

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

HIV/AIDS Bureau
Division of Community HIV/AIDS Programs

Part C Capacity Development Program

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Catalog of Federal Domestic Assistance (CFDA) No. 93.918

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Modified on 5/3 to update TA Call Information in Section VIII

Application Due Date: May 30, 2013

*Ensure your Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.*

Release Date: April 30, 2013
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John Fanning
Senior Policy Advisor
Division of Community HIV/AIDS Programs
Email: jfanning@hrsa.gov
Telephone: (301) 443-0493
Fax: (301) 443-1839

Authority: Section 2654(c) of title XXVI of the Public Health Service Act, (42 USC300ff -54), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE.....	1
2. BACKGROUND.....	4
II. AWARD INFORMATION	5
1. TYPE OF AWARD.....	5
2. SUMMARY OF FUNDING.....	5
III. ELIGIBILITY INFORMATION	6
1. ELIGIBLE APPLICANTS.....	6
2. COST SHARING/MATCHING.....	6
3. OTHER.....	6
IV. APPLICATION AND SUBMISSION INFORMATION	6
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	6
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	8
i. <i>Application Face Page</i>	11
ii. <i>Table of Contents</i>	12
iii. <i>Budget</i>	12
iv. <i>Budget Justification</i>	13
v. <i>Staffing Plan and Personnel Requirements</i>	15
vi. <i>Assurances</i>	15
vii. <i>Certifications</i>	15
viii. <i>Project Abstract</i>	15
ix. <i>Project Narrative</i>	16
x. <i>Attachments</i>	20
3. SUBMISSION DATES AND TIMES.....	21
4. INTERGOVERNMENTAL REVIEW.....	21
5. FUNDING RESTRICTIONS.....	22
6. OTHER SUBMISSION REQUIREMENTS.....	23
V. APPLICATION REVIEW INFORMATION	24
1. REVIEW CRITERIA.....	24
2. REVIEW AND SELECTION PROCESS.....	28
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES.....	29
VI. AWARD ADMINISTRATION INFORMATION	29
1. AWARD NOTICES.....	29
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	29
3. REPORTING.....	31
VII. AGENCY CONTACTS	32
VIII. OTHER INFORMATION	33
IX. TIPS FOR WRITING A STRONG APPLICATION	34

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Ryan White Part C Capacity Development Grant Program. It is designed to assist public and nonprofit entities in their efforts to strengthen their organizational infrastructure and to increase their capacity to develop, enhance, or expand access to high quality HIV primary health care services for people living with HIV or who are at risk of infection in underserved or rural communities. Grant funding under this program is not intended to support long-term activities. Instead, the activities should be of a short-term nature and should be completed by the end of the grant period, one year in length.

This FOA is for existing Part C grantees who may submit proposals for one or both of the following activities.

1. **ACA Related Activities**: The HIV/AIDS Bureau recognizes that outreach to and enrollment of Ryan White HIV/AIDS Program (RWP) clients into available health insurance is critical for the ACA implementation. Part C Ryan White grantees may apply under this Capacity Development Funding Opportunity Announcement (FOA) to support ACA related outreach and enrollment activities.

The applicant may propose ACA-related activities that will build their capacity to assist clients to increase their knowledge of available ACA benefits and access those benefits. The following activities are available for funding under this ACA Related Activities Section

Benefits/Eligibility Counseling Services- Developing the capacity of staff/providers to enable them to perform benefits/eligibility counseling and referral activities assisting clients to access other public and private programs for which they may be eligible.

Enrollment and Linkage Services – Strengthening the capacity of staff/providers to identify people with HIV, to educate them about ACA benefits, and link them into primary care. Outreach services can provide additional information on ACA benefits to help clients learn of their status and enter care. Funding for this activity should not duplicate other services or activities funded by other federal/state programs.

2. **Infrastructure Development Activities**: The applicant may propose infrastructure development activities that will enhance or expand a comprehensive continuum of outpatient HIV primary care services in the community. Activities shall promote organizational infrastructure development and will lead to the delivery or improvement of HIV primary care services.

