U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

HIV/AIDS Bureau
Office of Program Support

Integrating the National HIV Curriculum e-Learning Platform into Health Care Professions Programs

Funding Opportunity Number: HRSA-22-022
Funding Opportunity Type(s): New and Competing Continuation
Assistance Listings (CFDA) Number: 93.145

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: February 7, 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: December 9, 2021

Modified on December 21, 2021 to revise the period of performance. The correct period of performance is September 1, 2022 to August 31, 2027.

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See Section VII for a complete list of agency contacts.

Authority: This program is authorized by sections 2692(a) and 2693 (42 U.S.C. §§ 300ff-111(a), 300ff-121) of the Public Health Service Act.

508 Compliance Disclaimer

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2022 for the Ryan White HIV/AIDS Program Part F AIDS Education and Training Centers Program, National HIV Curriculum e-Learning Platform. This opportunity will support integration of the National HIV Curriculum e-Learning Platform into the education and training curricula of select health professions programs, with an emphasis on medical, nursing, and pharmacy graduate and residency programs. The purpose of this initiative is to enhance the quality of HIV education and training at multiple health professions institutions and increase the number of competent health care professionals to manage the treatment and care of people with HIV.

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.

Funding Opportunity Title:	Integrating the National HIV Curriculum e-Learning Platform into Health Care Professions Programs
Funding Opportunity Number:	HRSA-22-022
Due Date for Applications:	February 7, 2022
Anticipated Total Annual Available FY 2022 Funding:	$1,200,000
Estimated Number and Type of Award(s):	Up to two cooperative agreements
Estimated Annual Award Amount:	Up to $600,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2022 through August 31, 2027 (5 years)

Eligible Applicants:	Eligible applicants include public and nonprofit private entities, institutions of higher education, and academic health science centers. Faith-based and community-based organizations, AIDS service organizations, minority serving organizations, and tribes and tribal organizations are also eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, December 16, 2021
Time: 2 – 3:30 p.m. ET
ZoomGov link: https://hrsa-gov.zoomgov.com/j/1602879758?pwd=VzJ0dEhKUlhraHVoT25ZMlR1bDIwZz09
Meeting ID: 160 287 9758
Passcode: cj7ydep8

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Meeting ID: 160 287 9758
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Find your local number: https://hrsa-gov.zoomgov.com/u/amxD0xpfS

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HAB will record the TA webinar and make it available on TargetHIV website, https://targethiv.org/library/hrsa-22-022.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) Part F AIDS Education and Training Centers (AETC) Program, National HIV Curriculum e-Learning Platform. Funding under this announcement will support the integration of the National HIV Curriculum e-Learning Platform (NHC) into the education and training curricula of select, accredited health professions programs (HPPs), with an emphasis on medical, nursing and pharmacy graduate and residency programs. The goal of this initiative is to enhance the quality of HIV education and training at health professions institutions across the country and increase the number of competent health care professionals to manage the treatment and care of people with HIV. The NHC is an excellent online tool that provides high quality, easily accessible, and up-to-date HIV training essential for HIV care delivery. The curriculum is ideal for use by HPPs to prepare students to manage the treatment and care of people with HIV. This project will build upon a previous award, best practices, and lessons learned to further the integration of the NHC into HPPs.

Integration of the NHC into the curricula of select HPPs is designed to address national shortages in the HIV clinical workforce by creating a pipeline of future health care professionals adequately trained to medically manage people with HIV. This project will include activities to train HPP faculty on how to integrate the NHC into their existing programs and curricula.

This cooperative agreement will fund up to two organizations for a 5-year period of performance to address national shortages in the HIV clinical workforce through integration of the NHC into the curricula of participating accredited HPPs. Successful applicants will partner with at least 20 accredited HPPs over the 5-year project period to integrate the NHC into their curricula. At least one-third of partnering HPPs must be programs/institutions with graduates practicing in Medically Underserved Areas/Populations, Health Professional Shortage Areas (HPSAs) and/or communities highly impacted by HIV (e.g., areas identified in the Ending the HIV Epidemic in the United States initiative).

