U.S. Department of Health and **Human** Services

HRSA

Health Resources & Services Administration

Office of Special Health Initiatives

Office of Global Health

# Leveraging Health Service Equity Approaches for Sustainable HIV Epidemic Control

**Funding Opportunity Number:** HRSA-22-160

**Funding Opportunity Type(s):** New

**Assistance Listings (AL/CFDA) Number:** 93.266

## NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

## Application Due Date: August 5, 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: June 7, 2022**

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See Section VII for a complete list of agency contacts.

Authority: United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (P. L. 108-25); as amended by the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (P. L. 110-293); the PEPFAR Stewardship and Oversight Act of 2013 (P. L. 113-56); and the PEPFAR Extension Act of 2018 (P.L. 115-305) (22 U.S.C. 7601 et seq.).

# 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 listed in Section VII. Agency Contacts.

# EXECUTIVE SUMMARY

Supported through the President's Emergency Plan for AIDS Relief (PEPFAR), the Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Leveraging Health Service Equity Approaches for Sustainable HIV Epidemic Control program. The purpose of this program is to develop and expand unique platforms to bring best practices from domestic experiences to assist the global HIV/AIDS program to sustain the goal of reaching epidemic control in Malawi, Zambia and other PEPFAR countries as identified. Funds will be used to scale current activities for impact in HIV/AIDS treatment services in these PEPFAR-supported countries.

The successful recipient will work with HRSA to develop and implement strategies to address social determinants and health inequalities found within the healthcare system to improve the delivery of quality HIV/AIDS services in Malawi, Zambia, and potentially in other identified PEPFAR-supported countries. This funding will focus on addressing the following:

- promote empowerment and linkage to health services among all adolescent girls and young women residing in targeted areas;
- increase the capacity of health facilities to improve linkage to and continuity of HIV care;
- partner with high-volume treatment sites to provide differentiated service delivery (DSD) models that address treatment interruption and improve viral suppression rates;
- use quality improvement and family-centered strategies to support the care needs of mothers and their HIV-exposed infants throughout pregnancy and the post-partum breastfeeding period up to 24 months;
- ensure optimized client care records and reporting and related data use to improve the HIV continuum of care at all stages.

The successful recipient must contribute to PEPFAR priorities for achieving the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 treatment goals in Malawi, Zambia, and may also contribute to such priorities in other PEPFAR-supported countries identified by the Department of State/Office of Global AIDS Coordinator

(S/GAC) to receive such support during the period of performance. The activities introduced to work towards these goals will be developed with local stakeholders and with a plan to transition to local institutions for additional scale up and sustainability.

| | |
|---|---|
| Funding Opportunity Title: | Leveraging Health Service Equity Approaches for Sustainable HIV Epidemic Control |
| Funding Opportunity Number: | HRSA-22-160 |
| Due Date for Applications: | August 5, 2022 |
| Anticipated FY 2022 Total Annual Available: | $10,000,000 subject to the availability of funds |
| Estimated Number and Type of Award(s): | 1 cooperative agreement |
| Estimated Annual Award Amount: | Up to $10,000,000 subject to the availability of funds |
| Cost Sharing/Match Required: | No |
| Period of Performance: | September 30, 2022 through September 29, 2027 (5 years) |
| Eligible Applicants: | Eligible applicants include domestic and foreign public and private nonprofit entities, including institutions of higher education, faith-based and community-based organizations, Tribes and tribal organizations, and for-profit entities. 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 this NOFO and in HRSA's *SF-424 Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

### Technical Assistance

A technical assistance webinar has been scheduled to assist potential applicants in preparing applications that address the requirements of this NOFO. HRSA strongly encourages participation.

HRSA has scheduled following technical assistance:

Webinar:

Day and Date: Tuesday, June 14, 2022
Time: 11 a.m. ET
Call-In Number: 1-646-828-7666 (New York); 1-669-254-5252 (San Jose); International numbers available here: https://hrsa-gov.zoomgov.com/zoomconference?m=MTYwODEzMjg1Mg.3pG_9CvoyoFCILIxDI9NCvlZ5yBAxEK9
Passcode: 06880053

Webinar ID: 160 813 2852
Webinar link: https://hrsa-gov.zoomgov.com/s/1608132852?pwd=K1lOT0dFVCsxZ0Rmc0RiNldTYWlYZz09

Passcode; HRSA2022

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the program *Leveraging Health Service Equity Approaches for Sustainable HIV Epidemic Control.* The purpose of this program is to develop and expand unique platforms to bring best practices from domestic experiences to assist the global HIV/AIDS program to sustain the goal of reaching epidemic control in Malawi, Zambia and other PEPFAR-supported countries. Funds will be used to continue and scale current HRSA activities for impact in HIV/AIDS treatment services in Malawi, Zambia and other PEPFAR-supported countries.

The successful recipient will work with HRSA to develop and implement strategies to address social determinants and health inequalities found within the healthcare system to improve the delivery of quality HIV/AIDS services in Malawi, Zambia and other PEPFAR-supported countries. This funding will focus on addressing the following and continuing successful activities in these areas:

- promote empowerment and linkage to health services among all adolescent girls and young women residing in targeted areas;
- increase the capacity of health facilities to improve linkage to and continuity of HIV care;
- partner with high-volume treatment sites to provide differentiated service delivery models that address treatment interruption and improve viral suppression rates;
- use quality improvement and family-centered strategies to support the care needs of mothers and their HIV-exposed infants throughout pregnancy and the postpartum breastfeeding period up to 24 months;
- ensure optimized client care records and reporting and related data use to improve the HIV continuum of care at all stages.

The successful recipient must contribute to PEPFAR priorities for achieving the UNAIDS 95-95-95 treatment goals in Malawi, Zambia, and other PEPFAR-supported countries as identified by Department of State/Office of Global AIDS Coordinator (S/GAC) to receive such support for the period of performance. The activities introduced by the recipient to work towards these UNAIDS goals must be developed with local stakeholders and with a plan to transition to local institutions for additional scale up and sustainability. This focus on local ownership must be central to all recipient activities to enhance the impact, efficiency, and sustainability of PEPFAR investments.

Priorities for this program should aim to (1) advance equity of access to high-quality person-centered care, (2) introduce innovations that target HIV care and treatment services in sub-populations that lag behind in reaching and sustaining epidemic control, and (3) integrate HIV prevention, care, and treatment services into country led programs in PEPFAR-supported countries to ensure continued gains towards reaching and sustaining HIV epidemic control.

This is a collaborative effort aimed at formulating and delivering assistance for high-impact solutions across the range of interventions that are necessary to attain durable HIV epidemic control. The project will compile and disseminate best practices for setting up and scaling equitable, person-centered health services that address social determinants of health and the impact of global pandemics. This will ensure resilient and efficient systems of health service delivery that can manage unanticipated challenges and adjustments of programs while maintaining the quality of care. These efforts will maintain gains made by PEPFAR investments in health services and improvements in health outcomes of people living with HIV.

The key objectives of Leveraging Health Service Equity for Sustainable HIV Epidemic Control, in collaboration with HRSA, are to:

- Provide strategies for advancing health equity in host countries toward continued sustainability of HIV programs, as they approach the achievement of PEPFAR goals;
- Introduce innovations to reach sub-populations with unmet needs, and provide result-driven innovative implementation models for sustainable HIV epidemic control;
- Determine and disseminate best practices and innovative models that are person-centered and address social determinants of health to deliver high-quality health services;
- Strengthen health system capacities to enable seamless transition of HIV services to host country governments across PEPFAR-supported countries; and
- Monitor and evaluate the process of transition efforts to assure maintenance of positive health outcomes and performance results.

To meet these objectives, the program will work with country and multilateral stakeholders to collectively prioritize and develop country-led solutions to meet the purposes of this program

## 2. Background

The PEPFAR program is authorized under the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (P. L. 108-25), as amended by the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (P. L. 110-293); the PEPFAR Stewardship and Oversight Act of 2013 (P. L. 113-56); and the PEPFAR Extension Act of 2018 (P.L. 115-305) (22 U.S.C. 7601 et seq.).