- **Electronic Health Records**

Purchasing and implementing Electronic Health Records to improve the quality, safety and efficiency of patient health care. Describe if you use or plan to implement an electronic health record (EHR), and whether that system is certified by the Certification Commission for Healthcare Information Technology (CCHIT).

The HIV/AIDS Bureau (HAB) requires that any EHR or EHR component purchased, in whole or in part, with Federal funds meets the Office of the National Coordinator

for Health Information Technology (ONC) requirements for certification. To improve the quality of clinical data collected, HAB further requires that any EHR or EHR component be configured to report appropriate clinical data electronically for HAB reporting (www.hrsa.gov/healthit/ehrguidelines.html).

Additionally, the Department of Health and Human Services (HHS) has released standards for the meaningful use of Electronic Health Records. This is supported by the Centers for Medicare and Medicaid (CMS) with an incentive program for both Medicaid and Medicare providers. Clinical care providers under Ryan White Parts A [2604 (g) (1)], B [2617 (b) (F)] and C [2652 (b) (1)] are required to participate in state Medicaid programs. Consequently, it is expected that such grantees and providers will begin to use a certified EHR in the provision of care (www.cms.gov.ehrincentiveprograms)

Funds may also be used to interface CAREWare with an existing EHR and to enhance EHR systems to proactively identify patients/clients who have fallen out of care and facilitate enrollment of new patients into the HIV care system.

- **Telehealth**

Purchasing and implementing Telehealth technologies to improve the quality and efficiency of patient health care. This is limited to eligible Ryan White populations for enhancing services and increasing access to care. Describe the specific purpose(s) and mode(s) of the proposed Telehealth program. In this context, organizations are allowed, but not limited to clinical and non-clinical uses, such as transmission of medical images for diagnosis, transmission of medical data for disease management, healthcare system integration, software to enhance staff capacity to use the Telehealth resources optimally, and/or client movement. Modes of Telehealth program can also range from remote patient monitoring, real-time Telehealth, and/or store and forward Telehealth. Telehealth activities may not be used for the prison/correctional setting.

- **Financial Management Systems**

Purchasing and implementing a financial accounting system or software capable of managing multiple sources of funding for HIV primary care services, as well as, actual expenses by grant line item and enhancing the billing process for third party reimbursement. The proposed system can address, but is not to be limited to, budget management topics, such as Fiscal Oversight, Sub-grantee Monitoring, and Tracking Expenditures by Cost Categories. Applicants are expected to develop protocols and billing policies based on the use of this enhanced system.

- **Management Information System**

Identifying, establishing and strengthening administrative, managerial, and management information system (MIS) structures to offer, enhance, or expand comprehensive HIV primary healthcare

- **Dental Equipment for Expanding Dental Service Capacity**

Purchasing dental equipment for the purpose of developing, enhancing, or expanding oral health care services to people living with HIV or AIDS (i.e. creating or expanding an HIV dental operatory or clinic);

- **Colposcopy or Anoscopy Services and/or Provider Training**

Purchasing colposcopy or anoscopy equipment for the purpose of delivering or expanding cervical and anal screenings for people living with HIV or AIDS to diagnose and treat cervical and anal cancers and human papilloma virus. Funds may also be used to develop clinical policies and procedures, as well as, train staff on the use of colposcopy equipment.

Grantees must demonstrate that the program has and will have sufficient medical provider time (FTE) (not funded under this funding request) on an ongoing basis to perform and maintain skills to operate equipment. In addition, grantees must demonstrate sufficient clinical need for colposcopy or anoscopy to justify the availability of the service within the Ryan White program. Grantees should provide the number of pap smears performed and the number of abnormal results annually during each year of the current project period of the Part C grant. Grantees must describe how provider skills in performing colposcopy will be maintained beyond the proposed budget period if this application is awarded.

According to the statute, in making awards for this program, the Health Resources and Services Administration (HRSA) shall give preferences to entities that provide services in rural areas or to underserved populations. More information about these preferences can be found in Section V.

The following are excerpts from Title XXVI of the PHS Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87) (Ryan White HIV/AIDS Program), and pertain to the HIV Planning and Capacity Development Grant Program.