Funding under this announcement will further support HAB's workforce pipeline programs designed to recruit students and providers along the graduate-level education and training continuum. Therefore, the recipients of this award must work in close coordination with the award recipients of:

- HRSA-22-021, *the National HIV Curriculum e-Learning Platform: Enhancements and Operations* to update and enhance the NHC as a result of lessons learned throughout the project period; and
- HRSA-21-124, *Building the HIV Workforce and Strengthening Engagement in Communities of Color* to share lessons learned and best practices for integrating the NHC e-Learning Platform into HPPs.

2. Background

The Ryan White HIV/AIDS Program Part F AIDS Education and Training Centers Program, National HIV Curriculum e-Learning Platform is authorized by sections 2692(a) and 2693 (42 U.S.C. §§ 300ff-111(a), 300ff-121) of the Public Health Service Act.

The RWHAP Part F AETC Program is a national network of leading HIV experts serving all 50 states, the District of Columbia, the U.S. Virgin Islands, Puerto Rico, and the six U.S. Pacific territories/associated jurisdictions. The goal of the AETC Program is to increase the number of health care providers who are educated and motivated to counsel, diagnose, treat, and medically manage people with HIV and to help prevent behaviors that lead to HIV transmission. The AETC Program supports a network of eight regional centers with more than 130 local affiliated sites, as well as two national centers that conduct targeted, multidisciplinary education and training programs for health care providers treating people with HIV. The AETC Program also supports the NHC e-Learning Platform, a free educational website with up-to-date training on HIV treatment and care.

In alignment with the goals of the AETC Program, HRSA supported the development of the NHC to help address the shortage of adequately trained HIV care providers. The NHC provides ongoing, up-to-date information for health care professionals to meet the core competency knowledge for HIV prevention, screening, diagnosis, and ongoing treatment and care of people with HIV. The NHC includes six modules, each representing a different HIV core competency identified as essential by HIV experts. The curriculum offers HIV training and continuing education credits through six self-study course modules, a question bank, clinical challenges, screening tools and clinical calculators, as well as Department of Health and Human Services (HHS) clinical guidelines and recommendations for the care and treatment of people with HIV and HIV co-morbidities.

The NHC is intended for novice to expert health care professionals, including faculty and students, and therefore is ideal for HPPs to use to adequately prepare students to manage the treatment and care of people with HIV. The AETC Program recognizes the importance of a well-trained HIV health workforce as a crucial step toward ending the HIV epidemic in the U.S.

The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among people we have not yet successfully maintained in care.

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

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

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

Strategic Frameworks and National Objectives

National objectives and strategic frameworks like the Healthy People 2030, the 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 provides a blueprint for collective action across the Federal Government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to the extent possible.

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

According to recent data from the 2020 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2016 to 2020, 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 84.9 percent to 89.4 percent. Additionally, racial/ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.[1] For example, the disparity in viral suppression rates between Black/African American and White clients has decreased since 2010.[2] These improved outcomes mean more people with HIV in the United States will live near-normal lifespans and have a reduced risk of transmitting HIV to others.[3]

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[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2020. http://hab.hrsa.gov/data/data-reports. Published December 2021. Accessed December 2, 2021.

[2] Viral suppression among Black/African American clients increased from 81.3 percent in 2016 to 86.7 percent in 2020, while viral suppression for White clients increased from 89.4 percent in 2016 to 92.5 percent in 2020; therefore the gap in viral suppression between these two groups decreased from 8.1 percentage points different to 5.8 percentage points different.

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

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

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

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

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

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

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

Program Resources and Innovative Models

HRSA has a number of projects and resources that may assist RWHAP recipients with program implementation. These include a variety of HRSA HAB cooperative agreements, contracts, and grants focused on specific technical assistance (TA), evaluation, and intervention activities. A list of these resources is available on TargetHIV. Recipients should be familiar with these resources and are encouraged to use them as needed to support their program implementation.
In addition, many RWHAP Special Projects of National Significance (SPNS) projects have demonstrated promising new approaches for linking and retaining priority populations into care. As resources permit, RWHAP recipients are encouraged to review and integrate these tools within their HIV system of care in accordance with the allowable service categories defined in Policy Clarification Notice (PCN) 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.
Examples of these resources include:

- E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV
  E2i uses an implementation science approach to evaluate and understand existing and new intervention strategies that can be used in RWHAP provider settings. Once interventions or strategies are demonstrated and evaluated using implementation science, manuals, guides, interactive online tools, publications, and instructional materials are developed and disseminated for replication and integration into RWHAP provider settings.
- Integrating HIV Innovative Practices (IHIP)
  Resources on the IHIP website include easy-to-use training manuals, curricula, case studies, pocket guides, monographs, and handbooks, as well as informational handouts and infographics about SPNS generally. IHIP also hosts TA training webinars designed to provide a more interactive experience with experts, and a TA help desk exists for you to submit additional questions and share your own lessons learned.

