

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

HIV/AIDS Bureau

Division of Policy and Data

Supporting People with HIV as Leaders in HIV Systems of Care

Funding Opportunity Number: HRSA-24-055

Funding Opportunity Type(s): New

Assistance Listing Number: 93.145

Application Due Date: April 1, 2024

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

We will not approve deadline extensions for lack of registration.

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

Issuance Date: January 31, 2024

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See [Section VII](#) for a complete list of agency contacts.

Authorities: 42 U.S.C. § 300ff-16, 300ff-54(b), and 300ff-54(c)(1)(B) (§ 2606, 2654(b), and 2654(c)(1)(B) of the Public Health Service Act). Consolidated Appropriations Act, 2023, Pub. L. 117-328, Division H, title II.

508 COMPLIANCE DISCLAIMER

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](#).

SUMMARY

| | |
|-----------------------------|---|
| Funding Opportunity Title: | Supporting People with HIV as Leaders in HIV Systems of Care |
| Funding Opportunity Number: | HRSA-24-055 |
| Assistance Listing Number: | 93.145 |
| Due Date for Applications: | April 1, 2024 |
| Purpose: | The purpose of this funding opportunity is to: <ol style="list-style-type: none">1. Conduct training of trainers (ToT) for people with HIV on leadership in Ryan White HIV/AIDS Program (RWHAP) activities;2. Provide supports to ToT trainees to help them accomplish goals related to the ToT; and3. Develop and disseminate relevant tools and lessons learned from the project. |
| Program Objective(s): | The program objectives are as follows: <ol style="list-style-type: none">1. Increase leadership capacity, representation, and engagement of people with HIV in RWHAP planning, development, implementation, evaluation, and clinical quality management activities.2. Develop skills and support knowledge transfer through peer learning for people with HIV.3. Support the readiness of people with HIV to meaningfully engage in activities that impact HIV systems of care and operations. |
| Eligible Applicants: | You can apply if your organization is in the United States, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, |

| | |
|--|--|
| | <p>Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau and is an entity eligible for funding under RWHAP Parts A – F of title XXVI of the Public Health Service Act.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p> |
| Anticipated FY 2024 Total Available Funding: | <p>\$800,000</p> <p><i>We're issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds are not appropriated.</i></p> |
| Estimated Number and Type of Award(s): | Up to one: New cooperative agreement |
| Estimated Annual Award Amount: | Up to \$800,000 per award, subject to the availability of appropriated funds |
| Cost Sharing or Matching Required: | No |
| Period of Performance: | September 1, 2024 through August 31, 2028 (four years) |
| Agency Contacts: | <p>Business, administrative, or fiscal issues: Nancy Gaines Grants Management Specialist Division of Grants Management Operations, Office of Federal Assistance Management Email: ngaines@hrsa.gov</p> <p>Program issues or technical assistance: Michelle Osterman Nurse Consultant, Clinical and Quality Branch Division of Policy and Data HIV/AIDS Bureau Email: mosterman@hrsa.gov</p> |

Application Guide

You (the applicant organization / agency) are responsible for reading and complying with the instructions included in this NOFO and in [HRSA Application Guide](#) (*Application Guide*). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

We have scheduled the following webinar:

Thursday, February 15 at 1 p.m. EST

Weblink: [https://hrsa-](https://hrsa.gov.zoomgov.com/j/1618755344?pwd=MTNMaDZIZEp5ZmpLeEpvUnFYM0hUdz09)

[gov.zoomgov.com/j/1618755344?pwd=MTNMaDZIZEp5ZmpLeEpvUnFYM0hUdz09](https://hrsa.gov.zoomgov.com/j/1618755344?pwd=MTNMaDZIZEp5ZmpLeEpvUnFYM0hUdz09)

Meeting ID: 161 875 5344

Passcode: g98M8R8F

Attendees without computer access or computer audio can use the following dial-in information:

Call-In Number (Toll-free): 1-833-568-8864

Meeting ID: 161 875 5344

Passcode: 49861676

We will record the webinar. We will record the webinar. It will be available on the TargetHIV Center website at <https://targethiv.org/library/nofos>.

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Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Supporting People with HIV as Leaders in HIV Systems of Care program.

The program activities are to:

1. Conduct training of trainers (ToT) for people with HIV on leadership in Ryan White HIV/AIDS Program (RWHAP) activities.
2. Provide supports to ToT trainees to help them accomplish goals related to the ToT.
3. Develop and disseminate relevant tools and lessons learned from the project.

The goal of the Supporting People with HIV as Leaders in HIV Systems of Care program is to support leadership development and enhance meaningful engagement for people with HIV in health care planning and programs inclusive of RWHAP-funded organizations. The program objectives are to:

1. Increase leadership capacity, representation, and engagement of people with HIV in RWHAP planning, development, implementation, evaluation, and clinical quality management (CQM) activities.
2. Develop skills and support knowledge transfer through peer learning for people with HIV.
3. Support the readiness of people with HIV to meaningfully engage in activities that impact HIV systems of care and operations.

For more details, see [Program Requirements and Expectations](#).

2. Background

The Supporting People with HIV as Leaders in HIV Systems of Care program is authorized by 42 U.S.C. § 300ff-16, 300ff-54(b), 300ff-54(c)(1)(B) (§ 2606, 2654(b), and 2654(c)(1)(B) of the Public Health Service Act). The program is also authorized by the Consolidated Appropriations Act, 2023, Pub. L. 117-328, Division H, title II.