Public Health Service Act Section 2654 (42 U.S.C. 300ff-54) MISCELLANEOUS PROVISIONS

(c) PLANNING AND DEVELOPMENT GRANTS

(1) IN GENERAL.-The Secretary may provide planning grants to public and nonprofit private entities for purposes of

- A) enabling such entities to provide early intervention services; and
- B) assisting the entities in expanding their capacity to provide HIV/AIDS related health services, including early intervention services, in low-income communities and affected subpopulations that are underserved with respect to such services (subject to the condition that a grant pursuant to this subparagraph may not be expended to purchase or improve land, or to purchase, construct, or permanently improve, other than minor remodeling, any building or other facility).

(2) REQUIREMENT.-The Secretary may only award a grant to an entity under paragraph (1) if the Secretary determines that the entity will use such grant to assist the entity in qualifying for a grant under section 2651.

(3) PREFERENCE.-In awarding grants under paragraph (1), the Secretary shall give preference to entities that provide primary care services in rural areas or to underserved populations.

(4) AMOUNT AND DURATION OF GRANTS.-

(A) EARLY INTERVENTION SERVICES-a grant under paragraph (1)

(A) may be made in an amount not to exceed \$50,000.

(B) CAPACITY DEVELOPMENT-

(i)AMOUNT-a grant under paragraph (1) (B) may be made in an amount not to exceed \$150,000.

(ii)DURATION-The total duration of a grant under paragraph (1) (B), including any renewal, may not exceed 3 years.

(5) LIMITATION-Not to exceed 5 percent of the amount appropriated for a fiscal year under section 2655 may be used to carry out this section.

2. Background

This program is authorized by Section 2654 of the Public Health Service Act (PHS Act), as amended (42 USC 300ff -54). The Capacity Development Grant Program was first authorized by Congress in 2000.

Rural Areas/Rural Communities

Rural communities are those areas that are **NOT** designated a metropolitan statistical area (MSA). As defined by the Office of Management and Budget, an MSA must include one city with 50,000 or more inhabitants. MSAs are also urbanized areas (defined by the U.S. Census Bureau) with at least 50,000 or more inhabitants and a total MSA population of at least 100,000 (75,000 in New England). Rural communities may exist within the broad geographic boundaries of MSAs. For a list of those areas, refer to <http://datawarehouse.hrsa.gov/RuralAdvisor>.

Underserved Populations

Underserved populations include communities and affected subpopulations which are underserved with respect to HIV/AIDS related health services. These gaps in HIV/AIDS related health services must be defined and documented by the applicant and may include inadequate and/or unavailable services or services that do not sufficiently address the needs of particular segments of any community.

The Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA) and HAB are committed to meeting the national goals and principles described below. As you complete your application, consider how your program supports and helps to implement these goals and principles.

National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities.

The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of getting people with HIV into care early after infection to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often

have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. The NHAS also calls for improved federal coordination of HIV/AIDS programs, as evidenced by streamlining and standardizing data collection and reducing reporting requirements for grantees. Over the past year, the Office of HIV/AIDS and Infectious Disease Policy in HHS has worked with a group of Federal Agencies, National Partners and grantees to identify indicators, data systems, and elements used across HHS programs to monitor HIV prevention, treatment, care services. A set of common indicators is being implemented within 7 domains: 1) HIV testing; 2) Late HIV diagnosis; 3) Initial linkage to HIV medical care; 4) Retention/engagement in HIV medical care; 5) ARV Therapy; 6) Viral Load suppression; and 7) Housing Status. These indicators are covered under the Ryan White HIV/AIDS Program Services Report (RSR) that grantees and service providers report to HRSA on an annual basis, and thus HRSA/HAB will be positioned to calculate and report on these indicators.

Part C programs should comply with Federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

HAB Guiding Principles

HAB has identified four factors that have significant implications for HIV/AIDS care services and treatment, which should be considered as the application and program are developed and refined:

- Revise care systems to meet emerging needs,
- Ensure access to quality HIV/AIDS care,
- Coordinate Ryan White HIV/AIDS Program services with other health care delivery systems, and
- Evaluate the impact of Ryan White HIV/AIDS Program funds and make needed improvements.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2013-2014. Approximately **\$6,000,000** is expected to be available to fund fifty to seventy (50-70) grantees. Applicants may apply for a ceiling amount of up to \$100,000. The project period is up to two (2) years.

