U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

HIV/AIDS Bureau

Division of Metropolitan HIV/AIDS Programs

A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites

Funding Opportunity Number: HRSA-23-126

Funding Opportunity Type(s): New

Assistance Listings Number: 93.899

Application Due Date: June 12, 2023

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: April 12, 2023

MODIFIED June 6, 2023: The maximum amount you may request in years two and three has increased from $375,000 to $500,000 per award, subject to the availability of appropriated funds.

Chrissy Abrahms Woodland
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See Section VII for a complete list of agency contacts.

Authority: Consolidated Appropriations Act, 2023, Pub. L. 117-328, Division H, title II and 42 USC §§ 300ff-16 and 300ff-101 (§§ 2606 and 2691 of the Public Health Service Act).

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites.

The purpose of this program is to develop, implement, and evaluate status neutral strategies within Ryan White HIV/AIDS Program (RWHAP) Part A jurisdictions for racial and ethnic minority subpopulations who need HIV prevention services. This Notice of Funding Opportunity (NOFO) will fund up to four implementation sites to design and implement status neutral strategies for racial and ethnic minorities (i.e., Black women; Black, Latino, American Indian/Alaska Native gay, bisexual, and other men who have sex with men; transgender people; and people who use substances) in a syndemic approach[1], weaving together resources from across infectious disease areas and incorporating social determinants of health to deliver whole-person care, regardless of a person's HIV status.

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

Funding Opportunity Title:	A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites
Funding Opportunity Number:	HRSA-23-126
Due Date for Applications:	June 12, 2023
Anticipated FY 2023 Total Available Funding:	$2,000,000

[1] Co-occurring epidemics or conditions that interact with one another to disproportionately impact the morbidity and mortality in marginalized communities and contribute to excess burden of disease to a population.

Estimated Number and Type of Awards:	Up to four (4) cooperative agreements
Estimated Annual Award Amount:	Up to $500,000 in year one, $500,000 in year two, and $500,000 in year three, per award subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023 through August 31, 2026 (3 years)
Eligible Applicants:	RWHAP Part A funded recipients. Tribes and tribal organizations are not eligible. See Section III 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

HRSA has scheduled the following webinar:

Thursday, April 27, 2023
2 p.m. – 4 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1605914943?pwd=cytPQkxSSW0vSVZnT2lKWGtvVytjQT09

Meeting ID: 160 591 4943

Passcode: Y7CJg161

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 833 568 8864
Meeting ID: 160 591 4943
Passcode: 08077130

HRSA will record the webinar. Recording will be available at Target HIV.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites. This three-year project has two coordinated components: Implementation Sites and an Evaluation and Technical Assistance Provider (ETAP). Funding is available for four RWHAP Part A recipients who are interested in developing and implementing a status neutral framework in their jurisdictions.

The purpose of this project is to develop, implement, and evaluate status neutral strategies within Ryan White HIV/AIDS Program (RWHAP) Part A jurisdictions for racial and ethnic minority subpopulations (i.e., Black women; Black, Latino, American Indian/Alaska Native gay, bisexual, and other men who have sex with men; transgender people; and people who use substances) who need HIV prevention services.

This project will focus on the prevention pathway, utilizing the existing RWHAP non-medical case management model (NMCM) and applying it to people who test negative for HIV and are at substantial risk for HIV, in order to assist in improving access to needed services. NMCM is the provision of a range of client centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible.

The goal of this project is to develop and implement a status neutral approach that:

- Creates “one door” for both HIV prevention and treatment services.
- Addresses institutionalized HIV stigma by integrating HIV prevention and care rather than supporting separate systems, which can deepen the divide between people with HIV and people who can benefit from HIV prevention services.
- Enables people to know their status by making HIV testing, linkage to medical care, and testing for other medical conditions such as sexually transmitted infections (STIs) and Hepatitis C virus (HCV) more accessible and routine.

Since a status neutral framework encourages a comprehensive, whole-person assessment of a person’s unique situation, it allows for more tailored—and therefore likely more successful—interventions.

In addition to implementing the status neutral strategies in the four RWHAP Part A jurisdictions, the ETAP, funded under a separate announcement number (HRSA-23-127), will be a single organization funded via a cooperative agreement to provide

technical assistance (TA), including planning, coordination, mapping services, and infrastructure development/enhancement, to the four implementation sites on the development of a status neutral framework. The ETAP will also evaluate the outcomes of the strategies implemented at the provider organizations within the four implementation sites and develop TA products and resources for dissemination to HRSA and Centers for Disease Control and Prevention (CDC) funded recipients.

For more details, see Program Requirements and Expectations.

2. Background

A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites is authorized by Consolidated Appropriations Act, 2023, Pub. L. 117-328, Division H, title II, and the RWHAP Part F Special Projects of National Significance (SPNS), authorized under 42 USC §§ 300ff-16 and 300ff-101 (§§ 2606 and 2691 of the Public Health Service Act) and supported by the Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health's Minority HIV/AIDS Fund (MHAF).