The Program leverages lessons learned, data, and experience from existing curricula and resources to build a single program focused on training and capacity building for people with HIV. These existing program curricula and resources include are available at TargetHIV.org.

Evaluation data from previous HRSA HIV/AIDS Bureau (HAB)-funded projects show that people with HIV that participated in leadership training report increased knowledge about HIV and increased confidence utilizing leadership skills within the RWHAP. Research also shows that ToT models are an effective method to disseminate key public health information.¹ Moreover, the 2022-2025 National HIV/AIDS Strategy (NHAS) calls for creation and promotion of “public leadership opportunities at all levels for people with or who experience risk for HIV” (Objective 3.3).² This program will meet the NHAS intent and leverage lessons learned, data, and experience from existing curricula and resources to build a single program focused on wide dissemination of training and capacity building opportunities for people with HIV.

This program will use a ToT approach to expand the reach and impact for people with HIV who want to increase their ability to meaningfully engage in activities to improve HIV systems of care. This model of using expert-led workshops to increase the pool of individuals who have the skills and knowledge to then deliver trainings in community-based settings is intended to increase the total number of people who receive the training. The program will also engage ToT trainees after they complete the training to support them as they continue building on the skills developed during the ToT.

The Ryan White HIV/AIDS Program

The [HRSA Ryan White HIV/AIDS Program](#) 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 respond to emerging needs of RWHAP clients.

An important framework in the RWHAP is the HIV care continuum, which is comprised of 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 required to assess the outcomes of their programs and should work with their community and

¹ Yarber, L., Brownson, C. A., Jacob, R. R., Baker, E. A., Jones, E., Baumann, C., ... & Brownson, R. C. (2015). Evaluating a train-the-trainer approach for improving capacity for evidence-based decision making in public health. *BMC health services research*, 15(1), 1-10.

² The White House. 2021. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC.

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 United States

As demonstrated by recent data from the [2022 Ryan White HIV/AIDS Program Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2017 to 2022, 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 89.6 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. 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 reach viral suppression.

Using Data Effectively: Integrated Data Sharing and Use

HRSA and the Centers for Disease Control and Prevention's (CDC) 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:

^[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021. <https://ryanwhite.hrsa.gov/data/reports>. Published December 2023. Accessed December 7, 2023.

- 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 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 secure 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 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.

HRSA's [RWHAP Compass Dashboard](#) is an 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).

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. As outlined in [Policy Clarification Notice \(PCN\) 21-02, Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program](#), recipients and subrecipients should use electronic data sources (for example, 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.

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 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 ([ACE TA](#))
- [Best Practices Compilation](#)
- [Building Leaders of Color \(BLOC\)](#)
- [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](#))
- [Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in Care \(CHW\)](#)
- [Integrating HIV Innovative Practices \(IHIP\)](#)
- [AIDS Education Training Center \(AETC\) Program – National Coordinating Resource Center](#)
- [Planning Community HIV/AIDS TA and Training \(CHATT\)](#)

II. Award Information

1. Type of Application and Award

Application type: New

We will fund you via a cooperative agreement.

A cooperative agreement is like a grant in that we award money, but we are substantially involved with program activities.

Aside from monitoring and TA, we also participate in these ways:

- Reviewing, providing recommendations, and concurring with final work plans and project budgets.
- Reviewing and providing feedback on the activities, documentation, procedures, measures, and tools established and implemented for accomplishing the goals of the cooperative agreement throughout the duration of the project.
- Reviewing and providing feedback on written materials prior to external communication and dissemination.
- Facilitating connections with the broader network of RWHAP recipients and subrecipients, and the HIV care and treatment community.
- Collaborating in the development of guides and tools and the design, operation, direction, and evaluation of activities, including meetings, training activities, and workshops.
- Assisting with the coordination of efforts to plan, develop, and implement the various phases of the project.
- Anticipating and providing guidance on the changes taking place in the health care environment that will affect the planning process.
- Coordinating with other HAB programs to address training and TA needs as they may relate to new/emerging strategic initiatives.
- Providing the expertise of HRSA personnel and other relevant resources to support the efforts of the project activities.
- Facilitating partnerships and communication between the recipient and federal agencies, HRSA recipients, and community stakeholders to improve coordination efforts.

You must follow all relevant federal regulations and public policy requirements. Your other responsibilities will include:

- Collaborating with HRSA and other stakeholders as necessary to plan, execute, and evaluate the project activities.
- Modifying activities as necessary in keeping with the changing trends and needs of people with HIV and RWHAP recipients and subrecipients.
- Negotiating with HRSA to update existing work plans, at least annually.
- Ensuring any training and TA delivered to RWHAP recipients and subrecipients is cleared and coordinated with other HRSA training and TA resources.
- Developing and compiling project strategies and tools into replicable products (e.g., workflows, protocols, toolkits, manuscripts, etc.) for dissemination and use by RWHAP recipients and subrecipients.

- Disseminating the project's products through social media, various regional and national outlets and HRSA-supported websites, including but not limited to, [TargetHIV.org](https://www.targethiv.org) and the [RWHAP Best Practices Compilation](#).
- Integrating new priorities during the period of performance (i.e., through monitoring calls or other communication), as needed.
- Responding timely to requests made by HRSA for information related to project activities.
- Integrating considerations, when appropriate, from technical expert reports, meeting convenings, and other relevant sources into the project activities when appropriate.