III. Eligibility Information

1. Eligible Applicants

This funding opportunity is limited to current Ryan White HIV/AIDS Part C Early Intervention Services grantees.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Applicants who have received a Capacity Development grant during fiscal years 2010, 2011, or 2012 will not be considered if the current application is for Infrastructure Development ONLY. Grantees who have received a Capacity Development grant in the years, 2010, 2011 or 2012 may apply for the ACA Related Activities.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowed.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. The registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting an application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission along with a copy of the "Rejected with Errors" notification as received from Grants.gov. HRSA's Division of Grants Policy is the only office authorized to grant waivers. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion:

submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

IMPORTANT NOTICE: CCR moved to SAM
Effective July 30, 2012

The Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012.

For any registrations in process during the transition period, data submitted to CCR will be migrated to SAM.

If a record was scheduled to expire between July 16, 2012 and October 15, 2012, CCR is extending the expiration date by 90 days. The registrant received an e-mail notification from CCR when the expiration date was extended. The registrant then will receive standard e-mail reminders to update their record based on the new expiration date. Those future e-mail notifications will come from SAM.

SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

Active SAM registration is a pre-requisite to the
successful submission of grant applications!

Items to consider are:

- When does the account expire?
- Does the organization need to complete the annual renewal of registration?
- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about SAM, please visit <https://www.sam.gov>.

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register in SAM. According to the SAM Quick Guide for Grantees

(https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, ***check for active registration well before the application deadline.***

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

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Digital Services Operation (DSO) at: HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format Requirements" section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 30 pages when printed by HRSA. The total file size may not exceed 4 MB. The 30-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **HRSA strongly urges applicants to print their application to ensure it does not exceed the 30-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the *Electronic Submission User Guide* referenced above.**

Applications must be complete, within the 30-page limit, within the 4 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

Applications for funding must consist of the following documents in the following order:

SF-424 Non-Construction – Table of Contents

- 🔔 It is mandatory to follow the instructions provided in this section to ensure that the application can be printed efficiently and consistently for review.
- 🔔 Failure to follow the instructions may make the application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
- 🔔 For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- 🔔 For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; Counted in the page limit.
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit.
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information - Non-Construction Programs	Form	Pages 1–2 to support structured budget for the request of Non-construction related funds.	Not counted in the page limit.
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site	Attachment	Can be uploaded in the SF-424 Performance	Counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Location(s)		Site Location(s) form. Single document with all additional site location(s)	
Grants.gov Lobbying Form	Form	Supports structured data for lobbying activities.	Optional, as applicable. Not counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-6	Attachment	Can be uploaded in Other Attachments form 1-6.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.

- 🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
- 🔔 Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- 🔔 Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that a table of contents cover page is included specific to the attachment. The Table of Contents page will not be counted in the page limit.
- 🔔 Please use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Staffing Plan, Position Descriptions, and Biographical Sketches for Key Personnel, Required
Attachment 2	Map of Service Area with HIV Primary Care Providers, Required
Attachment 3	Letters of Commitment or Support
Attachment 4	Letters from State Medicaid Office Outlining the State ACA Implementation Procedures,
Attachment 5	Negotiated Indirect Cost Rate Agreement (If Applicable). Not counted in the page limit.
Attachment 6	Proof of non-profit status (Required). Not counted in the page limit.
Attachment 7	Line Item Budget
Attachments 8-15	Other documents, as necessary.

Application Format

i. Application Face Page

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Project Director** in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure the email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.918.

DUNS Number

All applicant organizations (and sub recipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any sub recipient of HRSA award funds) is required to register annually with the System for Award Management (SAM) in order to conduct electronic business with the Federal Government. SAM registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that the applicant organization SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with SAM can be found at <http://www.sam.gov>. Please see Section IV of this funding opportunity announcement for SAM registration requirements.

Item 11

Enter “93.918” as the Catalog for Federal Domestic Assistance Number.