- Replication Resources from the SPNS Systems Linkages and Access to Care
  There are intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among people we have not yet successfully maintained in care.
- Dissemination of Evidence Informed Interventions
  The Dissemination of Evidence-Informed Interventions initiative ran from 2015-2020 and disseminated four adapted linkage and retention interventions from prior SPNS and the Minority HIV/AIDS Funds (MHAF) from the HHS Secretary's Office initiatives to improve health outcomes along the HIV care continuum. The initiative produced four evidence-informed care and treatment interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing health care environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

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

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

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuation.

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

HRSA program involvement will include:

- Participating in the design of models and tools as described in the project narrative;
- Reviewing and providing recommendations as required, and on an as-needed basis on selected accredited educational programs, training curricula, publications, and other resources;
- Participating in the planning and coordination of meetings, including participation in the recipient's Executive/Steering Committee (if applicable) and recipient meeting(s), as appropriate;
- Assisting in establishing linkages between this project, other health care organizations, and HRSA-supported projects to enhance collaboration across the programs;
- Ensuring integration into HRSA programmatic and data reporting efforts;
- Reviewing all project information prior to dissemination;
- Facilitating the dissemination of project information, and
- Reviewing all conference presentations (oral, poster, roundtable, etc.) that share cooperative agreement data, activities, work products, practices and/or best lessons learned.

The cooperative agreement recipient's responsibilities will include:

- Collaborating with at least 20 accredited HPPs to integrate the NHC into their training curricula, with an emphasis on medical, nursing, and pharmacy graduate education and residency programs;
- Training faculty on how to use the integrated NHC within a health care degree or certification program that includes HIV educational credit;
- Collaborating with HAB, the National Evaluation Contractor (NEC), and various programs within the AETC network, including regional and national AETCs, to achieve the expectations as outlined in this NOFO;
- Working with the NEC to evaluate the activities and outcomes of the project;
- Identifying activities to be planned jointly with HPPs with HAB input and approval;

- Informing HAB of project activities and allowing ample time to receive input and/or technical assistance;
- Attending the biennial AETC Program Administrative Reverse Site Visit meetings; and
- Attending the biennial National Ryan White Conference on HIV Care and Treatment held in the metropolitan Washington, D.C. area.

2. Summary of Funding

HRSA estimates approximately $1,200,000 to be available annually to fund two recipients. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount up to $600,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.]

The period of performance is September 1, 2022 through August 31, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for this program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce recipient funding levels beyond the first year if they are unable to fully succeed in achieving the goals listed 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 public or private non-profit entities, institutions of higher education, and academic health science centers. Domestic faith-based and community-based organizations, minority serving organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-022 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

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

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

Application Page Limitation
The total size of all uploaded files included in the page limitation may not exceed the equivalent of **80 pages** when printed by HRSA. The page limitation includes the project and budget narratives, attachments, and letters of commitment and support required in the HRSA SF-424 *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-022, it may count against the page limitation. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page

limitation. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 9-15: 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 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). Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness (ASPR) website via http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx.

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), recipients must ensure that HPPs meet the minimum requirements for NHC integration.

The minimum requirements for HPPs NHC integration includes:

- Courses with NHC integrated content must provide credits towards a health care degree or certificate;
- HPP faculty must utilize multiple modalities to expose students to the NHC content, including, but not limited to in-person and online faculty-led discussions, reading assignments from self-study modules and/or lessons, and use of the question bank.

- HPP students must use the NHC e-Learning Platform to complete one of the following options:
  - One NHC module plus five lessons from two or more additional modules;
  - Two NHC modules; or
  - Ten lessons from two or more NHC modules.

HPPs may elect to train students on the entire curriculum or portions (e.g., select modules and/or lessons) of the NHC as long as the programs meet the minimum requirements for NHC integration.

HPP faculty should also encourage students to create an account on the NHC e-Learning Platform and work towards earning a certificate of completion for the NHC.

