U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HIV/AIDS Bureau

Ryan White HIV/AIDS Program (RWHAP) Access, Care, and Engagement Technical Assistance Center (ACE TA Center)

Funding Opportunity Number: HRSA-22-024
Funding Opportunity Type: New
Assistance Listings (CFDA) Number: 93.145

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: January 21, 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: October 18, 2021

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See Section VII for a complete list of agency contacts.

Authority: 42 USC §§ 300ff-16, 300ff-54(b) (§§ 2606 and 2654(b) 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) Access, Care, and Engagement Technical Assistance Center (ACE TA Center). This cooperative agreement will maintain and strengthen the ACE TA Center in order to build the capacity of RWHAP recipients and subrecipients to ensure people with HIV understand and use the range of health care coverage options available to facilitate access to and maintain engagement in care.

Funding Opportunity Title:	Ryan White HIV/AIDS Program (RWHAP) Access, Care, and Engagement Technical Assistance Center (ACE TA Center)
Funding Opportunity Number:	HRSA-22-024
Due Date for Applications:	January 21, 2022
Anticipated Total Annual Available FY 2022 Funding:	$375,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to $375,000 per year. Subject to the availability of appropriated funds.
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2022 through June 30, 2025 (three years)
Eligible Applicants:	Eligible organizations include national organizations; state, local, and Indian tribal governments; institutions of higher education; other non-profit organizations (including faith- based, community-based, and tribal organizations); and academic health science centers. 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 at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, November 04, 2021
Time: 3:00 – 4:30 p.m. ET

Join ZoomGov Meeting
https://hrsa-gov.zoomgov.com/j/1606979334?pwd=bHV1emZIS0NBNG1UQ1JkOW43VEtTUT09

Meeting ID: 160 697 9334
Passcode: HqQNA1en
One tap mobile
+16692545252,,1606979334#,,,,*17085376# US (San Jose)
+16468287666,,1606979334#,,,,*17085376# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
+1 551 285 1373 US
+1 669 216 1590 US (San Jose)
833 568 8864 US Toll-free

Meeting ID: 160 697 9334
Passcode: 17085376
Find your local number: https://hrsa-gov.zoomgov.com/u/abo1R6fyvU

Join by SIP
1606979334@sip.zoomgov.com

Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 160 697 9334
Passcode: 17085376

The recorded webinar will be available on the TargetHIV website

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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) Access, Care and Engagement Technical Assistance Center (ACE TA Center), previously funded under Funding Opportunity Number HRSA-19-030. This cooperative agreement will build the capacity of RWHAP recipients and subrecipients to ensure people with HIV understand and use the range of health care coverage options available to facilitate access to and maintain engagement in care.

The funded entity will work collaboratively with Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) on a national scale to achieve the following goals:

(1) Maximize engagement of people with HIV in health care through increased health literacy on how to access and engage with the health care system, including clinicians, support service providers, and other practitioners.

(2) Increase awareness and understanding of RWHAP recipients, subrecipients, providers, and people with HIV on how to enroll in and/or utilize health care coverage options available in the evolving health care landscape.

(3) Identify or develop strategies and messages to promote equitable access to health care coverage options for people with HIV to increase engagement in HIV care and maintain health care coverage through the assistance of outreach workers; health educators; case managers; peer navigators; health care navigators; certified application counselors, and other assisters; and administrators.

(4) Improve health outcomes across the HIV care continuum for people with HIV, including maximizing health care coverage for people aging with HIV.

2. Background

This program is authorized by the technical assistance (TA) authorities in the RWHAP legislation (codified at title XXVI of the Public Health Service (PHS) Act). The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

The RWHAP has five statutorily defined Parts (Parts A, B, C, D and F) that provide funding for core medical, support services, and medications; technical assistance; 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 (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 extent possible.

Expanding the Effort: Ending the HIV Epidemic

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.[1] For example, the disparities in viral suppression rates between Black/African Americans and white clients have decreased since 2010.[2] 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.[3]

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[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2019. http://hab.hrsa.gov/data/data-reports. Published December 2020. Accessed December 2, 2020.

[2] 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

[3] National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: https://clinicaltrials.gov/ NCT00074581 NLM Identifier: NCT00074581.

In February 2019, the Ending the HIV Epidemic (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. This 10-year initiative seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. The initiative promotes and implements four strategies to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. The initiative is a collaborative effort among key HHS agencies, primarily HRSA, the Centers for Disease Control and Prevention (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 in care but not yet virally suppressed to the essential HIV care and 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.