We encourage you to collaborate with partner organizations, as needed, to achieve cooperative agreement requirements, program expectations, and goals.

2. Summary of Funding

We estimate \$800,000 will be available each year to fund one recipient. You may apply for a ceiling amount of up to \$800,000 annually (reflecting direct and indirect costs).

The period of performance is September 1, 2024, through August 31, 2028 (4 years).

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will proceed with the application and award process.

Support beyond the first budget year will depend on:

- Appropriation
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

If you do not meet the project goals at the end of the year, we may reduce funding or take other actions in future years.

[45 CFR part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#) applies to all HRSA awards.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *Application Guide*.

*Note: One exception is a governmental department or agency unit that receives more than \$35 million in direct federal funding.

III. Eligibility Information

1. Eligible Applicants

You can apply if your organization is in the United States, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau and is an entity eligible for funding under RWHAP Parts A – F of title XXVI of the Public Health Service (PHS) Act, including a:

- Public or private, non-profit
- State or local government
- Academic institution
- Local health department
- Non-profit hospital or outpatient clinic
- Community health center receiving support under Section 330 of the PHS Act
- Community-based organization
- Tribal (governments, organizations) with or without federal recognition

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

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

- Exceeds the funding ceiling amount.
- Fails to satisfy the deadline requirements referenced in [Section IV.4.](#)

Multiple Applications

Multiple applications from an organization or associated with the same Unique Entity Identifier (UEI), and/or EIN are **not allowed**. We will only review your **last** validated application before the Grants.gov [due date](#).

IV. Application and Submission Information

1. Address to Request Application Package

We **require** you to apply online through [Grants.gov](https://www.grants.gov). Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: [How to Apply for Grants](#). If you choose to submit using an alternative online method, see [Applicant System-to-System](#).

Note: Grants.gov calls the NOFO “Instructions.”

Select “Subscribe” and enter your email address for HRSA-24-055 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You’re responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There’s an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **50 pages** when we print them. We 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 do not 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

If there are other items that do not count toward the page limit, we’ll make this clear in Section IV.2.vi [Attachments](#).

If you use an OMB-approved form that is not in the HRSA-24-055 workspace application package, it may count toward the page limit. You may want to use the “Page Limit Worksheet” found in the Appendix of this NOFO.

Applications must be complete and validated by Grants.gov under HRSA-24-055 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals³ (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in [45 CFR § 75.371](#). This includes suspending or debarring you.⁴
- If you cannot certify this, you must include an explanation in *Attachments 8-15: Other Relevant Documents*.

(See Section 4.1 viii “Certifications” of the *Application Guide*)

Program Requirements and Expectations

To meet the purpose, goals, and objectives of the Supporting People with HIV as Leaders in HIV Systems of Care program, the recipient is expected to conduct the following activities:

Training of Trainers: Recruit trainees to complete ToT training and deliver the ToT content in English and Spanish. Ideally trainees will either receive services from, be employed by, or collaborate with a RWHAP-funded organization. Consider trainee recruitment factors such as lived experience with HIV, representation from priority populations, and the organizational support they will receive to implement their post-ToT training goals.⁵ After completion of the ToT training, ToT trainees are expected to train others at RWHAP-funded entities or other health care settings or programs.

HRSA expects that at least two ToT trainings will be held during the first project year. Training provided under this cooperative agreement must utilize or enhance existing curricula whenever possible. The training content should include, but not be limited to, the following topics:

- Basics of HIV
- Introduction to the RWHAP, including Parts, planning bodies, and authorizing statute
- Training facilitation and presentation skills
- Proven meeting facilitation practices
- Involvement of people with HIV in planning groups including planning councils, planning bodies, consumer advisory boards, clinical quality management (CQM) programs, and integrated planning groups
- Clinical quality management (CQM) methods and concepts

³ See definitions at [eCFR :: 2 CFR 180.995 -- Principal](#), and [eCFR :: 2 CFR 376.995 -- Principal \(HHS supplement to government-wide definition at 2 CFR 180.995\)](#).

⁴ See also 2 CFR parts [180](#) and [376](#), [31 U.S.C. § 3354](#), and [45 CFR § 75.113](#).

⁵ Carol R. Tobias, Alicia Downes, Shalini Eddens, and John Ruiz. Building Blocks for Peer Success: Lessons Learned from a Train-the-Trainer Program. AIDS Patient Care and STDs. Jan 2012.53-59. Available at <https://www.liebertpub.com/doi/10.1089/apc.2011.0224>

- The role of social determinants of health and HIV stigma in program planning
- Other topics that are integral for effective leadership training curricula (e.g., development of post-ToT training plans).

The recipient is also expected to complete the following:

- Provide compensation to ToT trainees for time and effort for ToT training time and completion of post-ToT training goals related to the project (e.g., evaluation activities, training a certain number of individuals after completing the ToT, etc.). Ensure that compensation is consistent with [PCN 16-02, RWHAP Services: Eligible Individuals and Allowable Use of Funds](#) and relevant federal regulations and public policy requirements.
- Provide logistical support to people with HIV to attend trainings.
- Provide support to ToT trainees with activities to help them meet their post-ToT training goals. This could include, but may not be limited to, developing contracts or memorandum of understanding, developing organizational training plans, and/or planning ways to sustain their training activities.
- Facilitate peer networking opportunities so that ToT trainees may have a way to provide peer-to-peer support, share best practices, and stay connected with each other during and after they complete the ToT.
- Develop and promote dissemination of materials, manuals, and tools related to the funded project.