Item 17

Enter the dates for the complete project period September 1, 2013 – August 31, 2014.

Item 18a

Enter the total amount of Part C Capacity Development federal funds you are requesting for the 12-month budget period. This amount must match the total from your SF-424A. The maximum amount that you may request cannot exceed \$100,000.

Item 19 Some states require that you submit a copy of your Federal grant applications to a Single Point of Contact (SPOC) at the state government level. If your state participates in the SPOC review process, enter the date you sent the copy of your Ryan White HIV/AIDS

Program grant application to the SPOC office. A list of states and territories that currently participate in the SPOC review process can be downloaded from the internet at: http://www.whitehouse.gov/omb/grants_spoc.

ii. Table of Contents

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. Budget

This section is scored in Criterion 6: Support Requested.

Please complete Sections A, B, E, and F of the SF-424A Budget Information – Non-Construction Programs form included with the application kit, and then provide a line item budget using Section B Object Class Categories of the SF-424A.

Program-specific line item budgets: Applicants must submit a program-specific line item budget, which will be uploaded as an attachment to the application as **Attachment 7**. NOTE: It is recommended that the budgets be converted or scan into a PDF format for submission. Do not submit Excel spreadsheets. Personnel should be listed separately by position title and the name of the individual for each position title, or note if vacant. It is recommended that the program-specific line item budget be submitted in table format, listing the object class categories (Personnel, Fringe Benefits, etc) in a column down the left hand side. The amount requested on the SF424A and the amount listed on the program-specific line item budget must match. The budget must relate to the activities proposed in the Project Narrative.

Salary Limitation:

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub-awards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual’s <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation: Individual’s base full time salary <i>adjusted</i> to Executive Level II: \$179,700	

50% of time will be devoted to the project	
Direct salary	\$89,850
Fringe (25% of salary)	\$22,462.50
Total amount	\$112,312.50

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically include information for the entire project period and all of the activities proposed. Describe how each budget allocation will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the “other” category is justified. The budget justification **MUST** be concise. Do NOT use the budget justification to expand the project narrative.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700 (see above). An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual’s actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

*Actual annual salary = \$350,000

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. (If an individual’s base salary exceeds the legislative salary cap, please adjust fringe accordingly.)

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years).

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential sub-recipients that entities receiving sub-awards must be registered in SAM and provide the recipient with their DUNS number.

Contractors providing services under this grant must adhere to the same requirements as the grantee. All legislative and program requirements that apply to grantees also apply to sub-recipients of their awards. The grantee is accountable for the sub-recipient's performance of the project, program, or activity, the appropriate expenditure of funds under the award; and the other obligations of the award.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

Indirect Costs: **You may include indirect costs in this application if you have an approved indirect cost rate.** Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. The indirect cost rate agreement will not count toward the page limit.

v. *Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan and provide a justification for the plan that includes duties, education and experience qualifications and rationale for the amount of time being requested for each staff position in **Attachment 1**. Also include in Attachment 1, position descriptions which list the roles, responsibilities, and qualifications of proposed project staff and brief biographical sketches for any key employed personnel that will be assigned to work on the proposed project (limited to one paragraph per person).

vi. *Assurances*

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

vii. *Certifications*

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

viii. *Project Abstract*

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please 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.

Please place the following at the top of the abstract:

- Project Title (**FY13 Capacity Development Grant**)
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The project abstract must be single-spaced and limited to one page in length.

The Project Abstract must have the following:

- A brief description of the **organizational mission**, and a **summary of the HIV primary care services** currently provided by the organization.
- An overview of the **proposed service area**.
- The **targeted population(s)**, including unique characteristics. Make sure you indicate the population(s) you propose to serve, which may include rural, underserved or a combination of these.
- Please state if you are requesting a **statutory preference**.
- An **overview of the HIV epidemic** in your proposed service area, with highlights of the data related to the target population.
- A brief **description of current HIV resources**, including unmet needs for HIV services in the service area and a brief description of the needs to be addressed.
- A **summary of proposed capacity development activities**, including the Objectives listed in your work plan.
- The **amount requested** for the entire project period.