Under PEPFAR, the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for HIV/AIDS, including preventing, treating, and monitoring HIV/AIDS, and carrying out related activities, in selected countries of sub-Saharan Africa, the Caribbean, Asia, Eastern Europe, Latin America, and other countries and areas, particularly with respect to refugee populations or those in post-conflict settings in such countries and areas with significant or increasing HIV incidence rates. Specifically, the United States Government's (USG's) role is to:

- Invest appropriated resources under PEPFAR;
- Carry out activities to strengthen HIV/AIDS, TB, and malaria health policies and health systems;
- Provide workforce training and capacity-building consistent with the goals and objectives of PEPFAR; and
- Support a sound policy environment which aligns with partner countries to advance equity in economic and educational opportunities to increase the countries' ability to maximize utilization of health care resources from donor countries; to increase host country investments in health services expertise through education and maximize the effectiveness of such investments; to improve host country HIV/AIDS, TB, and malaria strategies; to effectively and efficiently deliver evidence-based services; and to reduce barriers that prevent recipients of services from achieving maximum benefit from such services.

Under the leadership of S/GAC, as part of the USG global HIV response, HRSA works with countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the country's strategic plan. Achieving the PEPFAR goal of an AIDS-free generation requires sustainable, accessible, and high-quality health services. A well-functioning and resilient health system is critical in each PEPFAR country to meet these needs, effectively supporting prevention, care, and treatment for PLHIV, TB, malaria, and other diseases.

This program supports and builds on previously funded activities in Zambia and Malawi. In Zambia, previous program activities have focused on Differentiated Service Delivery (DSD) models for reaching priority populations with prevention and care and treatment activities and those at risk of interruption in HIV treatment. These populations include adolescent girls and young women (AGYW), mother-infant pairs, stable clients that need more efficient and accessible care, and clients with barriers to accessing services. Successful projects have been able to demonstrate that the DSD model being employed has achieved sustained improvements in efficiencies to decrease client wait time at the clinic, increase continuity of care, viral suppression, and linkage to care, including immediate initiation of anti-retroviral treatment (ART) for clients newly diagnosed. In Malawi, previous program activities have contributed towards AGYW prevention activities by offering additional economic strengthening and employment opportunities as part of the secondary package of services under the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) programs.

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New.

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

**In addition to the usual monitoring and technical assistance (TA) provided directly to award recipients, HRSA program involvement will include:**

- Participate in planning, implementing, and evaluating program activities, including identifying and selecting additional in-country impact partners.

- Facilitate the coordination and collaboration among program partners, such as the Office of the U.S. Global AIDS Coordinator at the Department of State (S/GAC), other HHS agencies, the USAID, host governments, international donors, and other key stakeholders.

- Review, contribute, and provide comments and recommendations for documents, curricula, program plans, budgets, contracts, personnel (including consultants), revisions of work plans, etc., before printing, dissemination, or implementation.

- Participate, as appropriate, in planning and conducting all meetings or workgroups during the period of performance.

- Maintain ongoing dialogue with the recipients concerning program plans, policies, and other issues that have major implications for any activities under the cooperative agreement.

- Support the engagement of relevant stakeholders and assist in developing and periodically reviewing the recipient's monitoring and evaluation plan (M&E), ensuring compliance with the strategic information guidance established by S/GAC.

- Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult learning techniques.

- Collect and analyze data relative to unmet needs, special populations, other key health indicators, and emerging priorities or policy shifts to guide current/future strategic planning, developmental efforts, and program activities.

- Provide guidance on PEPFAR monitoring tools (e.g., Site Improvement through Monitoring System - SIMS) tools and HRSA site visit tools. These tools articulate required standards and can be used for program design and self-assessment.

- Provide guidance and support on PEPFAR reporting tools (e.g. Expenditure Reporting [ER], Monitoring, Evaluation, and Reporting [MER], etc.)

- Support access to the expertise of HRSA personnel and other relevant resources to the project.

- Participate in the dissemination of project findings, best practices, and lessons learned across the initiative.

**In addition to adhering to all applicable federal regulations and public policy requirements, the cooperative agreement recipient's responsibilities will include:**

- Adhere to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2 of the Application Guide (Compliance Requirements at a Glance).

- Collaborate closely with HRSA, in-country USG teams, and USG agencies, host governments, and other key stakeholders to gain a greater understanding of the following in the PEPFAR country of implementation: health system resources, systemic and population gaps and vulnerabilities, short and long term needs and priorities to better mobilize, build consensus, and efficiently plan and coordinate successful interventions for the highest impact and to achieve program objectives.

- Consult with HRSA and field teams as applicable, to inform HRSA on program progress and barriers encountered, identify activities to be planned jointly, and discuss matters that require HRSA and USG input and approval.

- Implement strategies for facilitating scale-up and sustainability of activities supported under this agreement that include building on and strengthening previous and/or existing efforts by governments, local networks, and institutions that benefit the populations served. Strategies should strengthen indigenous capacity in all aspects of the agreement.

- Develop and execute a final M&E plan within the first six months of the period of performance, in consultation with HRSA and key stakeholders.

- Support the relevant governmental, academic, and regulatory bodies by partnering with local organizations and providing technical support to the government. The partnerships are expected to expand through the period of performance.

- Respond to the health needs of the people of the identified LMICs in their unique political, economic, and health system circumstances.

- Identify resource-poor, or policy-poor considerations that possess uniquely complicated characteristics requiring customized approaches.

## 2. Summary of Funding

HRSA estimates approximately $10,000,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to $10,000,000 in total cost (including both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds through program-specific Congressional Notification, 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 September 30, 2022 through September 29, 2027 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds through program-specific Congressional Notification for the project *"Leveraging Health Service Equity Approaches for Sustainable HIV Epidemic Control"* in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce recipient funding levels beyond the first year if the recipient is unable to demonstrate full success in achieving the objectives outlined in the application.

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

## III. Eligibility Information

### 1. Eligible Applicants

Eligible applicants include domestic and foreign public or private, nonprofit entities, including institutions of higher education, and for-profit entities. Faith-based and community-based organizations, Indian Tribes, and tribal organizations are eligible to apply.

### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

### 3. Other

Eligible applicants that form a consortium of members with a demonstrated history of collaboration to support activities for HIV prevention, care and treatment in underserved areas both in the U.S. and globally is recommended. A consortium model enables the recipient to provide effective and efficient collaboration across multiple partners with different contributions for the greatest, sustained impact. Consortium members will function in PEPFAR countries as one unified entity under one name when interacting with the host government, USG PEPFAR country team, and stakeholders.

Applicants should provide documentation (e.g., a letter of commitment) describing the responsibilities of consortium members for the proposed work plan, signed by all consortium members in Attachment 4 as depicted on the organizational chart for the consortium in Attachment 5.

The consortium lead applicant must meet the eligibility requirements and assumes all legal, programmatic, and financial responsibilities under the award. Consortium participants would be considered sub-recipients of award funding, irrespective of whether the agreement between them is labeled as a contract, memorandum of understanding, or something else, and are subject to all terms and conditions of the

award. If awarded, the recipient must notify consortium members who will be serving as subcontractors/sub-recipients that they must be registered in SAM.

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

- Exceeds the funding ceiling amount
- Exceeds the application page limitations referenced in Section IV.2
- Fails to satisfy the deadline requirements referenced in Section IV.4

NOTE: Multiple applications from the same entity are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov application due date.

## 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. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-160 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

### 2. Content and Form of Application Submission

**Application Format Requirements**

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

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

**Application Page Limit**

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA. Standard OMB-approved forms included in the workspace application package do not count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

The abstract is no longer an attachment that counts in the page limit. Additionally, Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. However, if you use an OMB-approved form that is not included in the workspace application package for HRSA-22-160, it will 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.

**It is important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit will not be read, evaluated, or considered for funding.**

**Applications must be complete, within the maximum specified page limit, and validated by Grants.gov with the correct funding opportunity number before the deadline to be considered under the announcement.**

**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. § 3354).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 12: 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**

The applicant must demonstrate understanding of the following three (3) priority areas:

**Priority Area 1: Support advancing equity of access to high quality person-centered care**

Focusing on equity of access to care across PEPFAR-supported countries is critical to ensure services are tailored for sub-populations that are disproportionately impacted by new infections and lag behind in reaching benchmarks for epidemic control. Poverty, lack of access to quality services, stigma and discrimination of vulnerable populations creates conditions that exacerbates poor health outcomes. While equality extends the same services to all clients, equity tailors services and advances policies to achieve optimal outcome for all, while addressing social determinants of health. Advancing equity means tailoring health services to the unique needs of populations facing an increased risk of new HIV infection, delayed diagnosis or treatment that does not yield long-term viral suppression. Ensuring an equity approach will result in addressing key and priority populations facing gaps in coverage and promote equitable person-centered care. Promotion of health equity that addresses social determinants of health and complementarity of health care provider roles will be key to maintaining a continuum of care. Collaboration with local health care systems and community stakeholders, including civil society organizations (CSOs) are key in designing and implementing programs that remove barriers to continuous care, address stigma and discrimination, increase equity and ensure high quality person-centered care.