The recipients of this award must work with the recipient of HRSA-22-021, *the National HIV Curriculum e-Learning Platform: Enhancements and Operations* to incorporate the minimum requirements for NHC integration within discipline-specific pathways through which students could earn a certificate of completion.

Each participating HPP must identify a lead faculty or liaison who will serve as the designated point-of-contact and champion of NHC Integration Project activities at the participating HPP. The lead faculty will document the HPPs' participation status and progress, including accomplishments, lessons learned, and plans for sustaining integration of the NHC in the HPP curriculum.

Data Requirements
Your organization must maintain systems and processes that will support effective tracking of performance outcomes data as required by the AETC National Evaluation Plan (NEP) for the NHC Integration Project. The goal of the NEP is to assess the impact of the AETC Program on strengthening the HIV workforce capacity to improve outcomes along the HIV care continuum. The AETC NEC will serve as the lead on behalf of the AETC Program and will provide the measures and tools recommended for the evaluation component of this project.

Your organization must work with the NEC to collect data and implement a comprehensive national evaluation plan to measure the impact of your project annually and for the entire period of performance. All data to be collected must be electronically maintained and electronically transferred to the NEC's web-based data collection system. Data collection must include but is not limited to the following:

- Best practices/strategies for integration of the NHC into HPPs;
- Number of HPPs that integrate the NHC and strategies used for successful integration;
- Number of faculty who are trained to integrate the NHC;
- Number of courses that integrate NHC (i.e., the extent of NHC integration into program curriculum);
- Number and characteristics of participating students exposed to NHC modules and/or lessons;
- Change in students' self-reported knowledge, skills, and capacity in providing treatment and care for people with HIV;

- Number and characteristics of students who intend to provide HIV care and services after graduation or program completion;
- Number of faculty who plan to continue to offer NHC within their course(s);
- Number of HPPs that have plans for sustaining NHC;
- Number of students with NHC e-Learning user account.

The data collected by the NEC will be in response to the following questions:

1. *What is the reach of the NHC Integration Project?*
2. *What are the characteristics of participants who have accessed NHC Integration Projects?*
3. *To what extent is there change in students' self-reported knowledge, skills or capacity related to delivering HIV care and services, overall and by participant characteristics?*
4. *To what extent do participating students intend to provide HIV care and services after program completion?*
5. *To what extent do participating HPPs plan to sustain NHC training activities?*

In addition to the NEP, you must develop a plan to evaluate your individual program performance including the development of additional tools or surveys to collect qualitative and quantitative data beyond those provided by the NEC.

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. Please use the guidance below. It is most current and differs slightly from that in Section 4.1.ix of HRSA's SF-424 Application Guide.

Provide a summary of the application in the Project Abstract box of the Project Abstract Summary Form using 4,000 characters or less.

- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable
- List all grant program funds requested in the application, if applicable
- If requesting a funding preference, priority, or special consideration as outlined in Section V. 2. of the program-specific NOFO, indicate here.

Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

In addition to the requirements listed in the SF-424 Application Guide, please indicate

the project title as *"Integrating the National HIV Curriculum e-Learning Platform into Health Care Professions Programs"* and include a summary of the proposed activities for this announcement.

The project abstract must be single-spaced.

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

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

ii. Project Narrative
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.

Use the following section headers for the narrative:

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

  Briefly describe the purpose of your proposed project. You must articulate your planned approach to integrating the NHC into multiple curricula of accredited HPPs, with an emphasis on medical, nursing and pharmacy graduate level and residency programs. Briefly describe your planned collaboration with accredited HPPs to integrate the NHC, train faculty on its use and offer training to future health care professionals for credits toward a degree or certificate. You should demonstrate an understanding of the education and training needs of diverse health care professions training institutions.

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

  Describe the need for an adequate HIV workforce in the U.S. in terms of current clinician shortages, including providers trained to deliver high-quality HIV care and treatment. Describe the need to prepare students in the delivery of HIV care and discuss any relevant barriers or gaps in capacity to integrate and deliver HIV care content in HPP curricula (e.g., faculty recruitment/training, availability of preceptorships, existing course curricula).