The status neutral approach reframes how we think about traditional HIV service models. A status neutral approach centers on the person, not their HIV status. A status neutral approach prioritizes individual needs for services and support that are holistic, comprehensive, continuous, and culturally responsive. The status neutral approach aims to increase access to services and health equity by meeting unmet needs in under-served communities.

The status neutral framework is called "status neutral" because the same approach is used to engage and retain people in care, regardless of HIV status. Status neutral HIV health and social services connect community members to the specific resources they need and want. In a status neutral approach, members of the community typically enter the HIV services system through HIV testing services. After HIV testing, people enter one of two pathways. People whose HIV test is non-reactive enter the prevention pathway. They are offered powerful prevention tools, such as pre-exposure prophylaxis (PrEP), condoms, sexual health education, and syringe services, as needed. People whose HIV test is reactive enter the treatment pathway. They are offered effective HIV treatment as well as other tools, such as condoms, sexual health education, and syringe services, as needed. Consistent use of antiretroviral therapy (ART) and maintaining viral suppression improves personal health and well-being. In addition, people with HIV who take HIV medication as prescribed and reach and maintain viral suppression cannot sexually transmit the virus to their partner.

Regardless of their pathway, community members are offered sexual health education, social and health support services, quality care, and the tools they need to stay healthy and stop HIV. Both pathways share a common goal: preventing HIV transmission and achieving better health outcomes. In addition, a status neutral approach is unique because both pathways (i.e., prevention and treatment) promote continual assessment of each person's needs, including access to support services, for anyone who could

benefit from them. This continuous, high-quality care supports ongoing engagement by providing people with or at risk for HIV with the tools they need to stay healthy and help stop the spread of HIV. Providing effective treatment to maintain an undetectable viral load and providing PrEP to those at high risk of acquiring HIV are two such tools.

Status neutral services have four key characteristics that underscore the benefits of adopting a status neutral model. First, the services are whole-person-first. A person-centered approach means seeing each member of the community as a multi-faceted person with a wealth of experiences that influence their health and well-being. Status neutral services are also comprehensive, which means they include and extend beyond HIV prevention and treatment in support of overall health. Status neutral services are also continuous. They engage community members in health and social services as needed over time, with no set endpoint. Finally, the comprehensive and continuous services provided are culturally responsive. The status neutral approach requires understanding that people of different backgrounds have different perspectives on health care and wellness, and service provision should be adapted accordingly.

RWHAP is a proven model for the provision of services that support engagement in care. RWHAP-funded facilities use a medical home model, offering comprehensive, patient-centered care for people with HIV. The medical home model is a multi-disciplinary approach that integrates care, case management, and support services and emphasizes patient-provider relationships. More than half of people with diagnosed HIV in the United States receive services through the RWHAP each year. Approximately 75 percent of RWHAP-funded facilities provide on-site case management for wrap-around services like assistance for food, housing, and transportation. RWHAP patients are also more likely to have access to on-site mental health and substance use disorder services, thus achieving better health outcomes, with a viral suppression rate of 89.4%.

Since the RWHAP legislation requires grant funds to be used for the care and treatment of people with HIV, thus prohibiting the use of RWHAP funds for medical and social support services for people without HIV who are at substantial risk for HIV, people who do not have HIV but have need for HIV prevention services do not always have access to the same medical, behavioral and social services to support engagement in care.

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

The RWHAP has five statutorily defined Parts (Parts A, B, C, D, and F) that provide funding for core medical, support services, and medications; technical assistance (TA); clinical training; and the development of innovative interventions and strategies for HIV care and treatment to quickly respond to emerging needs of RWHAP clients.

An important framework in the RWHAP is the HIV care continuum, which depicts the series of stages a person with HIV engages in from initial diagnosis through their

successful treatment with HIV medication to achieve viral suppression. Supporting people with HIV to reach viral suppression not only increases their own quality of life and lifespan, it also prevents sexual transmission to an HIV-negative partner.

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

Strategic Frameworks and National Objectives

National objectives and strategic frameworks like Healthy People 2030, the National HIV/AIDS Strategy (NHAS) (2022–2025); the Sexually Transmitted Infections National Strategic Plan for the United States (2021 – 2025); and the Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025) are crucial to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and provide a blueprint for collective action across the Federal Government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to the extent possible.

Expanding the Effort: Ending the HIV Epidemic in the U.S.

According to recent data from the 2021 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2017 to 2021, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 85.9 percent to 89.7 percent. Additionally, racial and ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.[1]

In February 2019, the Ending the HIV Epidemic in the U.S (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. This initiative seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients, specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed, to the essential HIV care, treatment, and support services needed to help them achieve viral suppression.

Using Data Effectively: Integrated Data Sharing and Use

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

Follow the principles and standards in the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action.

Establish data sharing agreements between surveillance and HIV programs to ensure clarity about the process and purpose of the data sharing and utilization.