**Priority Area 2: Support prioritization of services for geographic locations and sub-populations that need to significantly advance towards attaining epidemic control**

Ensuring continued leveraging of health service equity for sustainable HIV epidemic control will require specialized planning strategies, and solutions for reaching sub-populations with unmet needs. Several PEPFAR-supported countries are on track to attain their goals of 95-95-95 within the general population over the next several years. Health surveillance data is identifying geographic locations and sub-populations that are not on track to reach the 95-95-95 goals and will need prioritized support. This focus will aim to address gaps to attain long-term epidemic control through both prevention and care and treatment activities, decrease HIV-related mortality, and improve chronic disease management of HIV and other non-communicable diseases.

**Priority Area 3: Support integration of quality HIV prevention and care and treatment services into country-led programs**

PEPFAR has strategically refocused support to ensure host country-led HIV responses informed by civil society and other local key stakeholders to maximize positive health outcomes and achieve epidemic control. As host countries assume more responsibility for HIV prevention and care and treatment services, there is a need to ensure ongoing prioritization of geographic and population focus based on emerging epidemiologic and real-time programmatic data, including community-led monitoring. Sustaining the quality and availability of services during this transition will require strategies to ensure the capacitation of health facilities and sub-national units and the application of DSD models that are responsive to client-defined needs, emerging threats, changing demographics and new technologies.

In addition to the three priorities, you must provide information on how you will expand the following existing activities:

**Improving Linkage, Continuity of Care and HIV Care and Treatment**:

Collaborate with high volume health facilities in selected countries to improve linkage to, and continuity of HIV care and treatment for 15 to 24 year old HIV-positive females to:

- Promote empowerment and linkage to health services among all AGYW residing in targeted catchment areas.
- Increase the capacity of health facilities in selected countries to improve linkage to and continuity of HIV care and treatment for AGYW living with HIV.
- Partner with existing HIV testing and DREAMS partners to implement adolescent-friendly HIV peer navigation services that efficiently link newly diagnosed HIV-positive AGYW to HIV care, treatment, and psychosocial support.
- Utilize the successes and lessons learned to improve and expand the quality and accessibility of AGYW-friendly services at other facilities through youth-friendly spaces both within and outside of the health facilities.
- Ensure that sites that are supported directly by the program achieve continuity of care and viral suppression rates of 95% for enrolled AGYW and that these rates are maintained after program direct support ends, to contribute to the country's 95-95-95 goals.

**Improving Service Delivery and Optimizing HIV-Related Clinical Outcomes through Innovations for Better Care Coordination**:

Partner with high-volume ART sites to address treatment interruption and strengthen linkage and viral suppression rates. Specific objectives include:

- Reduce congestion and waiting time by implementing multi-month dispensing (MMD) of medications, a spaced appointment system and clinic efficiencies, such as clinic workflow redesign.
- Improve linkage, adherence, continuity of care, and viral suppression among clients through peer support, client engagement and tracking interventions, enhanced adherence counseling, and community client tracing;
- Improve quality of ART care through enhanced screening services for opportunistic infections and adverse drug reactions and referrals, as appropriate, including telemedicine referrals;
- Build capacity of clinical staff on the implementation of program specific DSD models, pharmacovigilance, behavioral health screening and services, management of complicated ART clients, and telemedicine where available or appropriate to introduce.
- Continue and expand telemedicine interventions with program components that will provide access to clinical specialists for client consultations, available behavioral health and other integrated services, options for more accessible care for clients with access challenges, and locations and facilities that can help reduce clients' stigma concerns.
- Share best practices with other PEPFAR partners and countries.

**Improving Maternal and Child Health**

Support the care needs of mothers and their HIV-exposed infants to reduce maternal to child HIV transmission. Specific objectives include:

- Apply clinical quality improvements and family-centered strategies such as mother-infant pairing and peer support to selected regions to continue to improve and enhance HIV clinical services and the continuum of care throughout pregnancy and the postpartum breastfeeding period up to 24 months;
- Include training and mentoring for staff at supported facilities on data harmonization of records into the electronic system, data reporting, analysis and utilization to improve program performance and further refine work plans;
- Identify best practices for ensuring all HIV-exposed infants have a known final outcome status per national guidelines and family-centered strategies for ensuring continuity of care and disseminate these project findings to in-country stakeholders and more broadly, as appropriate.
- Support clinic flow and human resources for health efficiencies to ensure provision of all essential health services for HIV prevention, care and treatment in maternal child health clinics. This includes both facility-based staff and community outreach staff.

**Increasing formal employment opportunities for DREAMS AGYW:**

- Contribute to curriculum program development for the selected cadres of healthcare workers aligned with host government policies and guidelines for HIV-related healthcare services with a focus on the health needs of AGYW.
- Provide opportunities for community healthcare worker training and on-the-job placement with Ministries of Health for DREAMS-enrolled participants.
- Design activities to mentor secondary school AGYW on health careers to promote secondary school completion, improve health literacy, and decrease the risk of HIV infection.

## 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 that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. 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 and (4) Impact |
| Work Plan | (2) Response and (4) Impact |
| Resolution of Challenges | (2) Response |
| Evaluation and Technical Support Capacity | (3) Evaluative Measures (4) Impact, and<br>(5) Resources/Capabilities |
| Organizational Information | (5) Resources/Capabilities |
| Budget Narrative | (6) Support Requested - The budget section should include sufficient justification to allow reviewers to determine the reasonableness of the 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.

Successful applications will contain the information below. Please use the following section headers for the narrative:

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

  Briefly describe the purpose, design, and rationale of the proposed project. Discuss how the program will engage and collaborate with stakeholders to collectively develop practical, effective, and innovative solutions that take into account evolving public health considerations.
  Describe your responsibility for carrying out activities and abilities related to the project activities. Describe your partners' role/contributions as they relate to current PEPFAR priorities. Include a discussion that exhibits an expert understanding of the issues related to the activities included in this funding opportunity announcement among your partners/consortium members.

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

  Summarize the gaps and challenges in achieving and sustaining HIV epidemic control and UNAIDS 95-95-95 goals in PEPFAR countries with a specific focus on Zambia, Malawi, and one other PEPFAR country. Outline the needs of specific populations and geographical areas that have lagged behind in performance results with an emphasis on barriers to accessing care and social determinants of

health. Describe the complexity of providing HIV care to patients with coexisting conditions such as TB, other infectious and chronic diseases, mental illness, or substance use disorder. Discuss health system challenges that affect health service delivery and the availability, effectiveness, and capacity of the health workforce that this project will need to take into consideration. Discuss the need to develop sustainable differentiated models of care that incorporate community and lay support with HIV prevention, testing, care, and treatment.

Provide a concise summary of the literature related to transitions of HIV and other health programs implemented by foreign entities to host country governments and best practices to ensure their sustainability. Detail current health system and health management issues and components requiring additional support to ensure the sustainability of HIV services. Please minimize background information and emphasize systems, processes, capabilities, and results.

- METHODOLOGY -- *Corresponds to Section V's Review Criterion #2 and #4*

Describe in detail the objectives, goals and intended outcomes of the proposed project in Zambia, Malawi, and one other PEPFAR country. Objectives should be specific, measurable, realistic, and achievable within the period of performance. Clearly relate the project objectives and goals to the program expectations outlined in this NOFO. Activities must reflect the goals outlined in PEPFAR 3.0, as well as priorities noted in PEPFAR annual country operational plan guidance (https://www.state.gov/2022-country-operational-plan-guidance/).

Describe the key activities proposed for accomplishing project goals and objectives related to the three priorities described in the Program Requirements and Expectations section above.

For your description of objectives and activities in Zambia, focus on prevention, care, and treatment plans for AGYW, mother-infant pairs, advancement and integration of telemedicine, service efficiencies and continuity for stable clients, and integration of behavioral health interventions. For your description of objectives and activities in Malawi, focus on prevention, care and treatment plans for AGYW and interventions to address social determinants of health and risk factors for HIV. For the additional PEPFAR country selected, focus on the appropriate interventions for needs identified in your assessment. Refer to Section IV.2 Program Requirements and Expectations for more details on these activities.

Discuss how you will build and maintain effective strategic partnerships with relevant government agencies, education institutions, regulatory bodies, health management teams, civil society organizations, multilateral organizations, other USG-funded programs, and other stakeholders to collectively develop practical, unique, and innovative solutions. Discuss how the proposed program aligns with needs identified in existing national health strategic plans and how the program will contribute to long-term, sustainable health outcomes. Discuss how the proposed strategies will support, complement, and innovate on existing PEPFAR and Global Fund efforts within countries. Discuss the strategies for evaluation and integration

or adoption of effective and efficient service delivery and health workforce models into host country health systems.