ix. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

▪ *INTRODUCTION*

This section is scored under Criterion 1: Need

This section should briefly describe the purpose of the proposed project. It should be clearly stated if the applicant is requesting funding for ACA Related Activities, and/ or Infrastructure Development Activities. Also please state if you received Capacity Development funds in the FY 2010-12. Discuss why your community and/or organization is in need of capacity development funds and how these funds and the activities proposed will lead to the expansion and **enhancement of existing HIV primary care services**. Also, address how the proposed project will meet one or more of the National HIV/AIDS Strategy (NHAS) goals. The applicant must also indicate if they are requesting a statutory preference.

▪ *NEEDS ASSESSMENT*

This section is scored in Criterion 1: Need.

This section details the needs of your community and/or organization. The target population and its unmet health needs must be described and documented in this section. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. This section should help reviewers understand the community and/or organization that will be served by the proposed project.

The two (2) required components of this section are:

- (1) Socio-Demographic Information
- (2) HIV Service Delivery System

(1) Socio-Demographic Information: You must clearly identify the HIV targeted population(s), and describe their socio-demographic characteristics that are pertinent to the provision of HIV services. You must identify whether you propose to serve rural, underserved, or a combination of these. This description should include:

- the population distribution by race/ethnicity, gender, age;
- unique characteristics for the specific targeted population(s);
- the primary modes of HIV transmission for the specific targeted population(s);
- any barriers to care for the targeted population(s); and
- unmet HIV-related health needs for the targeted population(s).

Other characteristics could also include homelessness, substance abuse, migration, language, cultural issues, transportation resources, standard of living, percent insured, etc. These statistics must be specific to the geographic area from which the majority of the proposed clients will be drawn and should be used to describe the target area.

Remember that community-specific statistics are the most important to cite in describing the HIV/AIDS epidemic in the service area. If this type of data is not available, please explain

why. Applicants should provide the source of the data used for the community specific statistics.

The racial/ethnic and age distribution of the **general** population should also be included for the purposes of comparison.

(2) HIV Service Delivery System: Briefly describe the existing HIV service delivery system within the proposed service area. We recommend you use a chart format to present this information, and a brief narrative that explains the chart. Include the following:

- a) Describe the locations, type, and current way that HIV services (both prevention and care) are provided within the proposed service area.
 - Describe both public and private organizations that provide HIV services.
 - Indicate if there are other primary care programs funded by Ryan White Programs located in, or providing services to, the target community.
 - Include an area map as **Attachment 2** of the application that shows the proposed service area, your location and the location of other HIV primary care service providers.
 - b) Describe federal, state, and local private funding sources for HIV prevention and care available in the community.
 - Specify the amount of funding received by organizations in your community for each Part of the Ryan White HIV/AIDS Program, A, B, C, D or Part F, the Special Projects of National Significance (SPNS) Program.
 - If other Ryan White funds are available in the community, explain why those funds are not being utilized for this capacity development activity.
 - c) Describe significant barriers that impact access to care. For example, available services may be inaccessible due to distance, culture, eligibility requirements, etc.
 - d) Describe current gaps in HIV primary care services within the targeted service area.
 - Discuss the populations that are not currently being served and/or define what services are not available.
 - Provide a brief description to **justify the need** for grantee support to build capacity to address the needs of the targeted population.
- **METHODOLOGY**
Rationale and Level of Performance are scored in Criterion 3: Evaluative Measures. Sustainability is scored in Criterion 4: Impact.

Rationale

You must provide a rationale for the goals and objectives in relation to the intent of the capacity development grant program, which is to ***promote organizational infrastructure development that leads to the enhancement of HIV primary care services.***

Describe how each goal will enhance or expand HIV primary care services for the targeted population(s) of this grant program. Demonstrate how each goal will address one or more of the National HIV/AIDS Strategy (NHAS) goals. You must also describe clearly how the goals and objectives directly relate to the needs previously discussed in the Needs Assessment section of the program narrative. Describe your evaluation plan. It must include

the processes that will be used to measure achievement of program objectives. Applicants are encouraged to incorporate one or more of the HHS core indicators in the work plan as performance measures.