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

HRSA's RWHAP Compass Dashboard is a user-friendly, interactive data tool to allow users to visualize the reach, impact, and outcomes of the RWHAP and supports data utilization to understand outcomes and inform planning and decision making. The dashboard provides a look at national-, state-, and metro area-level data and allows users to explore RWHAP client characteristics and outcomes, including age, housing status, transmission category, and viral suppression. The RWHAP Compass Dashboard also visualizes information about RWHAP services received and the characteristics of those clients accessing the AIDS Drug Assistance Program (ADAP).

As outlined in Policy Clarification Notice 21-02, Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program, recipients and subrecipients should use electronic data sources (e.g., Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify client eligibility information, such as income and health care coverage (that includes income limitations), when possible. RWHAP recipients and subrecipients should first use available data sources to confirm client eligibility before requesting additional information from the client.

In addition, RWHAP recipients and subrecipients are encouraged to develop data sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden across programs. HRSA strongly encourages complete CD4, viral load (VL), and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and

understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic in the U.S. can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

Program Resources and Innovative Models

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

Examples of these resources include:

- Access, Care, and Engagement Technical Assistance Center (ACE TA)
- Best Practices Compilation
- Center for Innovation and Engagement (CIE)
- Center for Quality Improvement and Innovation (CQII)
- Dissemination of Evidence-Informed Interventions (DEII)
- Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)
- Ending Stigma through Collaboration and Lifting All to Empowerment (ESCALATE)
- Engage Leadership through Employment, Validation, and Advancing Transformation and Equity for persons with HIV (ELEVATE)
- Integrating HIV Innovative Practices (IHIP)

II. Award Information

1. Type of Application and Award

Type of applications sought: New

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

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

- Providing the expertise of HAB personnel and other relevant resources to support the efforts of status neutral activities;
- Facilitating partnership and communication with other federal agencies, particularly CDC and Bureau of Primary Health Care (BPHC), to improve coordination efforts;
- Facilitating collaboration with the ETAP to assist in the development, implementation, coordination, integration, and evaluation of status neutral activities;
- Participating in the design and direction of the strategies, interventions, tools, and processes to be established and implemented for accomplishing the goals of the cooperative agreement;
- Reviewing and concurring with all information products prior to dissemination; and
- Facilitating the dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader network of RWHAP and CDC HIV funded recipients.

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

- Completing proposed initiative work plan activities within the three-year project period;
- Collaborating with HRSA on review of activities, procedures, and budget items, including timely communication with project officer;
- Collaborating with the ETAP, as necessary, to develop and implement a methodology, including proposed metrics, to measure the impact of proposed activities, as well as reporting on outcomes;
- Collaborating with the ETAP, as necessary, to ensuring proposed activities are based on documented need, a status neutral framework, and designed to reach the identified target population(s);
- Coordinating the status neutral activities with its existing RWHAP programs;
- Collaborating with CDC and BPHC funded organizations, health centers, and other local and state government agencies on implementing status neutral activities;

- Collaborating with the ETAP on the planning, coordination, mapping of services, infrastructure development/enhancement, and evaluation for the development of a status neutral framework;
- As applicable, hiring or assigning people with lived experience, who reflect the subpopulations of focus, to provide NMCM;
- Developing a sustainability plan to support successful activities following conclusion of the cooperative agreement;
- Modifying activities as necessary to ensure relevant outcomes for the project; and
- Participating in the dissemination of project findings, best practices, and lessons learned, including adherence to HRSA guidelines pertaining to acknowledgment and disclaimer on all products produced by HRSA award funds.

2. Summary of Funding

HRSA estimates approximately up to $2,000,000 to be available annually to fund four (4) recipients.

You may apply for a ceiling amount up to the amounts listed below (reflecting direct and indirect costs) for each year in the three-year period of performance.

- $500,000 in FY 2023,
- $500,000 in FY 2024, and
- $500,000 in FY 2025.

The period of performance is September 1, 2023 through August 31, 2026 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

RWHAP Part A recipients that continue to meet the status as an eligible area as defined in the statute are eligible to apply for these funds. Eligibility for RWHAP Part A grants is based in part on the number of confirmed AIDS cases within a statutorily specified metropolitan area. The Secretary uses the Office of Management and Budget's (OMB) census-based definitions of a Metropolitan Statistical Area (MSA) in determining the geographic boundaries of a RWHAP metropolitan area. HHS utilizes the OMB

geographic boundaries that were in effect when a jurisdiction was initially funded under RWHAP Part A. For all newly eligible areas, the boundaries are based on current OMB MSA boundary definitions as listed in the Appendix: Geographic Service Areas.

An Eligible Metropolitan Area (EMA) must have more than AIDS 2,000 cases reported to and confirmed by the CDC during the most recent five calendar years; a Transitional Grant Area (TGA) must have at least 1,000 but fewer than 2,000 AIDS cases reported to and confirmed by the CDC during the most recent five calendar years for which such data are available. In addition, for three consecutive years, recipients must not have fallen below both the required incidence levels already specified and required prevalence levels (cumulative total of living AIDS cases reported to and confirmed by the CDC, as of December 31 of the most recent calendar year for which such data are available). For an EMA, the required prevalence is 3,000 living AIDS cases. For a TGA, the required prevalence is 1,500 or more living AIDS cases. However, for a TGA with five percent or less of the total amount from grants awarded to the area under Part A unobligated, as of the end of the most recent FY, the required prevalence is at least 1,400 and fewer than 1,500 living AIDS cases.