Describe in detail your experience addressing improvements to patient-centered care in healthcare systems and services for people living with HIV, including delivering services to increase access to people living with HIV who have reported stigma, discrimination, or barriers to service based on the healthcare system factors. Discuss how you will leverage your experience in this current program.

The initiative requires a substantive approach to producing and disseminating innovative solutions. Please comment on your approach that assures that any supported activities are consistently assessed for effectiveness in producing desired results and efficiency and reshaped as necessary. Include relevant examples of your experience in your response. Describe how you will monitor, adapt, and align your program activities with updates to PEPFAR guidance.

Please demonstrate your capacity to support improvements in key PEPFAR minimum program requirements (MPR) at the facility level as referenced in the COP22 Guidance: https://www.state.gov/wp-content/uploads/2022/01/COP22-Guidance-Final_508-Compliant.pdf as part of your project approach. Particularly, discuss how the proposed approach will address strategic planning and capacity building needs leveraging health service equity toward continued sustainability and HIV epidemic control.

Opportunities may arise in monitoring and evaluation, program performance and quality improvement, leadership, governance, and policy. Discuss the strategies for evaluation of gaps and needs in these areas that impact provision of high quality services efficiently that address equity and access to care issues. Demonstrate the capacity to draw from quality improvement (QI) tools and methods and formulate targeted, cost-effective, and timely QI interventions. Then provide input on integration or adoption of effective and efficient service delivery and health workforce models into host country health facilities and systems on a broad scale.

- WORK PLAN -- *Corresponds to Section V's Review Criterion #2 and #4*

  Describe the interventions you will use to achieve each of the objectives proposed in the Methodology section. Use a timeline that includes each intervention and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

  Discuss how goals and objectives directly relate to the requirements and expectations of this initiative. Provide a work plan that demonstrates how the outcomes, strategies, and activities will take place throughout the period of performance. Include a detailed work plan for the first year of the project and a high-level plan for the four subsequent years.

  The work plan should include goals, objectives, and outcomes that are SMART (specific, measurable, achievable, realistic, and time-measured). Include all

aspects of planning, implementation, and evaluation. The work plan should relate to the needs identified in the needs assessment and to the activities described in the project narrative, to discuss the following:

- Goals
- Objectives
- Action steps or Interventions
- Responsible staff (to complete or monitor each activity)
- Timeline for activity, intervention, and completion
- Measurable Outcomes

The work plan should include sufficient detail to support understanding while recognizing that you will revise the work plan after the cooperative agreement is awarded and after initial consultations with HRSA and in-country stakeholders. Include the project's work plan as **Attachment 1**.

**Logic Models**

Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for this notice, the logic model should summarize the connections between the:

- Goals of the project (the mission or purpose of intervention);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (organizational profile, collaborative partners, key personnel, budget, investments and other resources such as time, staff and money);
- Target population (i.e., the individuals to be served);
- Activities (approach, key interventions, action steps, etc.);
- Outputs (the direct products or deliverables of program activities and the targeted participants/populations to be reached); and
- Outcomes (the results of a program, typically describing a change in people or systems, short-term, intermediate, and long-term results of the program).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how-to" steps. You can find additional information on developing logic models at the following website: https://www.cdc.gov/evaluation/logicmodels/index.htm.

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

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan. Provide realistic and appropriate approaches that will be used to resolve such challenges. Identify and describe

potential barriers to program implementation, including challenges inherent in working in low-resource settings, across multiple countries, and with local governments. Provide reasonable and actionable solutions to address these barriers.

- EVALUATION AND TECHNICAL SUPPORT CAPACITY -- *Corresponds to Section V's Review Criterion # 3, #4 and #5*

  Describe your capacity to monitor program goals and objectives. Describe plans to track and quantify results through the utilization of tools, systems, and strategies developed through custom indicators and standard PEPFAR indicators (MER, SIMS, ER, HRH, etc.). Describe methods and measures that will be used to evaluate the impacts of the overall project and demonstrate the effectiveness of project activities. Describe how the performance management plan will link with expenditure reporting for the proposed project. The plan should also include a well-defined set of quarterly indicators with annual benchmarks for the proposed activities delineated in the work plan. Such indicators and benchmarks should conform to the proposed timeline described in the work plan, as continued support during years two (2) – five (5) will be provided only while you can demonstrate timely achievement of these. Indicators and benchmarks will be reconsidered every quarter, in accordance with the PEPFAR quarterly country review process. The successful recipient, in consultation with HRSA, will work with relevant stakeholders to co- develop the five-year M&E plan.

  Identify methods you will use to effectively track performance outcomes, and describe how will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows you to report program outcomes accurately and timely. Describe the role of key program partners in the evaluation and performance measurement planning processes.

  Describe how your organization will develop and implement a comprehensive evaluation plan to measure (annually and for the entire period of performance) the impact of technical assistance and capacity development activities on health care workers' knowledge, skills, behaviors, improved access to care in the community, clinical practice transformation, and patients' clinical outcomes. Describe how your organization will establish baseline data and measure process and outcome data of the program in alignment with the host country and PEPFAR goals.

  Describe processes for improving utilization and quality of data from existing data systems and your experience with developing appropriate evaluation tools, systems, and strategies to electronically receive, store, manage, and maintain data when existing tools and systems do not exist or are not sufficient for the needs of the program. Indicate how these will include data specific to the PEPFAR program (e.g., monitoring, evaluation, and reporting indicators and required progress reports).

  Describe the current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate,

describe the strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. You must describe any potential obstacles to implementing the program performance evaluation and how those obstacles will be addressed.

Describe the experience of proposed key project personnel (including any consultants and subcontractors) in writing and in disseminating findings to local communities, national conferences, and to policymakers, which could include publishing study findings in peer-reviewed journals.

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

In this section, provide a succinct organizational description and project organizational chart, an outline of the management and staffing plan, and if applicable, an outline of the consortium key collaborators and partners. Each element is described in more detail below. Include as **Attachment 9** a list of experience with global health grants, cooperative agreements, and/or contracts, source of funding including the name of project director/principal investigator; institution holding the award; grant, cooperative agreement, or contract number; the total amount of award; and end date. This may present well in table form.

You may also include as **Attachment 10** up to three past performance references (optional). Consortium partners may provide up to three past performance references from the last three years for contracts, grants and/or cooperative agreements of similar size, scope, and complexity.

**Project Structure and Project Organizational Chart**

Provide your current mission and structure, the scope of current activities, and history of developing and promoting health equity activities. You must demonstrate at least three years of experience successfully implementing health programs in the international setting.

Describe your organizational knowledge, capability, and experience in managing programs that provide technical assistance, evaluation, demonstration projects, and capacity development activities in LMICs related to strengthening health services, increasing access to care, and improving health equity through DSD models. Include any experience adapting successful interventions and expertise from the U.S. context to address global health and equity issues within the scope of PEPFAR. Discuss any examples of previous projects that reflect the expertise of proposed personnel in working collaboratively with Ministerial, regulatory bodies, health management teams, civil society and multilateral organizations, other USG-funded programs, and other stakeholders.

Describe your partners' prior experience and performance with U.S. federal grants, cooperative agreements, and/or contracts. Describe the necessary processes and systems in place to comply with the requirements identified in 45 CFR part 75.

Describe the estimated percentage of the total organizational budget that funding from this cooperative agreement would comprise.

Provide a project organizational chart as **Attachment 5.** The organizational chart should be a one-page figure that depicts the organizational structure of your organization, including technical partners, as well as any collaborating entities such as consortium members, and lines of authority for staff.

**Management and Staffing Plan**

Include as **Attachment 2** the Staffing Plan and Job Descriptions for Key Personnel.

Provide a management plan for project implementation showing how responsibility and lines of authority will be managed within your institution and/or if applicable, across a consortium. The management plan must describe how the project will relate to and respond to HRSA and in-country USG and interact with country governments and multilateral organizations. Describe your capacity for a rapid start-up of the project, including plans to rapidly access and deploy key personnel and essential technical staff to support program implementation.

As the prime partner, indicate your method of identifying collaborating partners, and the tasks/functions they will be performing. Outline which partners will carry out the various tasks specified in the technical approach. A matrix or table may be helpful to organize this section. You, the applicant institution, will be responsible for all technical activities regardless of the activities implemented by partners or other members of the team. Specify the composition and organizational structure of the entire team (including sub-recipients and/or country offices) and specify the nature of organizational linkages (including their relationships between each other, lines of authority and accountability, and patterns for utilizing and sharing resources).