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 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 can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results

(counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

Program Resources and Innovative Models

HRSA has a number of projects and resources that may assist RWHAP recipients with program implementation. These include a variety of HRSA HAB cooperative agreements, contracts, and grants focused on specific technical assistance (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.

An important technical assistance resource is the **RWHAP Recipient Compilation of Best Practices Intervention Strategies** (Best Practices Compilation). The Best Practices Compilation includes strategies that have been implemented in real world settings and that improve outcomes along the HIV care continuum. The RWHAP Best Practices Compilation is an easily searchable resource to support recipients' work and the needs of the people served by the RWHAP.

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 PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and 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 healthcare 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**

II. Award Information

1. Type of Application and Award

Type of applications sought: New

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

HRSA program involvement will include:

- Make available experienced HRSA personnel to inform, support, or participate in planning, developing, and/or delivering cooperative agreement activities.
- Ensure cooperative agreement activities build upon past progress, needs assessment and evaluation results, success, and lessons learned by providing access to materials and information from previous work in this area.
- Coordinate communication and develop partnerships with personnel from HRSA, other state and federal agencies, including other TA providers focused on equitable access to health care coverage, and other federally funded training and capacity building programs.
- Participate in designing, developing, directing, and/or delivering procedures, strategies, tools, training, TA, and peer learning activities, including the selection of sites to receive targeted training and TA.
- Provide ongoing monitoring and review of the design, development, direction, and/or delivery of cooperative agreement activities, including procedures, evaluation measures, and quality improvement efforts for accomplishing the goals of the cooperative agreement, as stated in Section I.1 of this NOFO.

- Participate, as appropriate, in conference calls, meetings, and learning sessions that are conducted to support cooperative agreement activities.
- Participate in cooperative agreement trainings, TA, or other meetings with RWHAP recipients, subrecipients, and other stakeholders.
- Review and provide substantive and stylistic input on cooperative agreement materials and activities.
- Inform methods for evaluating the process and outcomes of cooperative agreement activities, and use evaluation findings to inform future work.
- Participate in disseminating cooperative agreement activities, progress, and results (e.g., formal or informal presentations to internal and external stakeholders, presentations at national or regional conferences), including best practices and lessons learned.

The cooperative agreement recipient's responsibilities will include:

- Track, assess, and keep RWHAP recipients and subrecipients apprised of legislative, regulatory, policy, and programmatic changes in the health care environment, with particular attention to Medicaid, Medicare, and private health care coverage options.
- Assess the training and TA needs of RWHAP recipients and subrecipients related to building capacity for outreach and enrollment of people with HIV into health care coverage options, addressing health literacy, and ensuring equitable access to health care coverage options for people with HIV.
- Establish measures and methods for assessing needs and evaluating the process and outcome of cooperative agreement activities, and use findings to improve future work.
- Develop and update culturally appropriate tools, training, and/or TA for RWHAP recipients, subrecipients, and people with HIV to enroll and engage people with HIV in health care coverage.
- Identify, assess, and disseminate best practices pertaining to outreach and enrollment activities implemented by RWHAP recipients and subrecipients that would facilitate health care coverage to support access to health care.
- Work with established networks in both rural and urban areas to continue to train RWHAP recipients and subrecipients, including outreach workers; health educators; community health workers; case managers; peer navigators; health care navigators, certified application counselors, and other assisters; and administrators in healthcare coverage options including enrollment and engagement for people with HIV.
- Market the ACE TA Center and its resources.
- In close collaboration with HRSA HAB, identify or develop strategies and messages for how health equity principles can be used to increase client engagement in care and maintain health care coverage through the assistance of outreach workers; health educators; community health workers; case managers; peer navigators; health care navigators, certified application counselors, and other assisters; and administrators.
- Develop culturally appropriate health literacy materials focused on people with HIV and the RWHAP care and treatment system, health care providers, and

people with HIV regarding the use of the health care system to improve the health outcomes of people with HIV.
- Identify, assess, and disseminate best practices to facilitate health care coverage for people aging with HIV to support access to health care.
- Develop methods and models for peer learning opportunities across RWHAP recipients and subrecipients, building on and leveraging currently available opportunities (e.g., meetings, conferences).
- Identify and incorporate best practices and innovation in the delivery of virtual training and TA.
- In response to feedback from HRSA HAB and/or RWHAP recipients, subrecipients, and people with HIV, modify approaches to the content, design, and/or delivery of tools, training and TA to improve their quality, utility, effectiveness, and impact.
- Disseminate promising or best practices, project accomplishments, results from project evaluation activities, and other pertinent information to key stakeholders and constituents.
- Develop a multi-year evaluation plan comprised of both quantitative and qualitative data as well as process and impact outcomes.
- Provide HRSA HAB with a complete, updated, and accessible copy of all federally supported materials, including online content, prepared under this cooperative agreement in an electronic zip file format on an annual basis for the duration of the project period.