Level of Performance

You must provide information on the current and projected level of performance for each goal listed in your work plan section.

Applicants should include:

Goals: Generally broad statements, which describe the long-term benefits you seek;

Current Level of Performance: What the agency currently has or does in relation to the proposed goal; and

Projected Level of Performance: What the agency expects to be able to have in place or have accomplished at the end of the one year project period in relation to the proposed goal.

Sustainability

Explain how your agency will maintain or continue the efforts set forth in this project beyond the project period. For example, describe how the agency will support maintenance of systems, staff, or activities at the conclusion of the grant.

If applicable, describe your plan for the dissemination of information and/or products developed as a result of this capacity development grant program to other providers in your community or collaborators to this project. The focus here is to describe how your agency will use what you will have developed and/or learned to enhance your community, specifically the HIV community and providers.

▪ **WORK PLAN**

This section is scored in Criterion 2: Response

You must provide a work plan that outlines the range of capacity development activities that you propose to undertake in order to enable your agency and the community to enhance or expand comprehensive HIV primary care.

Describe the problem(s), goals and objectives that your agency will address with this capacity development grant. Also describe the activities or steps that will be used to achieve each of the objectives and goals of the National HIV/AIDS Strategy.

Work Plan Components:

Either in narrative or table format, the work plan should include:

- A **Problem Statement** (s) (1-2 sentences);
- A description of each **Goal** that corresponds to a problem statement (1-2 sentences); should include how each goal will lead to the expansion or enhancement of HIV primary care services for the targeted population within your proposed service area;
- A description of each **Objective** that corresponds to a goal (1 sentence); should include how each objective addresses the corresponding goal;
- A listing of **Key Action Steps** for each objective (1-2 sentences);
- The **Responsible Person(s)**, including consultants and collaborating partners, for completing each action step;
- A targeted **Completion Date** (Month/Year) for each objective and each action step; and

- An **Evaluation Method** to measure the results of your program objectives.

Applicants should list all activities that will be necessary to implement the capacity development proposal and accomplish the proposed objectives.

The detailed work plan described above must be submitted for the 12-month project period of **September 1, 2013 - August 30, 2014**.

- **RESOLUTION OF CHALLENGES**

This section is scored in Criterion 2: Response.

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

Challenges discussed should be specific to the proposed activities and relate to either the overall goal(s) or objective(s) proposed within your Work Plan.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY**

This section is scored in Criterion 5: Resources/Capabilities.

Collaboration and Coordination

Discuss your proposed role within the community in enhancing or expanding HIV primary care services to rural or underserved populations. **You should limit the discussion to the specific type of service to be enhanced or expanded by the capacity development activities.** You should indicate how and to what extent you will collaborate with the following entities:

- a. City/county/state health, mental health and substance abuse agencies;
- b. Ryan White HIV/AIDS Program Part A Planning Councils and grantees, where applicable;
- c. Ryan White HIV/AIDS Program Part B Consortia and grantees;
- d. Ryan White HIV/AIDS Program Part C Early Intervention Services (EIS) funded programs and Ryan White HIV/AIDS Part D Programs;
- e. Ryan White HIV/AIDS Part F Program, the Special Projects of National Significance (SPNS);
- f. Other HIV or primary care service providers;
- g. HIV prevention activities; and
- h. Organizations representing the interests of people living with HIV disease, and/or any other relevant community organizations.

- **ORGANIZATIONAL INFORMATION**

This section is scored in Criterion 5: Resources/Capabilities.

Provide information on the applicant agency's current mission and structure, and scope of current activities, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations.

Describe the current organizational capabilities and expertise of your organization, e.g., staff skills, current capacity to provide services, cultural competence, evaluation capabilities, and experience in administering grants. Be specific in describing current experience related to the proposed activities, skills, and knowledge, including individuals on staff and previous

work of a similar nature. You should also describe why your organization is the appropriate entity to receive these funds.