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide*.

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

| Narrative Section | Review Criteria |
|-------------------|--------------------------|
| Introduction | <i>Criterion 1: NEED</i> |

| Narrative Section | Review Criteria |
|---|--|
| Organizational Information | <i>Criterion 5: RESOURCES/CAPABILITIES Criterion 6: SUPPORT REQUESTED</i> |
| Need | <i>Criterion 1: NEED</i> |
| Approach | <i>Criterion 2: RESPONSE Criterion 4: IMPACT</i> |
| Work Plan | <i>Criterion 2: RESPONSE Criterion 4: IMPACT Criterion 6: SUPPORT REQUESTED</i> |
| Resolution of Challenges | <i>Criterion 2: RESPONSE</i> |
| Evaluation and Technical Support Capacity | <i>Criterion 2: RESPONSE Criterion 3: EVALUATIVE MEASURES Criterion 5: RESOURCES/ CAPABILITIES</i> |
| Budget Narrative | <i>Criterion 4: IMPACT Criterion 6: SUPPORT REQUESTED</i> |

ii. **Project Narrative**

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- **INTRODUCTION** – Corresponds to Section V’s Review Criterion [#1 Need](#)

Briefly describe the purpose of your proposed project. This section should describe how your project addresses the goal to support leadership development and enhance meaningful engagement for people with HIV in health care planning and programs, and the program objectives listed in the “[Purpose](#)” section of this NOFO. Summarize how you will complete the program activities stated in the “[Purpose](#)” section of this NOFO.

- **ORGANIZATIONAL INFORMATION** – Corresponds to Section V’s Review Criteria [#5 Resources/Capabilities](#) and [#6 Support Requested](#)

Describe your mission, structure, history working with people with HIV, and scope of current activities that align with the purpose of this project. Explain how these elements all contribute to your organization’s ability to carry out the program requirements and meet program expectations.

Discuss any partnerships your organization has or will have to help carry out your project. You are encouraged to explore partnerships and connections with local Community Health Worker (CHW) training programs such as those funded by [HRSA’s Bureau of Health Workforce](#), [HRSA HAB Regional AETCs](#), and other entities. Examples of partnership models could include building the ToT training into a CHW certification program, using the regional AETC for content and/or in-

kind contributions, and any other arrangement that encourages coordination and partnership across entities.

Include a one-page project organizational chart (as [Attachment 2](#)) that shows the organizational structure of the project (not the entire organization); include contractors (if applicable) and other significant collaborators. If you will use consultants and/or contractors to provide any of the proposed services, describe their roles and responsibilities on the project. Include signed letters of agreement, memoranda of understanding, and brief descriptions of proposed and/or existing contracts related to the project in [Attachment 3](#).

Include a staffing plan for the proposed project staff, job descriptions that include roles and responsibilities, and information to show who will manage/oversee the various project activities. Include this plan as [Attachment 4](#). See Section 4.1. of the *Application Guide* for additional information.

Please list the federal award number, funding agency, project staff name, and the full-time equivalent (FTE) for that respective federal award in Attachment 4 if project staff, consultants, or contractors serve on other federal awards. Project staff cannot bill more than 1.0 FTE across all federal awards.

Include short biographical sketches of key project staff (each not to exceed two pages in length) as [Attachment 5](#). See Section 4.1. of the *Application Guide* for information on the content for the sketches. If a biographical sketch for an individual not yet hired is included, you must attach a letter of commitment signed by the individual.

Discuss your organization's experience, if any, with implementing a cooperative agreement (prior experience implementing a cooperative agreement is not required). Describe your experience with fiscal management of grants and contracts. Also, 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.

- **NEED – Corresponds to Section V's Review Criterion [#1 Need](#)**

Provide your perspective and insights regarding the need to support leadership development and meaningful engagement for people with HIV in health care planning and programs inclusive of RWHAP-funded organizations. Tell us why there is a need for a specific program dedicated to providing training on these topics and the challenges that accompany providing this type of training and developing peer networking opportunities. Identify priority populations not yet successfully maintained in HIV care or populations that historically experience poor health outcomes. Use and cite demographic data and/or literature whenever possible.

- **APPROACH** – Corresponds to Section V’s Review Criteria [#2 Response](#) and [#4 Impact](#)

Tell us how you will address the stated needs and meet each of the previously described project objectives, expectations, and responsibilities in this NOFO. Discuss the specific actions you will take to complete the project activities within the four-year period of performance. Include any innovative methods you will use and include what you will do to address the elements described below.