2. Summary of Funding

HRSA estimates approximately $375,000 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 $375,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is July 1, 2022 through June 30, 2025 (three years). Funding beyond the first year is subject to the availability of appropriated funds for the RWHAP ACE TA Center in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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 organizations include national organizations; state, local, and Indian tribal governments; institutions of higher education; other non-profit organizations (including faith-based, community-based, and tribal organizations); and academic health science centers.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may 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, prior to 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 http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-024 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the 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 limitation may not exceed the equivalent of **60 pages** when printed by HRSA. The page limitation includes the project and budget narratives, attachments, and letters of commitment and support required in the HRSA SF-424 *Application Guide* and this NOFO. **Hyperlinks are not allowed** and will not be accessed or reviewed by the Objective Review Committee (ORC) reviewers. Standard Office of Management and Budget (OMB)-approved forms that are included in the workspace application package do not count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-067, it may count against the page limitation. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limitation. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limitation.**

Applications must be complete, within the specified page limitation, 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 9: Other Relevant Documents*.

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

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

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response 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 and Budget Narrative	(6) Support Requested

ii. Project Narrative

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 – Need*
  Briefly describe the purpose of the proposed project. Include a discussion that exhibits an expert understanding of the issues related to the activities included in this NOFO among your employees, subcontractors, and any partnering/collaborating organizations.

  Describe how the proposed project will address the goals of this cooperative agreement as outlined in Section I.1. Include a discussion that exhibits an expert understanding of health care access, RWHAP recipients' and subrecipients' capacity for outreach and enrollment, health equity, health literacy, and program evaluation. Include how you will address the intended national scope of this announcement. Also, include a discussion that exhibits expertise in nationwide collaborations with state and federal agencies and national organizations, including other TA providers focused on equitable access to health care coverage, relevant for the purpose of this NOFO, and program evaluation.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 – Need*
  Describe your understanding of and relevant work related to the National HIV/AIDS Strategy (NHAS) and the HIV care continuum. Describe the current state of health care access outreach and enrollment activities for people with HIV nationwide and provide an assessment of the challenges and strategies that may affect the TA work.

  Describe how you will assess, in collaboration with HRSA, best practices for outreach and enrollment to engage people with HIV in health care coverage options, equitable access to health care coverage, and increased health literacy of the RWHAP recipients, subrecipients, and clients regarding use of the health care system to improve the health outcomes of people with HIV. Use and cite data

whenever possible to support the information provided. Discuss any relevant barriers the proposal hopes to overcome as well as any challenges in meeting the expectations identified by HRSA.

- *METHODOLOGY* -- *Corresponds to Section V's Review Criterion #2 – Response*
  Discuss the methods and approaches you will use to address the stated purpose and goals in Section I.1., and meet each of the recipient responsibilities listed in Section II.1. of this NOFO. Include innovative strategies, procedures, and activities for collaborating meaningfully with HRSA HAB, CDC Division of HIV/AIDS Prevention (DHAP), and other state and federal agencies including other TA providers focused on equitable access to health care coverage and programs; efficiently implementing the proposed project; and effectively meeting the purpose and goals of the cooperative agreement.

  Discuss why the methodology chosen is appropriate for this project. Discuss how the chosen methodology aligns with the overview provided in the Needs Assessment section and will contribute to the success of the proposed project over the entire project period.

- *WORK PLAN* -- Corresponds to Section V's Review *Criteria #2 – Response* and *#4 – Impact*
  Describe the action steps you will use over the duration of the three-year project period to implement the methods discussed in the Methodology section, including methods for assessing TA needs, updating existing tools and training, developing new tools and training, project implementation, dissemination, training of recipients, sustainability, evaluation, and meaningful collaboration. Be sure all methods discussed in the Methodology section are included and appropriately described in the work plan. Identify the type and number of resources to be developed (e.g., tools, trainings, TA opportunities) and appropriate milestones (e.g., a significant or important event in the project period).