This competition is open to eligible Part A jurisdictions as listed in the Appendix: Geographic Service Areas.

Tribes and tribal organizations are not eligible.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

Multiple Applications

Multiple applications from an organization 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-23-126 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, and certifications. You must submit the information outlined in 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 this NOFO and HRSA's *SF-424 Application Guide*. You must submit the application in the English language and budget figures expressed in U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total number of attachment pages that count toward the page limit shall be no more than **50 pages** when we print them. HRSA will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items don't count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that don't count toward the page limit, we'll make this clear in Section IV.2.v Attachments.

If you use an OMB-approved form that isn't in the HRSA-23-126 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid going over the page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-126 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachments 7-15: Other Relevant Documents*.

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

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e), which sunsets / terminates on September 30, 2023. Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) website.

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.*

In addition to the requirements listed in the SF-424 Application Guide, please indicate the project title as "A Status Neutral Approach to Improve HIV Prevention and Health

Outcomes for Racial and Ethnic Minorities – Implementation Sites" and include the following information:

- A summary of the proposed project, which may include: the use of existing RWHAP NMCM models to assist eligible clients to access other public and private programs for which they may be eligible; hiring people with lived experience (i.e., people at risk for HIV and/or people with HIV) to provide patient navigator, peer navigator, or community health worker assistance; and partnering with BPHC organizations funded to provide PrEP and other clinical services.
- A description of the intended impact (e.g., how the activities will engage non-RWHAP eligible clients who are disproportionately affected by HIV to assist in improving access to needed medical and social services).

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
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

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

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

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

Provide an overview of the planned status neutral activities to be implemented. Include information on which racial and ethnic minority groups were identified and how the activities will improve health outcomes for each. Provide a description of your, and any partnering organizations', capacity to implement and provide services to clients within the first year of the award.

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

The purpose of this section is to demonstrate the need for status neutral care activities for racial and ethnic minorities living in your jurisdiction. Identify and describe the demographics of the groups to be served. Include quantifiable data on the rates of HIV infection and HIV risk in those groups, as well as any issues specific to the service area that are pertinent, such as co-occurring conditions, complexity of providing care, etc. Utilize relevant local and national data, data and information provided in the FY 2022 competitive RWHAP Part A application, and published research to discuss the existing need that the proposed status neutral activities can address.

Identify the geographic area to be served. Describe the existing HIV care infrastructure including clinical, social, behavioral, community, or faith-based programs currently available to meet the needs of the identified client population, and any relevant gaps or barriers in the service area that the project plans to address.

If staffing is needed to support this program, describe how hiring or assigning people with lived experience (i.e., people at risk for HIV and/or people with HIV) will be prioritized for the role of NMCM or navigator services. In your description, discuss how hiring practices support people with lived experience being compensated at a living wage based on the jurisdiction's local cost of living standard.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 (Response) and 4 (Impact)*

Describe the methods and approaches you will use to address the stated purpose and goals in Section I.1. and meet each of the recipient responsibilities listed in Section II.1. of this NOFO. Please include the following in your description:

1. Provide a description of the proposed status neutral activities to be implemented. Include innovative strategies, procedures, and activities (including involvement of people with lived experience or at risk for HIV for design, implementation, and evaluation of interventions) for meaningful collaboration with HRSA HAB and other local, state, and federal agencies (i.e., CDC and HRSA BPHC) to ensure program design supports new and innovative ways of delivering HIV prevention and care services to meet national HIV prevention goals and advance health equity.
2. Identify why proposed status neutral activities are appropriate for this project, how they align with the overview provided in the Needs Assessment section,

and how they will contribute to the success of the project over the entire period of performance.

3. Describe how your organization will identify and select subrecipients, including factors that contribute to that decision, and how you will ensure a diverse representation among the subrecipients (geographic, facility type, urban/rural, provider type, model of care, population(s) served, etc.). Include any specific positions to be filled and their duties, the racial and ethnic groups of focus, and specify how these activities will address any gaps in care.
4. Describe how your jurisdiction will coordinate with the ETAP through all stages of the project, including planning, coordination, mapping services, infrastructure development/enhancement, and evaluation on the development of a status neutral framework.
5. Propose a plan for project sustainability after the end of the period of performance. HRSA expects recipients to sustain key elements of their projects (e.g., strategies, services, and interventions) that have been effective in improving practices and have led to improved outcomes for the target population.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 (Response) and 4 (Impact)*

Develop a work plan that delineates steps for implementing and assessing the status neutral activities proposed in the Methodology section and include as **Attachment 1**. The work plan should include:

1. Goals for the entire proposed period of performance;
2. Objectives that are specific, time-framed, and measurable;
3. Activities or action steps to achieve the stated objectives with anticipated start and completion dates; and
4. Staff responsible for each action step.