Training-of-Trainers

- Describe how you will recruit, select, and retain trainees in the ToT, including people with HIV from the identified priority populations and those with diverse identities and experiences.
- State the curricula you will use in the ToT. Provide your plan to review and adapt existing training curricula and resources. Include any areas of the curricula and resources that may need to be revised or any content that needs to be added based on changes in the HIV epidemic or the needs of the identified priority populations. Describe how the training content will be made fully accessible for people with disabilities according to [Section 508 Guidelines](#). Share how your proposed activities will enhance the existing curricula and resources.
- Describe the techniques and modalities (e.g., in-person, virtual, etc.) you will use to deliver ToT to trainees. Include the ways you will determine where, how often, and how long the trainings will take place. Explain what you will do to ensure trainings take place in different regions of the country and highlight any cost-effective ways you will maximize the number of people with HIV who attend the ToTs. Tell us what tools and strategies you will use for ongoing training, outreach, collaborations, and information sharing/dissemination to encourage participation in future leadership opportunities for the trainees in this program.
- Explain how you will make sure ToT trainees are well-equipped to deliver trainings after completion of the ToT training and how you will ensure they conduct the trainings. Include the process you will use to collaborate with trainees to develop their organizational training plans.
- Tell us how you will provide compensation in accordance with [PCN 16-02](#) for ToT training time and completion of post-ToT training goals related to the project. Also include how you will provide logistical support in accordance with PCN 16-02 to people with HIV to attend trainings.
- Explain how you will provide support to ToT trainees with activities to help them meet their post-ToT training goals.
- Tell us how you will engage stakeholders and RWHAP communities, including how you will meaningfully engage people with HIV at all levels of your project.

Peer Networking

- Describe the methods you will use to facilitate peer networking opportunities so that ToT trainees may have a way to provide peer-to-peer support, share best practices, and stay connected with each other during and after they complete the ToT. Include what technology or medium and business rules you will use to host the networking activities.

Tools Development and Dissemination

- Describe your plan to develop and promote training materials, best practices, research, tools, webinars, and other items related to this project.
- Discuss how you will use social media, regional and national outlets, and HRSA-supported websites, including but not limited to, TargetHIV.org and the [RWHAP Best Practices Compilation](#) to distribute reports, products, or tools to target audiences.

Sustainability

- Tell us how you will promote continued support to ToT trainees within their affiliated organizations after the period of federal funding ends.

- *WORK PLAN – Corresponds to Section V's Review Criteria [#2 Response](#), [#4 Impact](#), and [#6 Support Requested](#)*

Describe how you will accomplish the program activities and objectives during each year of the period of performance. Use a table to clearly show the following details:

1. Goals
2. Objectives that are specific, measurable, achievable, realistic, and time-framed (SMART); provide numbers (not just percentages) for targeted outcomes, where applicable.
3. Action steps or activities
4. Staff responsible for each action step; and
5. Anticipated dates of completion for each objective and/or action step.

Consider first project year activities, including, but not limited to the actions described below.

- Hiring staff
- Identifying meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities
- Reviewing existing curriculum and finalizing training design
- Completing at least two ToT trainings
- Promoting and recruiting for future ToT activities
- Establishing peer networking opportunities

- Finalizing project evaluation plans
- Establishing quality control mechanisms that align with HRSA’s review processes

All work plan goals, objectives and activities must directly relate to the methods described in the [Approach](#) section of this NOFO. The work plan should be included as [Attachment 1](#).

▪ **RESOLUTION OF CHALLENGES – Corresponds to Section V’s Review Criterion [#2 Response](#)**

Discuss

1. Challenges that you are likely to face with designing and carrying out the project activities described in the work plan,
2. Potential risks to project implementation, and
3. Approaches you will use to resolve the challenges and mitigate risks.

▪ **EVALUATION AND TECHNICAL SUPPORT CAPACITY – Corresponds to Section V’s Review Criterion [#2 Response](#), [#3 Evaluative Measures](#), and [#5 Resources/Capabilities](#)**

The project performance evaluation should describe process and outcome measures and how you will monitor ongoing processes and the progress towards the goals and objectives of the project. Funding requests for the evaluation activities should not exceed 10% of the total award, each budget year.

- Describe your plan to evaluate the performance of your project and how you will use the proposed evaluation activities to contribute to continuous quality improvement.
- Describe the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.
- Describe the systems and processes you will use to support effective tracking of the performance outcomes, including a description of how your organization will collect and manage data (e.g., assigned skilled staff, data security procedures, data management software). These systems and processes should (1) facilitate immediate startup of the project and (2) ensure accurate and timely reporting of performance outcomes.
- Describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes. Describe any potential barriers for evaluating the program and your plan to address them.
- Explain how you will assess the reach and effectiveness of your project activities. The type of information to be assessed should include, at minimum, the following:
 - Number of trainings held in English and Spanish
 - Number of people trained

- Expected number of people trained by ToT trainees
- Representation of identified priority populations among people trained
- Trainee knowledge and skill
- Trainee ability to deliver content after training
- Impact on program trainees and affiliated organizations

Staff expertise should be directly linked to the activities proposed in the project narrative and work plan. Describe the experience, skills, and knowledge of proposed staff (including consultants and contractors, if applicable) as they relate to previous work of similar nature to include experience in activities related to meaningful engagement of people with HIV, and the following:

- Hosting in-person and virtual trainings and webinars
- Facilitating trainings for adult learners
- Supporting peer networking
- Providing logistical support to ToT trainees
- Developing and disseminating web-based tools and materials
- Collaborating with other stakeholders and agencies to work on similar projects
- Working with RWHAP-funded entities
- Performing timely startup and implementing public health projects in the allotted time

Project staff should also have the necessary skills to communicate project findings and lessons learned to local communities, state and national stakeholders, and policymakers. Describe the proposed project staff's (including any consultants' and contractors', if applicable) experience in disseminating project information. If applicable, provide relevant information in your attachments and narrative that describe consultant and contract purpose(s), deliverables, how costs are derived, and how performance will be monitored.

Discuss any examples of previous projects, materials published, and previous work of a similar nature that reflect the expertise of the proposed staff.

iii. Budget

The *Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307€(2)). Find post-award requirements for program income at [45 CFR § 75.307](#).