  Develop a time-framed and measureable work plan in table format that corresponds with the work plan narrative and include as Attachment 1. The work plan table should identify for each project activity and the specific action steps, intended target population(s) including people aging with HIV, measureable outcome(s), targeted end date, and person(s) responsible for implementation. The work plan must include goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time measurable). The work plan must include the goals, objectives, and action steps for the entire three-year project period, and be broken out by each year of the project.

- *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 plan to use to resolve such challenges. Discuss challenges with partner organizations, identified resources, effectively addressing identified health inequities, health literacy, and processes for maintaining engagement of national and local participants.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY* -- Corresponds to Section V's Review *Criteria #3 – Evaluative Measures* and *#5 – Resources/Capabilities*
  State the anticipated or intended outcome or impact of proposed activities on RWHAP recipients, subrecipients, and people with HIV. Discuss your plan for the program performance evaluation, including process, outcome, and/or impact evaluation. Describe how the proposed evaluation plan will allow you to determine whether you were successful in realizing this anticipated or intended outcome or impact.

  Describe how you will monitor processes, track progress toward fulfilling the goals and objectives of the project, modify objectives as needed, and measure outcomes over time. Identify specific performance measures and corresponding benchmarks you will use to support process, outcome, and/or impact evaluation. Identify the data collection and analytical strategies, methods, systems, tools and/or techniques that you will use. Describe how you will share with key stakeholders and/or broadly disseminate evaluation findings, best practices, and/or accomplishments to advance work in this area. Describe how you will use evaluation findings to support continuous quality improvement across project activities and throughout the entire project period.

  Describe the current experience, technical knowledge, and skills of employees or contractors who will implement the program performance evaluation, and identify any materials published and previous work of a similar nature.

  Describe any potential obstacles for implementing the program performance evaluation, and how you plan to address those obstacles.

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

  NOTE: Applicants have the option to submit proposals with collaborating organizations if the partnership enhances the capability and approach of the cooperative agreement purpose and goals. You must clearly demonstrate that you and any partners bring the following experience and expertise:

  (1) ensuring equitable access to health care coverage options for people with HIV, and
  (2) providing health literacy trainings and technical assistance, and
  (3) with disseminating enrollment health care coverage options at the state, local health department, and HIV service provider levels, and
  (4) conducting program evaluation.

  Provide information on your organization's current mission, values, structure, and scope of work.

  Describe the ability, capacity, expertise, and experience held by your organization and any subcontractors/partners/collaborators that demonstrate an ability to fulfill the stated purpose in Section I.1., and the recipient responsibilities listed in Section II.1. of this NOFO. Describe past performance managing collaborative

federal grants at the national level, including examples of the extent to which resources were completed. You should demonstrate a minimum four-year story of experience doing work directly related to the proposed project on a national scale.

Provide a staffing plan and job descriptions for key personnel as Attachment 2. Provide biographical sketches of key personnel as Attachment 3. The staffing plan, job descriptions, and biographic sketches should support the narrative description of your ability, capacity, expertise, and experience described in the narrative.

Provide an organizational chart for the proposed project as Attachment 4. The organizational chart should be a one-page figure that depicts the organizational structure of only the proposed activities to be funded through this cooperative agreement, not the entire organization, and it should include subcontractors and other significant partners/collaborators.

Provide any relevant letters of agreement or contract documents exhibiting partner commitment to the proposed project as Attachment 5. Applications proposing partners/collaborators must provide information on how you will monitor and assess performance by partner organizations, and how the individual efforts of the partner organization help to implement the activities in the cooperative agreement overall work plan.

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 the 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 RWHAP ACE TA Center program requires the following:

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

- *Project Activity Budget.* You must submit a separate program-specific line item budget for each year of the three-year project period. Upload this budget as Attachment 7. Note: If indirect costs are included in the budget, please attach a copy of your organization's indirect cost rate agreement as Attachment 8. Indirect cost rate agreements will not count toward the page limit.

iv. Budget Narrative

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

v. Program-Specific Forms, not applicable

vi. Attachments

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

Attachment 1: Work Plan

Attach the work plan in table format that corresponds with the work plan narrative 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)*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two (2) 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: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the proposed TA activities to be funded through the cooperative agreement including any significant partners/collaborators.

Attachment 5: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

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

Attachment 6: Tables, Charts, etc.

Provide any additional tables and charts with additional details about the proposed project (e.g., Gantt or PERT charts, flow charts). NOTE: Additional tables and charts are optional.