Provide information on your resources and capabilities to support the provision of culturally and linguistically competent technical assistance, training, and capacity development services. Describe your cultural and linguistic competency capabilities. Cultural competence means having a set of congruent behaviors, attitudes, and policies that come together in a system or organization or among professionals that enables effective work in cross-cultural situations. It includes an understanding of integrated patterns of human behavior, including language, beliefs, norms, and values, as well as socioeconomic and political factors that may have significant impact on psychological well-being and incorporating those variables into training and capacity development activities. See USG National Culturally and Linguistically Appropriate Services Standards at https://thinkculturalhealth.hhs.gov/clas/standards.

You must provide a staffing plan including key personnel and core technical staff, including an organizational chart demonstrating lines of authority and staff responsibility. The staffing plan must also indicate personnel who are already employed by the organization and their level of involvement (FTE) in this project. 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.

Include **biographical sketches**, not to exceed two pages in length, for only key personnel on the project as **Attachment 3**. Include a description of the staff experience and knowledge of PEPFAR priorities and PEPFAR-supported LMICs. If a biographical sketch for an individual not yet hired is included, you must attach a letter of commitment signed by the individual. Describe the qualifications of the Project Director (by training and experience) that demonstrate their ability to lead a project of similar size and scope. Describe publications and funded research in the specialty with appropriate academic preparation, clinical expertise, and experience as an educator.

Key personnel, at a minimum, should include the following information and clearly link to the activities in the work plan:

- Project Director/Principal Investigator (PI): Should possess a clinical/healthcare background degree.

- A Program Director (PD) with fiscal and programmatic authority for the management of the program who will be the contact person for OGH staff. The Program Director should have experience in project management, working with federal grants and cooperative agreements, and have the skills and requirements addressed under the *Organization Information* in Section IV. 2.

  This position must be responsible for the administration of the cooperative agreement, with a commitment to:

  1) provide vision,
  2) direct the strategic planning, operations, and capacity,
  3) apply the technical expertise in quality improvement,
  4) supervise key tasks and staff,
  5) clearly delineate staff responsibilities and roles,
  6) create the work plan and timelines, and
  7) oversee program management.

- A program evaluator with impact evaluation expertise.

Describe your and your partners' resources, and capabilities to support the provision of culturally and linguistically competent training and capacity development services. See the USG National Standards for Culturally and Linguistically Appropriate Services.

**Management and Fiscal Oversight**

- Describe your capacity to administratively manage a federally-funded training and technical assistance program, and experience managing awards and contracts;

- Describe the proposed processes to be used for oversight of and technical assistance for partners' services; and
- Describe your capacity to fiscally manage a federally-funded training and technical assistance program, including the capacity to develop a standardized method to manage, timely execute, and monitor contracts and subcontracts.

**Key Collaborators and Partners (Letters of Support)**

Describe how you will work collaboratively with key partners and stakeholders. Describe how you will liaise and coordinate with the partner government(s) as well as with other district and local government partners, USG partners and other stakeholders working across PEPFAR program areas. For your proposed partners that will implement the proposed activities, outline the services to be provided by each such agency or organization. State the existing or planned relationships with the proposed partner(s) and include the documentation demonstrating the agreement between the applicant and partners, and if applicable, consortium members in **Attachment 4**.

### 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.

You are strongly encouraged to demonstrate how your budget will maximize your capacity to implement the proposed project and improve the health care delivery in PEPFAR countries (e.g., by limiting indirect costs).

In addition, the *Leveraging Health Service Equity Approaches for Sustainable HIV Epidemic Control* program requires the following:

- The budget should highlight activities directly linked to HIV. Such activities should be in alignment with PEPFAR 3.0 and current PEPFAR COP guidance.

- Provide a program-specific line-item budget for each year of performance using the object class categories in the SF-424A. List personnel separately by position title and the name of the individual for each position title, or note if the position is vacant. The line-item budget for each of the five years is uploaded as an attachment to the application as **Attachment 6**. The budget allocations on the line item must relate to the activities proposed in the project narrative, including the work plan. The line-item budget requested for each year must not exceed the

total funding ceiling amount. In addition, the amounts requested on the SF-424A and the amounts listed on the line item budget must match.

- **Indirect costs:** Indirect costs on grants awarded to foreign organizations **and** performed outside of the territorial limits of the United States may be paid to support the costs of compliance with federal requirements at a fixed rate of eight (8) percent of modified total direct costs exclusive of tuition and related fees, direct expenditures for equipment, and subawards and contracts under the grant in excess of $25,000.

- **Allocation of multiple indirect cost rates**: For institutions of higher education and nonprofits that have indirect costs benefitting major programs disproportionately, indirect rates will vary.

HRSA will honor the federally-negotiated indirect cost rate.

The Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202 Salary Limitation does **not** apply to this program.

### iv. *Budget Narrative*

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

Note that the line-item budget is submitted as a separate, stand-alone document as described in Attachment 6 below. In addition, the program requires the following:

Applications must include an estimate of costs each year for each consortium partner (if applicable) as part of the budget narrative.

### v. *Program-Specific Forms*

Program specific forms are not applicable to this announcement.

### 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 limit.** 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 and the objective review committee will not open/review 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. Also include the required logic model in this attachment. Describe how your organization will ensure proper documentation of funds on subawards and contracts.

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

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

a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

*Attachment 3: Biographical Sketches of Key Personnel (required)*

Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length per person. If 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, Letters of Support, MOUs and/or Description(s) of Proposed/Existing Contracts (project-specific by country; required)*

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal, such as consortium or Ministries of Health. Applications should also include letters from all participating institutions' leadership, substantiating the institution's commitment to the proposed program. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverables. Letters of agreement and MOUs must be 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 Budget (required)*

Submit separate 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 appropriate. HRSA recommends that the budgets be converted or scanned into PDF format for submission. Do not submit Excel spreadsheets.

*Attachment 7: Fifth Year Budget (required - NOT counted in page limit)*

After using columns (1) through (4) of the SF-424A Section B for a five-year period of performance, you will need to submit the budget for the fifth year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's *SF-424Application Guide*.

*Attachment 8: Indirect Cost Rate Agreement, if applicable, Not counted in page limit)*

If you are requesting indirect costs, attach the current federally negotiated indirect cost rate agreement.

*Attachment 9: Global Health Federal Grants, Cooperative Agreements, and/or Contracts, if applicable*

Provide a table that lists the qualifying federal global health grants, cooperative agreements, and/or contracts, source of funding; name of project

director/principal investigator; institution holding the award; grant, cooperative agreement, or contract number; the total amount of award; and end date. The table may include all collaborating institutions listed in this application to meet the requirement.

*Attachment 10: Past Performance References (optional)*

You and/or consortium partners may provide up to three past performance references from the last three years for contracts, grants and/or cooperative agreements of similar size, scope and complexity.

*Attachment 11: HBCU Initiative Priority Factor (optional)*

You and/or consortium partners will need to provide all the relevant documented expertise in Attachment 11 for HRSA to consider up to 10 priority points as referenced in Section V.2

*Attachments 12 – 15: Other Relevant Documents (optional)*

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. *Unique Entity Identifier (UEI) and System for Award Management (SAM)*

The UEI (SAM), a new, non-proprietary identifier assigned by SAM, has replaced the UEI Data Universal Numbering System (DUNS) number.

Effective April 4, 2022:

- Register in SAM.gov and you will be assigned your UEI (SAM) within SAM.gov.
- You will no longer use UEI (DUNS) and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM.gov, CPARS, FAPIIS, eSRS, FSRS, FPDS-NG). For more details, visit the following web pages: 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 when you have an active federal award, an active application, or an active 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.

The Grants.gov registration process requires information in two separate systems:

- 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*.

**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 application due date under this NOFO is *August 5, 2022 at 11:59 p.m. ET.* HRSA suggests you submit your application 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 in HRSA's *SF-424 Application Guide* for additional information.

### 5. Intergovernmental Review

*Leveraging Health Service Equity Approaches for Sustainable HIV Epidemic Control* 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

You may request funding for a period of performance of up to 5 years, at no more than $10,000,000 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, 2022 (P.L. 117-103) do **not** apply to this program.

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

1. Acquiring real property;
2. Construction;
3. Paying for any equipment costs not directly related to the purposes for which the grant is awarded;
4. Research;
5. Travel, per diem, hotel expenses, meals, conference fees, or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a multilateral organization, as defined below, unless approved by HRSA in writing.