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 2024, the salary rate limitation is \$221,900 as required by law, salary rate limitations may apply in future years and will be updated.

iv. Budget Narrative

See Section 4.1.v. of the *Application Guide*.

In addition, the Supporting People with HIV as Leaders in HIV Systems of Care program requires the following:

- Submit line-item budgets for each year (Years 1-4) of the proposed period of performance as a single spreadsheet table, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs as [Attachment 6](#).
- Include budget line items for at least two staff to participate in the 2026 and 2028 National Ryan White Conferences on HIV Care and Treatment.
- Funds for evaluation line items should not exceed 10% of the total award, each budget year.
- Provide a narrative that explains the amounts requested for each line in the budget. Your explanations should include specifics on how each item will support the achievement of proposed objectives. Each budget period is for one year; however, you must submit projected one-year budgets for each of the four budget years at the time of application. For budget years 2-4, highlight the changes from Year 1 or clearly indicate that there are no major budget changes during the period of performance.
- 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 you will use to account for the full salary.

v. Attachments

Provide the following attachments in the order we list them.

Most attachments count toward the [application page limit](#). Indirect cost rate agreements and Biographical Sketches of Key Personnel (Attachment 5) are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Work Plan - Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#).

Attachment 2: Project Organizational Chart - Provide a one-page figure that depicts the organizational structure of the project.

Attachment 3: Letters of Agreement, Letters of Support, and 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. Letters of agreement or support must be signed, dated, and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 4: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the 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 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 5: Biographical Sketches of Key Personnel (Does not count against the page limit) – Include biographical sketches for persons occupying the key positions described in *Attachment 4*, 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 6: Line-Item Budgets for Years 1- 4 with separate budget for each year

Attachment 7: Indirect Cost Rate Agreement, if applicable (Does not count against the page limit)

Attachments 8–15: Other Relevant Documents – Include here any other documents that are relevant to the application (e.g., Gantt or PERT charts, logic model, supplemental information, etc.).

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

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: [General Service Administration's UEI Update](#)

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.⁶

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- [System for Award Management \(SAM\)](#) ([SAM Knowledge Base](#))
- [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 the *Application Guide*.

Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

⁶ Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d).

4. Submission Dates and Times

Application Due Date

Your application is due on *April 1, 2024, at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

The Supporting People with HIV as Leaders in HIV Systems of Care program does not need to follow the terms of [Executive Order 12372](#) in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

6. Funding Restrictions

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 the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

Unless you identify a gap during the review of the existing training curricula, funds may not be used to develop new training curricula. Funds may be used to modify existing curricula.

You cannot use funds under this notice for the following:

- Charges that are billable to third party payers, (e.g., private health insurance, prepaid health plans, Medicaid, Medicare).
- To directly provide medical or support services, (e.g., HIV care, counseling, and testing) that supplant existing services.
- Cash payments to intended recipients of RWHAP services.
- Purchase, construction of new facilities or capital improvements to existing facilities.
- Purchase or improvement to land.
- Purchase vehicles.
- Fundraising expenses or lobbying activities and expenses.
- 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/>.

- To develop materials designed to directly promote or encourage, intravenous drug use or sexual activity.
- Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (nPEP) medications or related medical services. (Please note that RWHAP recipients and sub-recipient providers may provide prevention counseling and information to eligible clients' partners – see [RWHAP and PrEP Program Letter, November 16, 2021](#)).
- International travel.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide*. We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use six review criteria to review and rank the Supporting People with HIV as Leaders in HIV Systems of Care program applications. Here are descriptions of the review criteria and their scoring points.

| | |
|-------------------------------------|-------------------|
| Criterion 1: Need | 10 points |
| Criterion 2: Response | 40 points |
| Criterion 3: Evaluative Measures | 5 points |
| Criterion 4: Impact | 15 points |
| Criterion 5: Resources/Capabilities | 25 points |
| Criterion 6: Support Requested | 5 points |
| Total | 100 points |

Criterion 1: NEED (10 points) – Corresponds to Section IV's [Introduction](#) and [Need](#)

[Introduction \(2 points\)](#)

- How clear the description is of the proposed plan to address the purpose, goal, objectives, and project activities included in the “[Purpose](#)” section of this NOFO.

Need (8 points)

- Whether the application demonstrates a comprehensive understanding of the need for leadership development and meaningful engagement for people with HIV in health care planning and programs inclusive of RWHAP-funded organizations.
- How well the application describes the need for a specific program dedicated to providing training on these topics and the challenges that accompany providing this type of training and developing peer networking opportunities.
- How well the application describes the need for training on these topics and challenges for priority populations.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV’s [Approach](#), [Work Plan](#), [Resolution of Challenges](#), and [Evaluation and Technical Support Capacity](#)

The strength of the proposed goals and objectives and their relationship to the identified project activities. How well the activities (scientific or other) described in the application can address the problem and attain the project objectives.

Approach (15 points)

- How clear and reasonable the proposed actions are to ensure the proposed project activities will be completed within the four-year period of performance.