Include all aspects of planning, implementation, and evaluation, along with identifying meaningful support and collaboration with key stakeholders and partners in planning, designing, and implementing all activities, including the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversities of the populations and communities served.

First-year objectives should describe key action steps or activities that you will undertake to implement the status neutral activities. Objectives may include but are not limited to hiring appropriate staff, developing and implementing assessment tools, outreach activities to the identified populations, formalizing partnerships to meet medical and social service needs of the people reached, and finalizing data sharing agreements to address project outcome objectives. Clearly indicate the anticipated

start date of the intervention, and provide numbers for targeted outcomes where applicable, not just percentages. Be sure that the work plan clearly indicates how you will ensure service delivery for the identified racial and ethnic groups.

In your workplan, include action steps to track progress on the following:

1. Time from assessment to screening for sexual health services (PrEP, condom use, pregnancy test, STI, HIV, Hep C, etc.): Number of days from initial presentation at agency to the first scheduled screening with a provider
2. Time from assessment to linkage to other medical and support services: Number of days from linkage to appointment
3. Time from linkage to service provision: Number of days from linkage or referral to service completion

If awarded, the work plan is used as a tool to actively manage the project by measuring progress, identifying necessary changes, and quantifying accomplishments. The work plan should directly relate to the program components described in the Methodology section as well as the program requirements and expectations detailed in this NOFO.

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

In this section, describe any challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges. Additionally, discuss how technical assistance from the ETAP can support the resolution of challenges identified. At a minimum, discuss the challenges listed below:

- Describe any challenges in utilizing the existing NMCM model in your jurisdiction and applying it to non-RWHAP eligible clients (i.e., people at risk for HIV) who are disproportionately affected by HIV risk to assist in improving access to needed services. Be sure to discuss strategies the project will employ to identify and address barriers clients may experience.
- Describe challenges with initiating, managing, and sustaining communication, including data collection and reporting across HRSA HAB, other local, state, and federal agencies (i.e., CDC and HRSA BPHC), to ensure program design supports new and innovative ways of delivering HIV prevention and care services.
- Describe any challenges in hiring people with lived experience within recipient or subrecipient organizations, and the strategies that will be used address those barriers.
- Describe any current or potential data and/or staffing infrastructure issues and strategies to resolve these challenges

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3*

The program performance evaluation should monitor ongoing processes and the progress towards implementing effective status neutral strategies to reduce HIV stigma, prioritize health equity, and improve access to comprehensive care for all people, regardless of HIV status.

Discuss how key personnel (i.e., non-medical case management sub-recipient staff) have and maintain the necessary knowledge, experience, training, and skills to achieve the goals and objectives of the project. Include how collaborative partners and the ETAP can support key personnel in achieving the goals and objectives of the project.

As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data in a way that allows for accurate and timely reporting of performance outcomes.

Describe your experience conducting process and outcome evaluations with racial/ethnic minorities.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria 5 and 6*

Provide a staffing plan and job descriptions for key personnel, submit as **Attachment 2**. In the staffing plan, describe how the grant funds will be administered in the jurisdiction with reference to the staff positions, including program and fiscal staff, described in the budget narrative and the program organizational chart. The narrative should describe the local agency responsible for the cooperative agreement and identify the entity responsible for administering it, including the department, unit, staffing levels (full-time equivalent staff [FTE], including any vacancies), fiscal agents, and in-kind support staff. As **Attachment 3**, include biographical sketches for persons occupying the key positions 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.

Include a project organizational chart as **Attachment 4**. The chart should be a one-page figure that depicts the project structure, not the entire organization. It should include sub-recipients, contractors and other significant collaborators, if applicable.

Include signed letters of agreement, memoranda of understanding, and descriptions of proposed and/or existing contracts related to the proposed project as **Attachment 5.**

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.

Submit the SF-424A Budget Information – Non-Construction Programs per the instructions in Section 4.1.iv of HRSA's SF-424 Application Guide.

Note: All status neutral approach project requirements and program expectations that apply to the recipients also apply to subrecipients of their award. Your organization is accountable for your subrecipients' performance of the project, program, activity, and appropriate expenditure of funds under the award. As such, recipients are required to monitor all subrecipients progress towards identified project goals.

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.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2023, the salary rate limitation is **$212,100.** Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

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

In addition, *A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites* requires the following:

Provide a narrative that explains the amounts requested for each line in the budget. The budget narrative should specifically describe how each item will support the achievement of proposed objectives. The budget period is for one year; however, you must submit projected one-year budgets for each of the subsequent budget periods within the requested period of performance (three years) at the time of application. The budget narrative must clearly and concisely describe each cost element and explain how each cost contributes to meeting the project's objectives/goals.

For all staff listed on the budget identify what percentage of the FTE you will allocate to this award, the full salary amount and all other funding sources leveraged to account for the full salary.

For subsequent budget years, the justification narrative should only highlight the changes from year one or clearly indicate that there are no substantive budget changes during the period of performance.

If indirect costs are included in the budget, please attach a copy of the organization's indirect cost rate agreement as **Attachment 6**. Indirect cost rate agreements will not count toward the page limit.

v. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **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. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds. The workplan should include timelines, key activities, personnel responsible, and outcome measures.