Definitions:

- A foreign government delegation is appointed by the host country government (including country-level ministries and agencies but excluding local, state and provincial entities) to act on behalf of the appointing authority. A conference participant is a delegate for the purposes of this provision only when there is an appointment or designation that the individual is authorized to officially represent the government, ministry, or agency. A delegate may be a private citizen.
- An international conference is a meeting where there is an agenda, an organizational structure, and delegations from countries other than the conference location in which country delegations participate, including through discussion, votes, etc.
- A multilateral organization is an organization established by international agreement and whose governing body is composed principally of foreign governments or other multilateral organizations.

In addition, please note the following:

- Consistent with numerous United Nations Security Council resolutions, including UNSCR 1267 (1999), UNSCR 1368 (2001), UNSCR 1373 (2001), UNSCR 1989 (2011), and UNSCR 2253 (2015) (https://www.un.org/securitycouncil/h), HRSA is firmly committed to the international fight against terrorism, and in particular, against the financing of terrorism. Funds made available under this cooperative agreement may not be used, directly or indirectly, to provide support to individuals or entities associated with terrorism. Per this policy, the recipient agrees to use reasonable efforts to ensure that none of the HRSA funds provided under this award are used to provide support to individuals or entities associated with terrorism, including those identified by the United States Department of Treasury Office of Foreign Assets Control Specially Designated Nationals List (https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx. This provision must be included in all sub-agreements, including contracts and subawards, issued under this award.

- No funds or other support provided under the award may be used, directly or indirectly, for support to any military or paramilitary force or activity, or for support to any police, prison authority, or other security or law enforcement forces without the prior written consent of HRSA. This provision must be included in all sub-agreements, including contracts and subawards, issued under this award.

- No funds or other support provided under the award may be used, directly or indirectly, to provide support to individuals or entities designated for United Nations Security Council sanctions. Per the policy, the recipient agrees to use reasonable efforts to ensure that none of the funds provided under this award are used to provide support to individuals or entities designated for UN Security Council Sanctions (compendium of Security Council Targeted Sanctions Lists at: https://www.un.org/sc/suborg/en/sanctions/un-sc-consolidated-list. This provision must be included in all sub-agreements, including contracts and subawards, issued under this award.

- No funds or other support provided under the award may be used for any activity that contributes to the violation of internationally recognized worker rights in the recipient country. In the event the recipient is requested or wishes to assist in areas that involve workers' rights or the recipient requires clarification from HRSA as to whether the activity would be consistent with the limitation set forth above, the recipient must notify HRSA and provide a detailed description of the proposed activity. The recipient must not proceed with the activity until advised by HRSA that it may do so. The recipient must ensure that all employees and subcontractors and sub-recipients providing employment-related services hereunder are made aware of the restrictions outlined in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder. The term "internationally recognized worker rights" includes the right of association; the right to organize and bargain collectively; a prohibition on the use of any form of forced or compulsory labor; a minimum age for the employment of children, and a prohibition on the worst forms of child labor; and acceptable conditions of work with respect to minimum wages, hours of work, and occupational safety and health. The term "worst forms of child labor" means all forms of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom, or forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring, or offering of a child for prostitution, for the production of pornography or pornographic purposes; the use, procuring, or offering of a child for illicit activities in particular for the production and trafficking of drugs; and work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children, as determined by laws and regulations. This provision must be included in all sub-agreements, including contracts and subawards, issued under this award.

- HRSA reserves the right to terminate this award or take other appropriate measures if the recipient or a key individual of the recipient is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140. HRSA reserves the right to terminate assistance to, or take other appropriate measures with respect to, any participant approved by HRSA who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

- The Applicant shall insert the following clause, or its substance, in its agreement with its sub-recipient: "The Applicant reserves the right to terminate this Agreement or take other appropriate measures if the sub-recipient or a key

individual of the sub-recipient is found to have been convicted of a narcotic offense or to have been engaged in drug trafficking as defined in 22 CFR part 140."

- You agree not to disburse, or sign documents committing you to disburse funds to a sub-recipient designated by HRSA until advised by HRSA that: 1) any United States Government review of the sub-recipient and its key individuals has been completed; 2) any related certifications have been obtained, and 3) the assistance to the sub-recipient has been approved by HRSA.

- Information provided about the use of condoms as part of projects or activities funded under the award must be medically accurate and must include the public health benefits and failure rates of such use.

- Funds made available under this award must not be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

**Trafficking in Persons Provision**

- No recipient or sub-recipient under this Agreement that is a private entity may, during the period that the award is in effect:
    - Engage in trafficking in persons, as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime;

    - Procure any sex act on account of which anything of value is given to or received by any person; or

    - Use forced labor in the performance of this award.

- If HRSA determines that there is a reasonable basis to believe that any private party recipient or sub-recipient has violated the above or that an employee of the recipient or sub-recipient has violated such a prohibition where the employee's conduct is associated with the performance of the award or may be imputed to the recipient or sub-recipient, HRSA may, without penalty, 1) require the recipient to terminate immediately the contract or subaward in question or 2) unilaterally terminate this Agreement in accordance with the termination provision.

    - For purposes of this provision, "employee" means an individual who is engaged in the performance in any part of the project as a direct employee, consultant, or volunteer of any private party recipient or sub-recipient.

    - You must include in all sub-agreements, including subawards and contracts, a provision prohibiting the conduct described above by private party sub-recipients, contractors, or any of their employees.

### Other Administrative Requirements

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 specific uses of funding. Like 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. 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.

## 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 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.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank Leveraging Health Service Equity Approaches for Sustainable HIV Epidemic Control 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 Sections of the Project Narrative.*

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

- Demonstrates a comprehensive, up-to-date understanding of the following progress/issues/challenges/needs:
    - Importance of and a plan for stakeholder engagement and coordination;
    - Plan for a consortium (if applicable) and contributions of each partner;
    - Country progress toward achieving HIV epidemic control with specific information on Malawi, Zambia and one other PEPFAR-supported country;
    - Gaps to achievement of HIV epidemic control and needs of sub-populations and geographical areas;
    - Pivoting and transitions of HIV services to address gaps and new PEPFAR priorities;

- Challenges and needs faced by host country governments and their health systems to ensure continued momentum toward HIV and TB epidemic control;
- Issues contributing to the sustainability of HIV epidemic control and quality health services and health workforce;
- Current progress toward and best practices related to effective and efficient health service delivery and health workforce models;

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

The extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

Methodology (*20 points*)

- The strength and feasibility of the overall strategy related to the program objectives, goals, and expectations as outlined in this NOFO;
- The extent to which the applicant clearly articulates a comprehensive plan with specific, measurable, realistic, and achievable outcomes, on how program objectives will be achieved in Zambia, Malawi and one other PEPFAR-supported country;
- The extent to which the applicant demonstrated how their experience in a global setting, including through PEPFAR, will strengthen their ability to meet the objectives, goals, and expectations of this program;
- The extent to which the applicant demonstrated an ability to address and focus activities on the three priorities described in the Program Requirements and Expectations;
- The extent to which the overall strategy is in alignment with current and evolving PEPFAR priorities from COP guidance and highlights goals outlined in PEPFAR 3.0 and PEPFAR minimum program requirements;
- The extent to which the description of objectives and activities aligned with the areas outlined for Zambia and Malawi;
- The strength and feasibility of the proposed plans to determine and disseminate best practices and promising models for sustainability and transition of HIV services to host country governments;
- The strength and feasibility of the proposed strategies for evaluation and integration or adoption of effective and efficient service delivery and health workforce models into host country health systems;
- The extent to which the applicant's plan addresses cooperation and

collaboration with existing plans, strategies, and stakeholders including host country governments, multilateral organizations, other USG funded-programs,and civil society; and

- The strength and feasibility of the proposed technical assistance and capacitydevelopment activities leading to effective transition of HIV services to host country governments.

Work Plan (*10 points*)

- The extent to which the work plan is aligned with the needs identified in the needs assessment and to the strategy outlined in the methodology;
- The extent to which the work plan highlights activities focused on sustainable transition and integration of HIV/AIDS activities;
- The strength and feasibility of the timeline that delineates the goals, objectives, action steps, responsible staff, timeline for action steps; and measures outcomes for each activity;
- The extent to which the proposed goals, objectives, and outcomes for accomplishing the proposed plan are SMART (specific, measurable, achievable, realistic, and time-measured);
- The strength and feasibility of the quality management plan to assess implementation, efficiency, and impact; and
- The extent to which the logic model clearly describes the inputs, influential factors, outputs and short-term and long-term outcomes as a means toward reaching the program objectives and the goals of PEPFAR 3.0.