  Discuss the need for trained HIV providers by including data showing the number of trained HIV professionals, and HPPs that lack HIV care content. You must use and cite HPSA designations indicating provider gaps and HIV health disparity data to support the described need. You must also include data on HPPs with graduates practicing in Medically Underserved Areas/Populations, HPSAs, and communities highly impacted by HIV. Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. HPSAs are designated by HRSA as having shortages of primary medical care, dental or mental health providers, and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health center or other state or federal prisons).[4]

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

  Propose innovative methods that you will use to address the stated needs, meet each of the program requirements, and address expectations in this NOFO. Describe your proposed approach for integration of the NHC into select HPPs with an emphasis on medical, nursing and pharmacy graduate and residency programs. Curriculum integration must be defined within the approach (e.g., integrate NHC within three or more courses or defined number of credits) and must reflect the minimum requirements for NHC integration as defined in the "Program Specific Instructions" section of this NOFO.

  Include development of effective tools and strategies for integration of the NHC into HPP curricula. This section should help reviewers understand how you will select and collaborate with HPPs to affect the ability of future health care providers to medically manage people with HIV. Clearly relate the project to the program expectations outlined in the NOFO.

  This section must:
  - Describe how you will identify HPPs for the integration of the NHC into their curricula, with an emphasis on medical, nursing and pharmacy graduate and residency programs;

[4] Health Resources and Services Administration. Data.HRSA.gov. https://data.hrsa.gov/tools/shortage-area/mua-find.

- Include data to support selection of at least one-third of HPPs with graduates practicing in HRSA-designated Medically Underserved Areas/Populations, HPSAs, and/or communities highly impacted by HIV;
- Discuss how the proposed approach will successfully integrate the NHC into the selected HPPs and include criteria used to determine the effectiveness of the applied integration method(s);
- Describe the approach to training faculty on the new curriculum;
- Provide the estimated number of students and faculty to be trained;
- Propose a plan for project sustainability, including the likelihood of organizational support for continued integration of the NHC in future courses after the period of federal funding ends. Include sustainability goals and objectives that correspond to specific project activities. HRSA expects recipients to sustain key elements of their projects, (e.g., strategies or services and interventions, which have been effective in improving practices and have led to improved outcomes for the target population);
- Include a plan to document and disseminate project outputs, including effective strategies or practices for integrating HIV content into existing HPP curricula; and
- Describe planned collaborations and partnerships needed to successfully implement your proposed project. The recipients of this award must work in close coordination with the award recipients of:
    - HRSA-21-124, *Building the HIV Workforce and Strengthening Engagement in Communities of Color* to share lessons learned and best practices for integrating the NHC e-Learning Platform into HPPs; and
    - HRSA-22-021, *the National HIV Curriculum e-Learning Platform: Enhancements and Operation* to:
        - Update and enhance the NHC as a result of lessons learned throughout the period of performance;
        - Participate in advisory board meetings convened by the recipient of HRSA-22-021 to provide recommendations and feedback on proposed changes to the NHC e-Learning Platform and instructional design. This request is based on lessons learned from the current program regarding formal input from NHC users and those integrating the curriculum within professional programs to ensure appropriate input is provided for updates, enhancements, and operations; and
        - Participate in quarterly NHC collaborative meetings with HRSA AETC Program staff and the recipient of HRSA-22-021 to coordinate technical assistance and provide feedback and recommendations specific to integrating the NHC into health professions programs.

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

  Provide a comprehensive work plan that relates to the needs identified in the needs assessment and to the activities described in the project narrative. Describe the activities or steps that you will use to achieve each of the objectives proposed

during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.

The work plan should be very detailed and specific over the 5 year project period. The work plan must:

- Describe the strategies, activities and action steps that will be used for all aspects of the project, including planning, implementation, and evaluation;
- Include goals, objectives, and outcomes that are SMART (specific, measurable, achievable, realistic, and time-measured);
- Identify for each activity the specific action steps, key staff responsible, and timeline for completion; and
- Include an evaluation of the overall project and its ability to enable HPP graduates to medically manage people with HIV.