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 is possible. Include the role, responsibilities, and qualifications of 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: Project Organizational Chart (required)

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

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

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

Attachment 6: Indirect Cost Rate Agreement (if applicable)

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

Attachments 7-15: Other Relevant Documents (if applicable)

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 (in-kind services, dollars, staff, space, equipment, etc.).

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

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

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 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 Knowledge Base)
- Grants.gov (https://www.grants.gov/)

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

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 ***June 12, 2023 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 Summary of emails from Grants.gov in HRSA's *SF-424 Application Guide,* Section 8.2.5e for additional information.

5. Intergovernmental Review

A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites is 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 three years, at no more than $500,000 for year one, $500,000 for year two, and $500,000 for year three (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, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

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

- Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, HUD, other RWHAP funding including ADAP);
- To directly provide housing or health care services (e.g., HIV care, counseling and testing) that duplicate existing services;
- International travel;
- Pre-Exposure (PrEP) or Post-Exposure Prophylaxis (PEP);
- Cash payments to intended recipients of RWHAP services;
- Syringe services programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See https://www.aids.gov/federal-resources/policies/syringe-services-programs/;
- Purchase or improvement of land;
- Purchase, construction, or permanent improvement, of any building or other facility

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. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

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

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 A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities – Implementation Sites 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

The strength of the overview of the planned status neutral activities to be implemented, including information on which racial and ethnic minority groups were identified and how the activities will improve health outcomes for each.

The extent to which the applicant provides a description of their, and any partnering organizations', capacity to implement and provide services to clients within the first year of the award.

The extent to which the applicant demonstrates the need for status neutral activities for racial and ethnic minorities living within the jurisdiction, including by identifying and describing the demographics of the groups to be served, using quantifiable data on the rates of HIV infection and HIV risk in those groups, and identifying any issues specific to the service area that are pertinent.

If staffing is needed to support this program, the applicant demonstrates a willingness to prioritize the hiring or assigning of people with lived experience for the role of NMCM or navigator services. The applicant demonstrates that hiring practices support living wage and the inclusion of people with lived experience.

The extent to which the applicant describes the existing HIV care infrastructure including clinical, social, behavioral, community, or faith-based programs currently available to meet the needs of the identified client population, and any relevant gaps or barriers in the service area that the project plans to address.

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

The extent to which the applicant provides a description of the proposed status neutral activities to be implemented, including innovative strategies, procedures, and activities (including involvement of people with lived experience or at risk for HIV for design, implementation, evaluation of interventions, and meaningful collaboration with HRSA HAB and other local, state, and federal agencies).

The extent to which the applicant provides a detailed discussion of the proposed methods it will use to address the stated needs in the needs assessment section and to implement the proposed activities in the work plan.

The extent to which the work plan describes goals for the entire proposed period of performance; objectives that are specific, time-framed, and measurable; activities or action steps to achieve the stated objectives with anticipated start and completion dates; and staff responsible for each action step.

The strength of the applicant's description of how they will identify and select subrecipients, including factors that contribute to that decision, and how they will ensure a diverse representation among the subrecipients (geographic, facility type, urban/rural, provider type, model of care, population(s) served, etc.).

The strength of the applicant's description of the coordination with the ETAP through all stages of the project, including planning, coordination, mapping services, infrastructure development/enhancement, and evaluation on the development of a status neutral framework.

The strength of the proposed work plan as evidenced by measurable and appropriate objectives.

The clarity and strength of the solution-oriented approaches for addressing the potential challenges and the strength of the discussion of how technical assistance from the ETAP can support the resolution of challenges identified.

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

The extent to which the applicant proposes a strong evaluation plan that will: monitor the development, implementation, and outcomes of activities with a description of proposed metrics to assess effectiveness; measure impact; and monitor progress towards goals.

The extent to which the applicant describes its current or proposed infrastructure (e.g., staffing experience/skills, collaboration with stakeholders and the ETAP, data collection strategies, and performance measurement), and how it will support the organization in monitoring the proposed status neutral activities, including performance outcomes, and capacity to measure and report data.

The strength of the description of the applicant's experience conducting process and outcome evaluations with racial/ethnic minorities.

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

The extent to which the proposed goals, objectives, and work plan activities address expanding access to HIV prevention and NMCM for people with higher risk of HIV, and meaningful collaboration with HRSA HAB other local, state, and federal agencies (i.e., CDC and HRSA BPHC).

The clarity and completeness of sustainability efforts to maintain a status neutral framework within the jurisdiction after the period of federal funding ends.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information

The extent to which the applicant describes the organizational capabilities and resources that will contribute to its ability to successfully implement, manage, and monitor the proposed project.

The applicant provides a one-page project organizational chart that includes sub-recipients, contractors, and other significant collaborators, as applicable.

The applicant provides biographical sketches for persons occupying the key positions described in the staffing plan.

Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Budget Narrative

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

The extent to which costs, as outlined in the budget are reasonable given the scope of work and are in alignment of the proposed work plan.