Training of Trainers

- How strong and feasible the proposed methods are for recruiting, selecting, and retaining trainees in the ToT. How feasible the plan is for ensuring representation of people with HIV from the identified priority populations and those with a broad range of backgrounds and experiences.
- How clear and reasonable the plan is for reviewing and adapting existing training curricula and resources. How reasonable the plan is to make sure the training content is accessible for people with disabilities.
- How effective and feasible the proposed methods are for delivering training content, including the training modalities and the plan for determining the schedule of trainings.
- How strong and feasible the plan is to make sure trainees are well-equipped to deliver trainings after completion of the ToT training and make sure they conduct the trainings. How strong and feasible the plans are to provide support to ToT trainees with activities to help them meet their post-ToT training goals. How

strong the planned process is to collaborate with trainees to develop their organizational training plans.

- How realistic and feasible the plans are to provide compensation in accordance with [PCN 16-02](#) and relevant federal regulations and public policy requirements for time and effort and logistical support for ToT trainees.

Peer Networking

- How strong the methods are to facilitate peer networking opportunities for ToT trainees. The strength of the proposed technology or medium that will be used to host the networking activities.

Tools Development and Dissemination

- How clear and feasible the plans are for promoting materials, trainings, and webinars related to the project using social media, various regional and national outlets and HRSA-supported websites, including but not limited to, [TargetHIV.org](#) and the [RWHAP Best Practices Compilation](#).

Work Plan (10 points)

- How strong and clear the work plan and its goals are for the four-year period of performance ([Attachment 1](#)).
- How well the work plan relates to the [Approach](#) section of the narrative and addresses the project requirements in this announcement.
- How well the work plan includes clearly written: (1) goals; (2) objectives that are SMART; (3) action steps and activities; (4) staff responsible for each action step; and (5) anticipated dates of completion.
- How well the work plan demonstrates the ability to achieve the proposed goals and objectives during the four-year period of performance, especially the first-year objectives.

Resolution of Challenges and Evaluation and Technical Support Capacity (5 points)

- How strong, clear, and feasible the approaches and techniques are to resolve anticipated challenges and mitigate risks to project implementation.
- How strong and feasible the plans are to address potential obstacles for implementing the project performance evaluation.

Evaluation and Technical Support Capacity (10 points)

- How extensive and strong applicant's ability to carry out the program requirements and meet program expectations.
- How reasonable the proposed inputs and key processes can lead to the expected outcomes of the funded activities.
- How well the project will maximize the following outcomes:

- Number of trainings held in English and Spanish
- Number of people trained
- Number of people trained by ToT trainees
- Representation of identified priority populations among people trained
- Trainee knowledge and skill
- Trainee ability to deliver content after training
- Impact on program trainees and affiliated organizations

Criterion 3: EVALUATIVE MEASURES (5 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 results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project:

- How well and feasible the evaluation plan and activities can be used to contribute to continuous quality improvement.
- How clear and feasible the proposed evaluation plan is to monitor ongoing processes and the progress towards the goals and objectives of the project.
- How strong and effective the proposed plans are to collect and manage data in a way that allows for accurate and timely reporting of performance outcomes.
- How strong the plans are to assess the reach and effectiveness of the project activities.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV’s [Approach](#), [Work Plan](#), and [Budget Narrative](#)

How the proposed project has a public health impact and whether the project will be effective throughout the entire project period, if funded.

Training of Trainers

- How well the proposed activities will enhance the existing curricula and resources.
- How well the planned trainings will be distributed across different regions of the country.
- How reasonable and cost-effective the plans are to maximize the number of people with HIV who attend the ToTs.
- How effective the tools and strategies are for ongoing training, outreach, collaborations, and information sharing/dissemination to encourage participation in future leadership opportunities for the trainees in this program.
- How much and how meaningful the engagement of people with HIV will be at all levels of implementation of the proposed project.
- How clear the plans are to engage stakeholders and RWHAP communities.

Tools Development and Dissemination

- How feasible and reasonable the plans are to develop and promote training materials, best practices, research, tools, webinars, and other items related to the project.

Sustainability

- How strong and feasible the plans are to promote continued support to ToT trainees within their affiliated organizations after the period of federal funding ends.

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

The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

Organizational Information (15 points)

- How clear the application's description is of the organization's mission, history of working with people with HIV, and structure and scope of current activities. How likely these elements will contribute to the organization's ability to implement the program requirements and meet program expectations.
- How clear the project organizational chart ([Attachment 2](#)) is, and how consistent is it with the project description and project activities.
- How well the application describes the partnerships the applicant organization has or will have to help carry out the project. How relevant the partnership activities described in the letters of support/commitment ([Attachment 3](#)) are to the overall objectives of the project.
- How strong and appropriate the staffing plan and job descriptions ([Attachment 4](#)), and biographical sketches ([Attachment 5](#)) are based on the goals and objectives of this project.
- How relevant and strong the organization's experience is with implementing a cooperative agreement and fiscal management of grants and contracts.
- How strong the organization's plans are to follow the approved plan, as outlined in the application; properly account for the federal funds; and document all costs to avoid audit findings.