Resolution of Challenges (5 points)

Reviewers will consider the extent to which the applicant:

- Demonstrates a thorough knowledge of the challenges that may be encountered in designing and implementing the activities described in the work plan;
- Provides realistic and appropriate approaches to resolving the challenges; and
- Identifies and describes potential barriers to program implementation, and provides realistic and appropriate approaches for how these barriers will be addressed.

*Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity section of the Project*

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what

extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Reviewers will consider:

- The strength and feasibility of the applicant's evaluation plan to develop appropriate evaluation tools, systems, and strategies to electronically receive, store, manage, and maintain data; including data specific to the PEPFAR program;

- The strength of the proposed strategy to collect, analyze, and track data to measure process and impact/outcomes, and the clarity of the description of how the data will be used to inform program development and implementation;

- The strength of the proposed baseline data and measures, and the extent to which the proposed evaluative measures will be able to assess: 1) that the program objectives have been met and 2) the extent these can be attributed to the project;

- The strength of the proposed methods and measures that will be used to demonstrate the effectiveness of project activities;

- The extent to which the applicant demonstrates the local experience and capability to implement performance monitoring and evaluation of the project;

- The extent to which the applicant demonstrates a thorough understanding of any potential obstacles to implementing program performance evaluation, and the strength of the proposed plans to address those obstacles; and

- The extent to which the performance plan will link with expenditure reporting for the proposed project.

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Work Plan and Evaluation and Technical Support Capacity*

The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the extent to which project results may be multi-national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

Reviewers will consider:

- The strength and feasibility of proposed activities to smoothly transition HIV and related services into existing or adapted health services;

- The extent to which the proposed activities align with efforts to ensure sustainability and continued momentum of HIV programs toward meeting

PEPFAR goals and decreased HIV mortality, within the context of local health systems; and

- The strength of the proposed methods to disseminate program findings, lessons learned, and promising practices to relevant stakeholders, local communities, national and international conferences, and peer-reviewed publications.

*Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity, and Organizational Information sections of the Project Narrative, Budget and Budget Justification Narrative, and Attachments*

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

Organizational Description and Chart (5 points)

- The strength and clarity of the proposed staffing plan (Attachment 2) and project organizational chart (Attachment 5) about the project description and proposed activities; including evidence that the staffing plan includes sufficient personnel with adequate time to successfully implement all of the project activities throughout the project as described in the work plan;

- The strength and clarity of the current organizational structure, proposed staff, consortium partners (if applicable), and scope of current activities that contribute to the purpose;

- The applicant's ability to conduct the proposed program and meet the expectations of the program requirements based on prior experience and performance;

Management and Staffing Plan (5 points)

- The extent to which the qualifications of the identified Project Director (by training and experience) support their ability to lead a project of similar size and scope; the extent to which competence is appropriately demonstrated (e.g., publications, funded research) in the specialty with appropriate academic preparation, expertise and experience; and

- The extent to which the key project personnel are qualified by training and/or experience to implement the project.

Administrative and Fiscal Oversight (5 points)

- The strength of the plan that outlines the roles, responsibilities, and functions of the applicant institution and any consortia partners;

- The strength and feasibility of the proposed processes for oversight of and technical assistance for any sub-recipients' services; and

- The extent to which the applicant demonstrates the capacity to fiscally manage a federally-funded program including the capacity to develop a standardized method to manage, execute in a timely manner, and monitor subawards and contracts.

Key Collaborations (10 points)

- The extent to which the applicant demonstrates successful established or planned partnership(s) with relevant ministerial, educational institutions, regulatory bodies, health management teams, civil society organizations, and other entities to successfully carry out the proposed program;

- The extent to which the applicant and consortia partners have experience in implementing and managing programs aimed at strengthening the delivery of services with person-centered care for HIV/AIDS, TB, malaria, or other relevant health areas;

- The extent to which the applicant and consortia partners have experience in implementing and managing DSD models, technical assistance, and capacity building programs in resource-constrained countries and/or fragile settings;

- The extent to which the applicant demonstrates a strong capacity to successfully build, manage, leverage, and engage in various types of partnerships with resulting transition and sustainability of HIV intervention programs;

- The extent to which the applicant demonstrates the ability to relate to and respond to USG (whether HRSA or other agencies); and

- The extent to which past performance references demonstrate the applicant's capacity to successfully carry out the proposed program.

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

Reviewers will consider (1) how well the costs in the proposed budget and budget narrative align with the proposed project work plan, and are justified as adequate, cost-effective, and reasonable for the resources requested; and (2) the reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives and the anticipated results. Reviewers will also consider the extent to which:

- The budget narrative describes the costs, as outlined in the budget and the required resources, as reasonable given the scope of work;

- Key personnel have adequate time devoted to the project to achieve project objectives;

- The proposed budget is reflective of the complexity of the activities, and highlights the budget allocated to HIV, the evaluation plan, and anticipated results;
- The line-item budget for each budget period of the proposed period of performance provides a clear budget justification narrative that fully explains each line item and any significant changes from one budget period to the next.

## 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. In addition to the ranking based on merit criteria, HRSA approving officials will apply the other factors described below in selecting applications for award.

### Funding Priorities

For the purposes of this NOFO, priority will be given to applicants that have provided services under the HBCU Initiative to improve HIV care and treatment outcomes. The HBCU Initiative encompasses utilizing a clinical practice transformation approach to enhance and improve the provision of HIV/AIDS services and developing and implementing strategies to address social determinants and health inequalities impacting the delivery of healthcare as demonstrated by current activities in Zambia and Malawi. Department of State/Office of Global AIDS Coordinator (S/GAC) delineates these funds are allocated for the HBCU Initiative listed in the PEPFAR Planning Letters (PLLs) for all countries, including Zambia and Malawi at: https://www.state.gov/where-we-work-pepfar/. To achieve this directive, the following funding priority factor is considered by HRSA in Attachment 11.

A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points. The Leveraging Health Service Equity Approaches for Sustainable HIV Epidemic Control program has one funding priority.

### Priority 1: HBCU Initiative (10 points maximum)

Your application will be granted a funding priority if you have documented performance providing technical assistance focusing in client centered care to improve and sustain treatment outcomes through the use of a unique platform to address barriers to equitable access to care that have resulted in sustained improvements to PEPFAR HIV/AIDS Treatment outcomes. (2 points)

- Develop and implement strategies to address the social determinants and health inequalities found within healthcare systems utilizing a clinical practice transformation approach to enhance and improve the provision of HIV/AIDS

services in PEPFAR-supported countries throughout Sub-Saharan Africa; (2 Points);
- Focus on contributory factors to improved treatment outcomes using community linkages, quality improvement, differentiated service delivery care, and data management and patient engagement. The goal of this program is enhance and expand from lessons learned from existing programming, in order to scale to impact and reach more clients (2 Points);
- Demonstrated expertise in programming to provide adolescent friendly prevention, care, and treatment services for AGYW to ensure equitable access to services and continuity of care (2 Points);
- Demonstrated competencies in creating programs for secondary school graduates and DREAMS participants to receive skilled training to pursue opportunities as community health workers for economic strengthening (2 Points).

### 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) or https://www.fapiis.gov/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 September 30, 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 (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 (E.O. 14025), 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. 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**

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

**Prostitution and Sex Trafficking**

A standard term and condition of the award will be included in the final notice of award; all recipients will be subject to a term and condition that none of the funds made available under this award may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. In addition, non-United States nongovernmental organizations will also be subject to an additional term and condition requiring the organization's opposition to the practices of prostitution and sex trafficking.

NOTE: Any enforcement of this provision is subject to courts' orders in Alliance for Open Society International v. USAID (See, e.g., S.D.N.Y. 05 Civ. 8209, Orders filed on January 30, 2015 and June 6, 2017, granting permanent injunction).

**PEPFAR Branding**

All PEPFAR-funded programs or activities must adhere to PEPFAR branding guidance, which includes guidance on the use of the PEPFAR logo and/or written attribution to PEPFAR. You can find PEPFAR branding guidance at http://www.pepfar.gov/reports/guidance/branding/index.htm.

### 3. Reporting

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

**1) Progress Report(s)**

The recipient must submit a progress report to HRSA on an annual basis. More information will be available in the NOA.

**2) Integrity and Performance Reporting**

The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

**3) Non-Competing Continuation Progress Report**

a. Annual Work Plan
b. Budget Documents

**4) Mid-Year Progress Reports**

The report shall describe progress made during the reporting period and assess overall progress to that date. The reports shall also describe the accomplishments of the recipient and the progress made during the past reporting period and shall include information on all activities, both ongoing and completed during that reporting period. The progress reports shall highlight any issues or problems that are affecting the delivery or timing of services provided by the recipient. The reports will include financial information on the expense incurred, available funding for the remainder of the activity, and any variances from planned expenditures.