The extent to which the budget narrative fully explains each line item and justifies the resources requested, including proposed staff.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also

consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2023. 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 will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

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. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection

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

Please review HRSA's SF-424 Application Guide to determine if you are required to hold a Federal Wide Assurance (FWA) of compliance from the Office of Human Research Protections (OHRP) prior to award. You must provide your Human Subject Assurance Number (from the FWA) in the application; if you do not have an assurance, you must indicate in the application that you will obtain one from OHRP prior to award. In addition, you must meet the requirements of the HHS regulations for the protection of human subjects from research risks, including the following:

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

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

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

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 semi-annually. More information will be available in the NOA.

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

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

VII. Agency Contacts

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

Beverly Smith
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-7065
Email: bsmith@hrsa.gov

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

Chrissy Abrahms Woodland
Director, Division of Metropolitan HIV/AIDS Programs
Attn: Ryan White HIV/AIDS Program, Part A
HIV/AIDS Bureau
Health Resources and Services Administration
Phone: 301 443-1373
Email: CAbrahms@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
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base

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

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

The EHBs login process is changing May 26, 2023 for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs will use **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must create a Login.gov account by May 25, 2023 to prepare for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

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

Appendix: Geographic Service Areas

Geographic Service Areas

Application submissions must propose to serve the entire service area, as defined below.

EMA	City	State	Service area
Atlanta EMA	Atlanta	GA	Barrow County, Bartow County, Carroll County, Cherokee County, Clayton County, Cobb County, Coweta County, DeKalb County, Douglas County, Fayette County, Forsyth County, Fulton County, Gwinnett County, Henry County, Newton County, Paulding County, Pickens County, Rockdale County, Spalding County, and Walton County
Baltimore EMA	Baltimore	MD	Anne Arundel County, Baltimore City, Baltimore County, Carroll County, Harford County, Howard County, and Queen Anne's County
Boston EMA*	Boston	MA	**MA**: Bristol County, Essex County, Middlesex County, Norfolk County, Plymouth County, Suffolk County, and Worcester County **NH**: Hillsborough County, Rockingham County, and Strafford County
Chicago EMA	Chicago	IL	Cook County, DeKalb County, DuPage County, Grundy County, Kane County, Kendall County, Lake County, McHenry County, and Will County
Dallas EMA	Dallas	TX	Collin County, Dallas County, Denton County, Ellis County, Henderson County, Hunt County, Kaufman County, and Rockwall County
Detroit EMA	Detroit	MI	Lapeer County, Macomb County, Monroe County, Oakland County, St. Clair County, and Wayne County
Fort Lauderdale EMA	Fort Lauderdale	FL	Broward County

EMA	City	State	Service area
Houston EMA	Houston	TX	Chambers County, Fort Bend County, Harris County, Liberty County, Montgomery County, and Waller County
Los Angeles EMA	Los Angeles	CA	Los Angeles County
Miami EMA	Miami	FL	Miami-Dade County
Nassau-Suffolk EMA	Mineola	NY	Nassau County and Suffolk County
New Haven EMA	New Haven	CT	Fairfield County and New Haven County
New Orleans EMA	New Orleans	LA	Jefferson Parish, Orleans Parish, Plaquemines Parish, St. Bernard Parish, St. Charles Parish, St. James Parish, St. John the Baptist Parish, and St. Tammany Parish
New York EMA	New York	NY	Bronx County, Kings County, New York County, Putnam County, Queens County, Richmond County, Rockland County, and Westchester County
Newark EMA	Newark	NJ	Essex County, Morris County, Sussex County, Union County, and Warren County
Orlando EMA	Orlando	FL	Lake County, Orange County, Osceola County, and Seminole County
Philadelphia EMA*	Philadelphia	PA	**PA**: Bucks County, Chester County, Delaware County, Montgomery County, and Philadelphia County **NJ:** Burlington County, Camden County, Gloucester County, and Salem County
Phoenix EMA	Phoenix	AZ	Maricopa County and Pinal County
San Diego EMA	San Diego	CA	San Diego County
San Francisco EMA	San Francisco	CA	Marin County, San Francisco County, and San Mateo County

EMA	City	State	Service area
San Juan EMA	San Juan	PR	Aguas Buenas Municipality, Barceloneta Municipality, Bayamón Municipality, Canóvanas Municipality, Carolina Municipality, Cataño Municipality, Ceiba Municipality, Comerío Municipality, Corozal Municipality, Dorado Municipality, Fajardo Municipality, Florida Municipality, Guaynabo Municipality, Humacao Municipality, Juncos Municipality, Las Piedras Municipality, Loíza Municipality, Luquillo Municipality, Manatí Municipality, Morovis Municipality, Naguabo Municipality, Naranjito Municipality, Río Grande Municipality, San Juan Municipality, Toa Alta Municipality, Toa Baja Municipality, Trujillo Alto Municipality, Vega Alta Municipality, Vega Baja, and Yabucoa Municipality
Tampa-St. Petersburg EMA	Tampa	FL	Hernando County, Hillsborough County, Pasco County, and Pinellas County
Washington, DC EMA*	Washington	DC	**District of Columbia** **MD:** Calvert County, Charles County, Frederick County, Montgomery County, and Prince George's County **VA:** Alexandria City, Arlington County, Clarke County, Culpeper County, Fairfax City, Fairfax County, Falls Church City, Fauquier County, Fredericksburg City, King George County, Loudoun County, Manassas City, Manassas Park City, Prince William County, Spotsylvania County, Stafford County, and Warren County **WV:** Berkeley County and Jefferson County
West Palm Beach EMA	West Palm Beach	FL	Palm Beach County

