knowledge and experience conducting TA for housing models and intervention strategies to improve linkage to care, retention in care, viral suppression rates, and delivery of HIV and housing services to people with HIV experiencing unstable housing.
- The extent to which the applicant demonstrates knowledge of implementation science and its role in supporting efforts to end the HIV epidemic in the U.S.
- The extent to which the applicant demonstrates experience in gathering data/information to identify needs and tailoring interventions according to specific organizations' needs.
- The extent to which the applicant organization clearly demonstrates experience and ability to collaborate with other agencies to carry out project activities and fulfill program expectations.
- The extent to which the applicant organization demonstrates experience in logistical planning and facilitation of learning sessions, annual recipient meetings, or other large meetings aimed at sharing information and expertise to build knowledge.
- The extent of the applicant organization's experience to communicate project status and activities throughout the duration of a project.
- The extent to which the applicant demonstrates experience in hosting webinars/webcasts and developing curricula, "How-To" manuals, implementation guides, and intervention toolkits related to HIV service delivery.
- The extent to which the applicant demonstrates prior experience soliciting and managing subawards, and clarity of the plan to oversee and monitor the subrecipient implementation sites' performance and delivery of project activities.
- The strength and appropriateness of the job descriptions for key staff based on the goals and objectives of this project (***Attachment 2***).
- The strength and appropriateness of the biographical sketches based on the goals and objectives of this project (***Attachment 3***).

- 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.

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

- The extent to which costs outlined in the proposed budget are reasonable and appropriate for the project objectives for each year of the project period.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The extent to which costs outlined in the proposed budget for the subrecipient implementation sites are adequate for project objectives.
- The strength and clarity of the budget narrative to support each budget line item.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal

awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

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

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

Accessibility Provisions and Non-Discrimination Requirements

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

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

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

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

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

Requirements of Subawards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced

under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection

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

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

3. Reporting

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

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

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

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

VII. Agency Contacts

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

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

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

Adan Cajina, MSOR
Chief, Special Projects of National Significance Branch
Attn: *SURE Housing - ITAP*
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09N-108
Rockville, MD 20857
Telephone: (301) 443-3180
Email: ACajina@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Monday, December 13, 2021
Time: 2 p.m. – 3:30 p.m. ET
Weblink: Join ZoomGov Meeting
https://hrsa-gov.zoomgov.com/j/1613730153?pwd=TEordlQ2aitMNVRRbXZyR0hxZDZBdz09
Meeting ID: 161 373 0153
Passcode: qvi6Q2px

Or Dial-In
Call-In Number: 1-833-568-8864 (US Toll-free)
Meeting ID: 161 373 0153
Passcode: 34174265

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

Tips for Writing a Strong Application

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