Attachment 7: Program Specific Line Item Budget

You must submit a separate program-specific line item budget with a separate budget for each year of the three-year project period. NOTE: HRSA recommends that you convert the budget or scan it into PDF format for submission. Do not submit Excel spreadsheets. Please submit the line item budget in table format. The budget should include personnel name and title, fringe benefits, total personnel costs, consultant costs by individual consultant, supplies, staff travel, other expenses by individual expense, total direct costs, indirect costs, and total costs. Include annual salary and total project full-time equivalent (FTE).

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

Attachment 8: Indirect Cost Rate Agreement, if applicable

If indirect costs are included in the budget, please attach a copy of your organization's federal indirect cost rate agreement. **Indirect cost rate agreements will not count toward the page limit.**

Attachments 9-15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (e.g., in-kind services, dollars, staff, space, equipment).

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 January 21*, 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 RWHAP ACE TA Center is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to three years, at no more than $375,000 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. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

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, Department of Housing and Urban Development funding for housing services, other RWHAP funding including the AIDS Drug Assistance Program);
- To directly provide housing or health care services (e.g., HIV care, counseling, and testing) that duplicate existing services;
- Clinical research;
- Provision of direct health care;
- International travel;
- Pre-Exposure Prophylaxis (PrEP) or non-occupational post-exposure prophylaxis (nPEP) medications or related medical services. As outlined in the June 22, 2016 RWHAP and PrEP program letter, the RWHAP legislation provides grant funds to be used for the care and treatment of people with HIV, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as physician visits and laboratory costs. However, RWHAP Part C recipients and subrecipients may provide prevention counseling and information, which should be part of a comprehensive PrEP program.
- HIV test kits;
- Cash payments to intended recipients of services;

- Syringe Services Programs (SSP) - Purchase of sterile needles or syringes for the purposes of hypodermic injection of any illegal drug. Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy (see: https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs);
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual;
- Purchase or improvement of land; and
- Purchase, construction, or major alterations or renovations on any building or other facility (see 45 CFR part 75 – subpart A Definitions).

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.

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 those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

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

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

Six review criteria are used to review and rank the Ryan White HIV/AIDS Program (RWHAP) Access, Care, and Engagement Technical Assistance Center (ACE TA Center) applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (15 points) – Corresponds to Section IV's Introduction and Needs Assessment

- The extent to which the applicant demonstrates an understanding of the issues related to enrolling and engaging people with HIV in health care options, ensuring equitable access to health care coverage options for people with HIV, maximizing health care coverage for people aging with HIV, and to increasing the health literacy of RWHAP recipients, subrecipients, and clients regarding use of the health care system to improve the health outcomes of people with HIV.
- The extent to which the applicant exhibits expertise in nationwide collaborations with state and federal agencies, including other TA providers focused on equitable access to health care coverage and national organizations.
- The extent to which the applicant demonstrates a thorough understanding of the HIV care continuum, the NHAS, and the current state of health care coverage options, and provides an assessment of the challenges and strategies that may impact the TA work.
- The extent to which the applicant demonstrates a thorough understanding of strategies and practices to address disparities in access to health care coverage.
- The extent to which the applicant demonstrates a thorough understanding of existing health literacy modalities and best practices to assist providers serving people with HIV through TA.

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

Methodology (20)

- The strength of the proposed project in relation to the overall goal of providing TA and tools to RWHAP recipients and subrecipients which will increase their capacity to enroll and engage people with HIV in health care coverage options, ensure equitable access to health care coverage options for people with HIV , maximize coverage for people aging with HIV and to increase the health literacy of RWHAP recipients, subrecipients, and clients.
- The strength of the proposed methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in Section II.1.
- The strength of the proposed process of developing effective tools and strategies for collaboration, TA modalities, and how the utilization of the tools, strategies and TA modalities will meet the goals of the cooperative agreement as outlined in Section I.1.

Work Plan (10)

- The extent to which the work plan includes clear and realistic goals and objectives for each year of the three-year project period that will meet the requirements of the program and corresponds to the described methodology.
- The extent to which the activities of the work plan are measurable and achievable and the work plan includes project activity, action steps, intended target population, to include people aging with HIV, measurable outcomes, target end

dates and the person(s) responsible for each step during each year of the three-year project period.
- The extent to which the work plan includes goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time measurable), and includes appropriate milestones and any products to be developed.
- The strength of the proposed plan for assessing best practices for enrollment in health care coverage options, and determining which entities may need TA.