The work plan and timeline must demonstrate the ability to reach stated program objectives within the required period of performance, including a plan for rapid launch of project activities that includes full implementation by year 2. Expected milestones for years 1 and 2 must include:

Development/Planning Phase: Year 1

- Identify and finalize memoranda of understanding (MOUs) with HPPs and other partners to integrate the NHC e-Learning Platform into curricula of mainly medical, nursing, and pharmacy graduate and residency programs;
- Identify medical, nursing, and pharmacy graduate and residency programs and other HPPs for integration of the NHC;
- Define approach to integrate the NHC within the curricula of the selected HPPs. Curriculum integration must be defined within the approach (e.g., integrate NHC within three or more courses or defined number of credits) and must reflect the minimum requirements for NHC integration;
- Within the MOUs, specify the anticipated number of students who will be reached for each year of the project;
- Develop the approaches to orient and train faculty on the new curriculum;
- Revise, confirm, and finalize work plan;
- Begin project implementation in selected programs to achieve training for the estimated number of students and faculty.

Implementation Phase: Year 2

- Launch program-specific evaluation plan;
- Collect and submit data using the AETC National Evaluation Plan (NEP) tools for NHC Integration Project;
- Achieve full project implementation in selected programs; and
- Revise and refine work plan as needed.

Implementation and Evaluation Phase: Years 3, 4 and 5

- Continue full project implementation in all programs;
- Continue evaluation of NHC integration within selected HPPs; and

- Document effective strategies for integrating HIV content into existing curricula of HPPs.

The work plan should include as much detail as possible with the understanding that you will finalize the plan after the cooperative agreement is awarded and after initial consultation with HRSA. Include the project work plan in **Attachment 1**. Please use a chart or table format to present and/or summarize the work plan.

Logic Models

In addition to the work plan, you must submit a logic model for designing and managing the project in **Attachment 1**. 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 the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the logic model provides the "how to" steps. You can find additional information on developing logic models at the following website: https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf.

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

Discuss challenges you are likely to encounter in designing and implementing the activities described in the work plan, including barriers in changing curricula within academic institutions/programs, integration of curricula, and training faculty to deliver HIV educational content. Describe the steps you will take to address identified risks to avoid challenges. Describe specific approaches that you will use to resolve identified challenges. Discuss relevant barriers to training faculty to deliver HIV educational content that includes credits toward a degree or certificate.

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

  Describe your plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizations, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities. Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes.

  This section should include a description of how your organization will collect and manage data (e.g., assigned skilled staff, data management software, etc.) in a way that allows for accurate and timely reporting of performance outcomes to HRSA. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and integration of the NHC in HPPs. Discuss any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

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

  Describe your organization's current mission, structure, and scope of current activities. Discuss how these elements all contribute to your organization's ability to implement the program requirements and meet program expectations. Include an organizational chart. Describe your organization's experience with curriculum development and integration, data management, and faculty training.

  Discuss how your organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs. You must demonstrate that your organization has sufficient capacity to carry out the proposed project.

  Describe the role of key partners in the project's planned approach to integrate the NHC within curricula of mainly medical, nursing, and pharmacy graduate level and residency programs. You must provide an MOU or letter of agreement for each identified partner (**Attachment 4**). You may submit one memorandum signed by multiple partners if the entities share the same arrangement with your organization.

Staffing

Describe the qualifications of the individuals selected for the required project positions listed below:

- Project Director: This individual should have the experience and ability to manage a federal award, provide oversight of and direction to the program's activities, and ensure that the day-to-day operations of the project are conducted well. They should have prior experience with HIV/AIDS prevention, care, and treatment programs. They should provide leadership and visibility for the program among clinical and public health colleagues and organizations;
- Fiscal representative: This individual should have the capacity to manage the fiscal components of a federally funded training program, including expertise in written agreements with outside entities such as subcontractors.
- Lead Evaluator: This individual should have the knowledge, skills, and experience to oversee an evaluation plan that aligns with the national evaluation activities of the AETC Program;
- Data Manager: This individual should have the knowledge, skills, and experience to assist in data collection and reporting as required by the NEP for the NHC Integration Projects.

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.

In addition, you must provide subaward budgets for all partners to be supported under the award. Your budget must also include costs associated with attendance at the biennial AETC Program Administrative Reverse Site Visit meetings and the biennial National Ryan White Conference on HIV Care and Treatment in Washington, D.C.

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, 2021 (P.L. 116-260), Division H, § 202 and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70), "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

iv. Budget Narrative

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

v. Attachments

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

Attachment 1: Work Plan

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. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

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

Attachment 3: Biographical Sketches of Key Personnel

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

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

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 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limitation; however, any related budget narrative does count. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachment 8: Request for Funding Preference or Priority

To receive a funding preference, include a statement that you are eligible for a funding preference and identify the preference. Include documentation of this qualification. See Section V.2.