*Service area crosses state lines

Current TGA Recipient	City	State	Service area
Austin TGA	Austin	TX	Bastrop County, Caldwell County, Hays County, Travis County, and Williamson County
Baton Rouge TGA	Baton Rouge	LA	Ascension Parish, East Baton Rouge Parish, East Feliciana Parish, Iberville Parish, Livingston Parish, Pointe Coupee Parish, St. Helena Parish, West Baton Rouge Parish, and West Feliciana Parish
Bergen-Passaic TGA	Paterson	NJ	Bergen County and Passaic County
Charlotte-Gastonia TGA*	Charlotte	NC	**NC:** Anson County, Cabarrus County, Gaston County, Mecklenburg County, and Union County **SC:** York County
Cleveland-Lorain-Elyria TGA	Cleveland	OH	Ashtabula County, Cuyahoga County, Geauga County, Lake County, Lorain County, and Medina County
Columbus TGA	Columbus	OH	Delaware County, Fairfield County, Franklin County, Licking County, Madison County, Morrow County, Pickaway County, and Union County
Denver TGA	Denver	CO	Adams County, Arapahoe County, Denver County, Douglas County, and Jefferson County
Fort Worth TGA	Fort Worth	TX	Hood County, Johnson County, Parker County, and Tarrant County
Hartford TGA	Hartford	CT	Hartford County, Middlesex County, and Tolland County

Current TGA Recipient	City	State	Service area
Indianapolis TGA	Indianapolis	IN	Boone County, Brown County, Hamilton County, Hancock County, Hendricks County, Johnson County, Marion County, Morgan County, Putnam County, and Shelby County
Jacksonville TGA	Jacksonville	FL	Clay County, Duval County, Nassau County, and St. Johns County
Jersey City TGA	Jersey City	NJ	Hudson County
Kansas City TGA*	Kansas City	MO	**MO:** Cass County, Clay County, Clinton County, Jackson County, Lafayette County, Platte County, and Ray County **KS:** Johnson County, Leavenworth County, Miami County, and Wyandotte County
Las Vegas TGA*	Las Vegas	NV	**NV:** Clark County and Nye County **AZ:** Mohave County
Memphis TGA*	Memphis	TN	**TN:** Fayette County, Shelby County, and Tipton County **AR:** Crittenden County **MS:** DeSoto County, Marshall County, Tate County, and Tunica County
Middlesex-Hunterdon-Somerset TGA	New Brunswick	NJ	Hunterdon County, Middlesex County, and Somerset County
Minneapolis–St. Paul TGA*	Minneapolis	MN	**MN:** Anoka County, Carver County, Chisago County, Dakota County, Hennepin County, Isanti County, Ramsey County, Scott County,

Current TGA Recipient	City	State	Service area
			Sherburne County, Washington County, and Wright County **WI:** Pierce County and St. Croix County
Nashville TGA	Nashville	TN	Cannon County, Cheatham County, Davidson County, Dickson County, Hickman County, Macon County, Robertson County, Rutherford County, Smith County, Sumner County, Trousdale County, Williamson County, and Wilson County
Norfolk TGA*	Norfolk	VA	**VA:** Chesapeake City, Gloucester County, Hampton City, Isle of Wight County, James City County, Mathews County, Newport News City, Norfolk City, Poquoson City, Portsmouth City, Suffolk City, Virginia Beach City, Williamsburg City, and York County **NC:** Currituck County
Oakland TGA	Oakland	CA	Alameda County and Contra Costa County
Orange County TGA	Santa Ana	CA	Orange County
Portland TGA*	Portland	OR	**OR:** Clackamas County, Columbia County, Multnomah County, Washington County, and Yamhill County **WA:** Clark County
Riverside-San Bernardino TGA	San Bernardino	CA	Riverside County and San Bernardino County
Sacramento TGA	Sacramento	CA	El Dorado County, Placer County, and Sacramento County
Saint Louis TGA*	St. Louis	MO	**MO:** Franklin County, Jefferson County, Lincoln County, St. Charles County, St. Louis City, St. Louis County, and Warren County **IL:** Clinton County, Jersey County, Madison County, Monroe County, and St. Clair County

Current TGA Recipient	City	State	Service area
San Antonio TGA	San Antonio	TX	Bexar County, Comal County, Guadalupe County, and Wilson County
San Jose TGA	San Jose	CA	Santa Clara County
Seattle TGA	Seattle	WA	Island County, King County, and Snohomish County

*Service area crosses state lines