**5) Monitoring and Evaluation Plan**

The M&E plan should be developed and submitted as a prior approval as outlined in the NOA to include the data collection plan which discusses the data flow, collection tools, baseline data collection, and data quality assessments; discussion of the monitoring plan which includes how progress to targets will be measured, a trends analysis, work plan review, periodic stakeholder meetings, and evaluation plan; and data dissemination which includes a discussion about the donor reports, stakeholder meetings, international meetings, networking, and research publications. In those instances when the recipient works to enhance health care workers' skills, the M&E plan should include methods for measuring the improvement of skills.

**6) Quarterly Obligation and Outlays Reports**

The recipient will submit to HRSA a quarterly financial report within 30 days after the end of the USG's first fiscal year quarter, and quarterly thereafter. The recipient must provide the quarterly financial reports in summary and by cost category and contain at a minimum:

- Total funds awarded to date by HRSA by fiscal year;
- Total funds previously reported as expended by recipient by quarter;
- Total funds expended in the current quarter by the recipient;
- Total unliquidated obligations/pipeline (will be calculated by the report tool); and
- Relevant notes regarding pending invoices, subawardee payments, etc. that help explain an under or over-outlay.

**7) PEPFAR Reporting Requirements**

Progress towards achieving the anticipated results must be tracked by standardized outcomes and outputs in addition to customized indicators.

Progress towards targets should be disaggregated by year, country, and other factors as outlined in the applicant's Monitoring and Evaluation Plan. PEPFAR reporting requirements include Monitoring, Evaluation and Reporting (MER), Site Improvement through Monitoring System (SIMS), Expenditures Reporting (ER), Human Resources for Health (HRH) Inventory reporting, and quarterly and annual reports for PEPFAR Oversight, Accountability and Response Team (POART) presentations.

**a) PEPFAR Monitoring, Evaluation, and Reporting (MER):**

- The recipient's Evaluation and Performance Measurement Plan must align with the strategic information guidance established by the Office of the U.S. Global AIDS Coordinator (OGAC) and other HRSA requirements, including PEPFAR's MER strategy (https://www.state.gov/pepfar-fy-2022-mer-indicators/).
- Quarterly MER data is submitted by recipient into DATIM.

**b) PEPFAR Site Improvement through Monitoring System (SIMS):**

- The recipient's Evaluation and Performance Measurement Plan must align with the strategic information guidance established by the Office of the U.S. Global AIDS Coordinator (OGAC) and other HRSA requirements, including PEPFAR's SIMS approach which may include comprehensive and follow-up assessments in addition to self-assessment (https://www.state.gov/pepfar-fy-21-sims-guidance-materials/).
- Quarterly SIMS data is submitted by the recipient to HRSA.

**c) PEPFAR Expenditures Reporting (ER):**

- The recipient's Evaluation and Performance Measurement Plan must align with the strategic information guidance established by the Office of the U.S. Global AIDS Coordinator (OGAC) and other HRSA requirements, including reporting all sub-recipients over $25,000 using PEPFAR's Expenditures categories and strategy (https://datim.zendesk.com/hc/en-us/sections/360000226426-Expenditure-Reporting)
- Annual ER data is submitted by recipient (and on behalf of sub-recipients) into DATIM.

**d) PEPFAR Human Resources for Health (HRH) reporting:**

- The recipient's Evaluation and Performance Measurement Plan must align with the strategic information guidance established by the Office of the U.S. Global AIDS Coordinator (OGAC) and other HRSA requirements, including PEPFAR's HRH strategy (https://datim.zendesk.com/hc/en-us/articles/4406475964820-HRH-Handbook-and-FTE-Calculator).
- Annual HRH data is submitted by the recipient into DATIM.

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:

Marie Mehaffey
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 945-3934
Email: mmehaffey@hrsa.gov

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

Laura Foradori
Division of Global Programs
Office of Global Health, Office of Special Health Initiatives
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3502
Email: lforadori@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

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.aspx

## VIII. Other Information

### Technical Assistance

HRSA has scheduled following technical assistance webinar:

Day and Date: Tuesday, June 14, 2022
Time: 11 a.m. ET
Call-In Number: 1-646-828-7666 (New York); 1-669-254-5252 (San Jose); International numbers available here: https://hrsa-gov.zoomgov.com/zoomconference?m=MTYwODEzMjg1Mg.3pG_9CvoyoFCILIxDI9NCvlZ5yBAxEK9
Passcode: 06880053

Webinar ID: 160 813 2852
Webinar link: https://hrsa-gov.zoomgov.com/s/1608132852?pwd=K1lOT0dFVCsxZ0Rmc0RiNldTYWlYZz09

Passcode; HRSA2022

### Tips for Writing a Strong Application

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

APPENDIX A: PAGE LIMIT WORKSHEET

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

| **Standard Form Name**<br>***(Forms themselves do not count against the page limit)*** | **Attachment File Name**<br>***(Unless otherwise noted, attachments count against the page limit)*** | **# of Pages**<br>***Applicant Instruction – enter the number of pages of the attachment to the Standard Form*** |
|---|---|---|
| Application for Federal Assistance (SF-424 - Box 14) | Areas Affected by Project (Cities, Counties, States, etc.) | *My attachment* = ___ *pages* |
| Application for Federal Assistance (SF-424 - Box 16) | Additional Congressional District | *My attachment* = ___ *pages* |
| Application for Federal Assistance (SF-424 - Box 20) | Is the Applicant Delinquent On Any Federal Debt? | *My attachment* = ___ *pages* |
| Attachments Form | Attachment 1: Work Plan | *My attachment* = ___ *pages* |
| Attachments Form | Attachment 2: *Staffing Plan and Job Descriptions for Key Personnel* | *My attachment* = ___ *pages* |
| Attachments Form | Attachment 3: *Biographical Sketches of Key Personnel* | *My attachment* = ___ *pages* |
| Attachments Form | Attachment 4: *Letters of Agreement, Letters of Support, MOUs and/or Description(s) of Proposed/Existing Contracts (project-specific by country)* | *My attachment* = ___ *pages* |

| **Standard Form Name**<br>***(Forms themselves do not count against the page limit)*** | **Attachment File Name**<br>***(Unless otherwise noted, attachments count against the page limit)*** | **# of Pages**<br>***Applicant Instruction – enter the number of pages of the attachment to the Standard Form*** |
|---|---|---|
| Attachments Form | Attachment 5: *Project Organizational Chart* | *My attachment = ___ pages* |
| Attachments Form | Attachment 6: *Line-Item Budget* | *My attachment = ___ pages* |
| Attachments Form | Attachment 7: *Fifth Year Budget* | *Does not count in page limit* |
| Attachments Form | Attachment 8: *Indirect Cost Rate Agreement* | *Does not count in page limit* |
| Attachments Form | Attachment 9: *Global Health Federal Grants, Cooperative Agreements, and/or Contracts* | *My attachment = ___ pages* |
| Attachments Form | Attachment 10: *Past Performance References* | *My attachment = ___ pages* |
| Attachments Form | Attachment 11: *Priority Factor Consideration* | *My attachment = ___ pages* |
| Attachments Form | Attachment 12: *Other Relevant Documents* | *My attachment = ___ pages* |
| Attachments Form | Attachment 13: *Other Relevant Documents* | *My attachment = ___ pages* |
| Attachments Form | Attachment 14: *Other Relevant Documents* | *My attachment = ___ pages* |
| Attachments Form | Attachment 15: *Other Relevant Documents* | *My attachment = ___ pages* |
| Project/Performance Site Location Form | Additional Performance Site Location(s) | *My attachment = ___ pages* |

| **Standard Form Name**<br>***(Forms themselves do not count against the page limit)*** | **Attachment File Name**<br>***(Unless otherwise noted, attachments count against the page limit)*** | **# of Pages**<br>***Applicant Instruction – enter the number of pages of the attachment to the Standard Form*** |
|---|---|---|
| Project Narrative Attachment Form | Project Narrative | *My attachment* = ___ *pages* |
| Budget Narrative Attachment Form | Budget Narrative | *My attachment* = ___ *pages* |
| # of Pages Attached to Standard Forms | | Applicant Instruction:<br>Total the number of pages in the boxes above. |
| **Page Limit for HRSA-22-160 is 80 pages** | | **My total = ____ pages** |