Attachments 9–15: Other Relevant Documents

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

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

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

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

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as

the basis for making an award to another applicant.

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *February 7, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

This program 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 five years, at no more than $600,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

You cannot use funds under this notice for international HIV/AIDS activities.

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

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.

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.

V. Application Review Information

1. Review Criteria

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

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

Six review criteria are used to review and rank Integrating the National HIV Curriculum e-Learning Platform into Health Care Professions Programs 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 extent to which the application:

- Clearly describes the purpose of the proposed project and articulates a planned approach to integrating the NHC into multiple curricula of accredited HPPs, with an emphasis on medical, nursing and pharmacy graduate level and residency programs;
- Includes data on HPPs with graduates practicing in HRSA designated Medically Underserved Areas/Populations, HPSAs and communities highly impacted by HIV;
- Demonstrates a thorough understanding of the HIV-related education and training needs of HPP students, especially medical, nursing, and pharmacy graduate level and residency programs;
- Demonstrates the need for an adequately trained HIV workforce in the U.S. in terms of current clinician shortages, including providers trained to deliver high-quality HIV care and treatment;
- Describes the need to prepare students in the delivery of HIV care;
- Describes any relevant barriers or gaps in capacity to integrate and deliver HIV care content in curricula of HPPs;
- Demonstrates an understanding of provider capacity or faculty gaps that may impact proposed activities to integrate and deliver HIV care content in curricula of HPPs.

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

Methodology (20 points)
The extent to which the application:

- Describes methods that will be used to address the purpose of this NOFO and meet each of the program requirements and expectations;

- Describes how the organization will identify, select, and partner with HPPs to integrate the NHC, including selection of at least one-third of HPPs with graduates practicing in HRSA-designated Medically Underserved Areas/Populations, HPSAs, and communities highly impacted by HIV;
- Describes the proposed approach to integration of the NHC into selected HPPs with an emphasis on medical, nursing and pharmacy graduate and residency programs ;
- Discusses the development of effective tools and strategies for integration of the NHC into HPP curricula;
- Includes criteria that will be used to determine the effectiveness of the applied integration method(s);
- Describes the approach to faculty training and orientation to the NHC e-Learning Platform;
- Provides the estimated number of students and faculty to be trained;
- Describes how the organization will collaborate with the recipients of HRSA-22-021, *the National HIV Curriculum e-Learning Platform: Enhancements and Operation, and* HRSA-21-124, *Building the HIV Workforce and Strengthening Engagement in Communities of Color*;
- Proposes a plan for project sustainability, including goals and objectives that correspond to specific project activities and demonstrates organizational support for continued integration of the NHC in future courses after federal funding ends; and;
- Includes a plan to document and disseminate project outputs, including effective strategies or practices for integrating HIV content into existing curricula of HPPs.

Work Plan (15 points)
The extent to which the work plan:

- Is comprehensive and connects the needs identified in the needs assessment to the activities described in the project narrative;
- Describes the activities or steps that will used to achieve each of the objectives proposed during the entire period of performance;
- Uses a time line that includes each activity and identifies responsible staff as well as key stakeholders in planning, designing, and implementing all activities;
- Clearly relates the project to the program expectations outlined in this NOFO;
- Describes the strategies, activities and action steps that will be used for all aspects of the project, including planning, implementation, and evaluation;
- Includes goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time-measured);
- Identifies for each activity, the specific action steps, key staff responsible, and timeline for completion; and
- Includes a plan for evaluation of the overall project and its ability to enable graduates to medically manage people with HIV.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
The strength and effectiveness of the method proposed to monitor and evaluate the project and track performance outcomes. Reviewers will also consider the extent to which the application:

- Describes the organization's plan for continuous quality improvement and ongoing monitoring of progress towards the goals and objectives of the project;
- Describes the systems and processes that will support the organization's performance management requirements to track performance outcomes;
- Includes a description of how the organization will collect, analyze, track and manage data (e.g., assigned skilled staff, data management software, etc.) to measure progress and impact/outcomes; and how the data will be used to inform program development and integration of the NHC in HPPs;
- Describes current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature;
- Discusses any potential obstacles for implementing the program performance evaluation, and the plan for addressing those obstacles.