Evaluation and Technical Support Capacity (10 points)

- How strong the organization's systems and processes are to support the effective tracking of performance outcomes.
- How strong the proposed systems and processes are to (1) facilitate immediate startup of the project and (2) ensure accurate and timely reporting of performance outcomes.
- How strong the staff experience, skills, and staff are related to the following:
 - Hosting in-person trainings and webinars

- Facilitating training for adult learners
- Supporting peer networking opportunities
- Providing logistical supporting ToT trainees
- Developing and disseminating web-based tools and materials
- Collaborating with other stakeholders and agencies to work on similar projects
- Working with RWHAP-funded entities
- Performing timely startup and implementing public health projects in the allotted time
- Whether the proposed staff, including contractor and consultants, are qualified and have the necessary expertise that is directly linked to the activities proposed for the project. How skilled the proposed staff is with communicating project findings and lessons learned.
- Whether the time allocated for staff is consistent with and adequate for their anticipated workload toward the completion of the goals and objectives of the project.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's [Organizational Information](#), [Work Plan](#), [Budget](#), and [Budget Narrative](#)

- How reasonable and appropriate the proposed budget is (including the evaluation costs) for each year of the period of performance in relation to the scope of work, the complexity of the activities, and the anticipated results.
- How strong the budget narrative is to support each budgeted line item.
- Whether contracts for proposed contractors or consultants, if applicable, clearly describe the contract purposes, how costs are derived, how performance will be monitored, and whether deliverables are reasonable and appropriate.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application ([45 CFR § 75.205](#)).

First, your application must get a favorable merit review. Then we:

- Review past performance (if it applies)

- Review audit reports and findings
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the [start date](#) listed in the NOFO. See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of [45 CFR part 75](#) currently in effect.
- The termination provisions in [45 CFR 75.372](#). No other specific termination provisions apply.
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: [2 CFR § 200.301 Performance measurement](#).
- Any statutory provisions that apply.

- [The Assurances](#) (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

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. 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

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR § 75.101 Applicability](#) gives details.

Data Rights

All publications you develop, purchase, or modify with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award. However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award

and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

3. Reporting

Award recipients must comply with Section 6 of the *Application Guide* and the following reporting and review activities:

- 1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA
- 2) **Progress Report(s).** The recipient must submit a non-competing continuation report to us during project years 1-3. In addition, the recipient must submit a progress report to us at the end of each project year (via [HRSA's Electronic Handbooks](#)). The NOA will provide details.
- 3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS), as [45 CFR part 75 Appendix I, F.3](#) and [45 CFR part 75 Appendix XII](#) require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Nancy Gaines
Grants Management Specialist
Division of Grants Management Operations, Office of Federal Assistance Management
Health Resources and Services Administration
Call: (301) 443-5382
Email: ngaines@hrsa.gov

Program issues or technical assistance:

Michelle Osterman, MPH, MBA, RN
Nurse Consultant, Clinical Quality Branch, Division of Policy and Data
Attn: Supporting People with HIV as Leaders in HIV Systems of Care Program
HIV/AIDS Bureau
Health Resources and Services Administration
Call: (301) 443-5031
Email: mosterman@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
[Search the Grants.gov Knowledge Base](#)

Once you apply or become an award recipient, you may need help submitting information and reports through [HRSA's Electronic Handbooks \(EHBs\)](#). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account 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 Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix: Page Limit Worksheet

The purpose of this worksheet, shown below, is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit of 50 pages. **(Do not submit this worksheet as part of your application.)**

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

| Standard Form Name (Forms themselves do not count against the page limit) | Attachment File Name (Unless otherwise noted, attachments count against the page limit) | # of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form |
|--|--|--|
| Application for Federal Assistance (SF-424 - Box 14) | Areas Affected by Project (Cities, Counties, States, etc.) | My attachment = ___ pages |
| Application for Federal Assistance (SF-424 - Box 16) | Additional Congressional District | My attachment = ___ pages |
| Application for Federal Assistance (SF-424 - Box 20) | Is the Applicant Delinquent On Any Federal Debt? | My attachment = ___ pages |
| Attachments Form | Attachment 1: Work Plan | My attachment = ___ pages |
| Attachments Form | Attachment 2: Project Organizational Chart | My attachment = ___ pages |
| Attachments Form | Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or contracts | My attachment = ___ pages |
| Attachments Form | Attachment 4: Staffing Plan and Job Descriptions for Key Personnel | My attachment = ___ pages |
| Attachments Form | Attachment 5: Biographical Sketches of Key Personnel | <i>(Does not count against the page limit)</i> |
| Attachments Form | Attachment 6: Line-Item Budgets for Years 1-4 | My attachment = ___ pages |

| Standard Form Name <i>(Forms themselves do not count against the page limit)</i> | Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i> | # of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i> |
|--|--|--|
| Attachments Form | Attachment 7: Indirect Cost Rate Agreement | <i>(Does not count against the page limit)</i> |
| Attachments Form | Attachment 8: | <i>My attachment = ___ pages</i> |
| Attachments Form | Attachment 9 | <i>My attachment = ___ pages</i> |
| Attachments Form | Attachment 10 | <i>My attachment = ___ pages</i> |
| Attachments Form | Attachment 11 | <i>My attachment = ___ pages</i> |
| Attachments Form | Attachment 12 | <i>My attachment = ___ pages</i> |
| Attachments Form | Attachment 13 | <i>My attachment = ___ pages</i> |
| Attachments Form | Attachment 14 | <i>My attachment = ___ pages</i> |
| Attachments Form | Attachment 15 | <i>My attachment = ___ pages</i> |
| Project/Performance Site Location Form | Additional Performance Site Location(s) | <i>My attachment = ___ pages</i> |
| Project Narrative Attachment Form | Project Narrative | <i>My attachment = ___ pages</i> |
| Budget Narrative Attachment Form | Budget Narrative | <i>My attachment = ___ pages</i> |
| # of Pages Attached to Standard Forms | | Applicant Instruction: Total the number of pages in the boxes above. |
| Page Limit for HRSA-24-055 is 50 pages | | My total = ___ pages |