Resolution of Challenges (5)
- The extent to which the applicant demonstrates an understanding of the challenges they are likely to encounter in designing and implementing the activities described in the work plan, and approaches that they will use to resolve such challenges.
- The extent to which the applicant demonstrates an understanding of the challenges working with partner organizations and identified resources, and processes for maintaining engagement of national and local participants.

Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
- The strength of the proposed plan for program performance evaluation and continuous quality improvement.
- The extent that the evaluation plan monitors ongoing processes and the progress towards the goals and objectives of the project.
- The strength and feasibility of the proposed methods staff will employ to ensure that proposed activities are being successfully documented and completed, based on the overall work plan.
- The strength and feasibility of proposed performance measures and benchmarks for process and outcome evaluation.
- The strength of the proposed data collection strategy to collect, analyze, and track data to measure process and impact/outcomes and explain how the data will be used to inform program development in the subsequent activities of the project.
- The extent that the applicant demonstrates an understanding of any potential obstacles for implementing the program performance evaluation and how they will address those obstacles .

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Work Plan

- The strength of the proposed process and outcome measures in the work plan to assess the impact of activities on the HIV care continuum and the NHAS.
- The strength of the proposed method for disseminating best practice models and methodologies and project accomplishments and results.
- The extent to which the applicant demonstrates how developed tools and resources and approaches used will provide continuing TA to HRSA recipients and subrecipients.

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

- The strength of the applicant organization's current mission and structure, and scope of current activities in relation to the proposed project.
- The strength and clarity of the project organizational chart depicting the proposed TA activities to be funded through the cooperative agreement including any subrecipients and other significant partners/collaborators (Attachment 4).
- The extent that the applicant demonstrates experience related to working with RWHAP recipients and subrecipients, and key stakeholder organizations; providing TA and creating TA modules and materials; and supporting peer learning opportunities across RWHAP recipients and subrecipients to realize RWHAP care and treatment system level changes.
- The extent that the applicant clearly demonstrates that the applicant and any partners bring experience and expertise in health equity, health literacy, ensuring equitable access to health care coverage options for people with HIV , maximizing coverage for people aging with HIV and enrollment in health care coverage options at the local and state health department levels and at HIV service provider levels.
- The strength of the proposed methods to monitor and assess performance methods and activities being completed by partner organizations and how the individual efforts of the partner organization(s) help to implement the activities in the cooperative agreement overall work plan.
- The strength of the expertise of staff as it relates to the program requirements as delineated in Section II.1.
- The strength of the organizational capacity of any partner organizations and specific areas of organizational expertise.
- The extent that the applicant demonstrates expertise in nationwide collaborations with state and federal agencies, including other TA providers focused on equitable access to health care coverage and national organizations.
- The extent that the applicant demonstrates expertise in program evaluation.
- The extent that the applicant demonstrates significant experience developing and disseminating TA.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Narrative

. The extent to which the application includes a reasonable proposed budget for each year of the three-year project period in relation to the objectives and the anticipated results:

- Provides budget line items that are adequately justified and appropriate for proposed project activities;
- Clearly identifies key personnel who have adequate time devoted to the project to achieve project objectives; and
- Provides a clear justification of proposed staff, contract, and other resources.

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 posed 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 July 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 a 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 provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- 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 https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, *see* http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. *See* https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- 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* https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

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.

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. Further information will be available in the NOA.

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

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

VII. Agency Contacts

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

Nancy Gaines
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-5382
Email: NGaines@hrsa.gov

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

Susan Robilotto, D.O.
Director, Division of State HIV/AIDS Programs
Attn: Funding Program
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09W52
Rockville, MD 20857
Telephone: (301) 443-6554
Email: SRobilotto@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: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

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 information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Thursday, November 04, 2021
Time: 3:00 – 4:30 p.m. ET

Join ZoomGov Meeting
https://hrsa-gov.zoomgov.com/j/1606979334?pwd=bHV1emZIS0NBNG1UQ1JkOW43VEtTUT09

Meeting ID: 160 697 9334
Passcode: HqQNA1en
One tap mobile
+16692545252,,1606979334#,,,,*17085376# US (San Jose)
+16468287666,,1606979334#,,,,*17085376# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
+1 551 285 1373 US
+1 669 216 1590 US (San Jose)
833 568 8864 US Toll-free

Meeting ID: 160 697 9334
Passcode: 17085376
Find your local number: https://hrsa-gov.zoomgov.com/u/abo1R6fyvU

Join by SIP
1606979334@sip.zoomgov.com

Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 160 697 9334
Passcode: 17085376

The recorded webinar will be available on the TargetHIV website

Tips for Writing a Strong Application

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