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

- The feasibility and effectiveness of plans for dissemination of project results;
- The extent to which the proposed plan will strengthen and increase the HIV workforce;
- The extent to which project results may be national in scope;
- The degree to which the project activities are replicable and the sustainability of the program beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity, Organizational Information, and Attachments 2 - 5

- The strength and clarity of the proposed staffing plan (**Attachment 2**) and project organizational chart (**Attachment 5**) in relation to 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, and scope of current activities that contribute to the applicant's ability to integrate the NHC in the curricula of multiple HPPs and meet the program requirements;
- The extent to which key project personnel are qualified by training and/or experience to implement the project;
- The extent to which the capabilities and the quality and availability of facilities and personnel will support the needs and requirements of the proposed project;
- The extent to which the organization has the capabilities, the systems, and processes that will support the organization's performance management requirements.

The extent to which the application:

- Describes the organization's plan for program performance evaluation that will contribute to continuous quality improvement and monitor ongoing processes and the progress towards the goals and objectives of the project;
- Describes how the organization will collect and manage data in a way that allows for accurate and timely reporting of performance outcomes to HRSA;
- Describes the organization's experience with curriculum development and integration, data management, and faculty training;

- Discusses how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings;
- Includes a description of the organization's timekeeping process to ensure that the organization will comply with the federal standards related to documenting personnel costs;
- Discusses any potential obstacles for implementing the program performance evaluation and plans to address those obstacles.

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

- The extent to which costs as outlined 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;
- The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives and the anticipated results;
- The strength and clarity of the budget narrative that fully explains each line item in the proposed budget.

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.

Funding Preferences
This program provides a funding preference for some applicants, as authorized by Section 2692(a)(2) of the Public Health Service Act. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. The Objective Review Committee will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

HRSA shall give preference to qualified projects that:

- train, or result in the training of, health professionals who will provide treatment for minority individuals and Native Americans with HIV/AIDS and other individuals who are at high risk of contracting such disease;

- train, or result in the training of, minority health professionals and minority allied health professionals to provide treatment for individuals with such disease; and

- train, or result in the training of, health professionals and allied health professionals to provide treatment for hepatitis B or C co-infected individuals.

In order to be eligible for the preference, a request for funding preference must be provided as **Attachment 8**.

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, 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, 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.

3. Reporting

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

1) **Progress Report**(s): The recipient must submit a progress report to HRSA on a bi-annual basis. Among other items, the report will ask for progress against program activities and outcomes proposed in the application. Further information will be available in the NOA.

2) **NHC Integration Project Data Collection Instruments:** Recipients must annually submit data to the AETC NEC as outlined in the NEP for the NHC Integration Project [note that data collection instruments may be subject to change during the project period].

3) **Expenditure Report:** Recipients must submit an expenditure report to HRSA on a bi-annual basis. The report must include a detailed description of funds expended for project implementation. Additional information will be available in the NOA.

4) **Final Report:** A final report is due within 90 days after the period of performance ends. The final report collects program-specific goals and progress on strategies; performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goals and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences over the entire period of performance. Recipients must submit the final report online in the EHBs system at https://grants.hrsa.gov/webexternal/home.asp.

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

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

VII. Agency Contacts

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

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

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

Madia Ricks, MPH, BSN, RN
Senior Public Health Analyst
Office of Program Support

Attn: Funding Program
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3255
Email: mricks@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Thursday, December 16, 2021
Time: 2 – 3:30 p.m. ET
ZoomGov link: https://hrsa-gov.zoomgov.com/j/1602879758?pwd=VzJ0dEhKUlhraHVoT25ZMlR1bDIwZz09
Meeting ID: 160 287 9758
Passcode: cj7ydep8

One tap mobile
+16692545252,,1602879758#,,,,*57294774# US (San Jose)
+16468287666,,1602879758#,,,,*57294774# US (New York)

Dial by your location

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

Meeting ID: 160 287 9758
Passcode: 57294774
Find your local number: https://hrsa-gov.zoomgov.com/u/amxD0xpfS

Join by SIP
1602879758@sip.zoomgov.com

Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 160 287 9758
Passcode: 57294774

HAB will record the TA webinar and make it available on the TargetHIV website, https://targethiv.org/library/hrsa-22-022.

Tips for Writing a Strong Application

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