You should also include the following information:

- a. Describe the mission and structure of your organization and describe how the Part C Capacity Development Grant fits within that mission.
- b. Describe the particular organizational skills or capabilities that will contribute to your ability to carry-out the proposed capacity development activities.
- c. Outline the scope and range of HIV or HIV-related services currently provided by your organization, the overall number of clients served and the geographic area served.
- d. Describe how the proposed capacity development activities will assist the organization in expanding or enhancing HIV primary care services to the Ryan White target population in your community.
- e. Indicate your agency's overall annual budget amount, and the types and amount of funding currently received by your agency from the Ryan White HIV/AIDS Program Parts, A, B, C, D or Part F the Special Projects of National Significance (SPNS) Program. Also, indicate the length of time you have had each award.
- f. Describe how people living with HIV/AIDS (PLWH) and/or organizations that represent them are being included in the decision making process for existing HIV primary care. Specifically, you should demonstrate the mechanism(s) by which PLWH are included in providing input into the planning, implementation, and evaluation of HIV primary care services. **Note: PLWH involvement does not have to be related to the capacity development activities. Instead it should relate to their involvement in the improvement of the HIV program or services as a whole.**
- g. If your agency previously received Part C Capacity Development grant funds indicate the year funding was received, amount of funding, the category of the activities (e.g., MIS, CQI, staff training, etc.) and the focus of the project. .

All applicants are to provide an organizational chart in **Attachment 3** of the application that outlines the professional roles of the staff and reporting relationships.

Applicants proposing to use capacity development grant funds to develop capacity across several agencies will need to demonstrate that the collaborating/coordinating agencies are committed and will work with the applicant agency in implementing the capacity development program. If your agency is collaborating and/or coordinating with other agencies, you **must** include letters of commitment from those agencies in **Attachment 4**. The letters of commitment should clearly identify what the role of the collaborating/coordinating agency is in the proposed capacity development activities.

x. ***Attachments***

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

Attachment 1: Staffing Plan, Position Descriptions, Abbreviated Biographical Sketches for Key Personnel (two page limit)

Attachment 2: Map of Service Area with HIV Primary Care Providers (one page limit)

Attachment 3: Letters of Commitment or Support

Provide letters of commitment from organizations identified in the application as collaborating/coordinating agencies that will work with the applicant agency in implementing the capacity development program. The letters of commitment should clearly identify what the role of the collaborating/coordinating agency is in the proposed capacity development activities.

Attachment 4: Letters from State Medicaid Office Outlining State ACA Implementation Procedures

Attachment 5: Indirect Cost Rate Agreement, if applicable (not counted in the page limit)

Attachment 6: Proof of Non-Profit Status (not counted in the page limit)

Attachment 7: Line Item Budget

Attachments 8-15: Other Documents, as necessary

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *May 30, 2013 at 11:59 P.M. Eastern Time*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically to the correct funding opportunity number, by the organization's Authorized Organization Representative (AOR) through Grants.gov and validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages to document the progress of an application through the system.

1. The first will confirm receipt in the system;
2. The second will indicate whether the application has been successfully validated or has been rejected due to errors;
3. The third will be sent when the application has been successfully downloaded at HRSA; and
4. The fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications:

Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

Part C EIS is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Application

packages made available under this funding opportunity will contain a listing of States which have chosen to set up such a review system, and will provide a State Single Point of Contact (SPOC) for the review. Information on States affected by this program and State Points of Contact may also be obtained from the Grants Management Specialist listed in the Agency Contact(s) section, as well as from the following Web site: http://www.whitehouse.gov/omb/grants_spoc.

All applicants other than federally recognized Native American Tribal Groups should contact their SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the State's process used under this Executive Order.

Letters from the SPOC in response to Executive Order 12372 are due sixty days after the application due date.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to two (2) years, at no more than \$100,000 per year.

Funds under this announcement may **not** be used for the following purposes:

- ongoing service delivery, primary medical care, research or prevention
- to purchase or improve land, or to purchase, construct, or permanently improve, other than minor remodeling, any building or other facility
- to supplant or duplicate existing federal funding within your agency. You **must not** serve only as the administrative agent for this grant. In other words, you should perform the majority of the activities included in the work plan
- pre-award costs
- Activities supported by this grant funding are **not** intended for long-term activities. Instead, the activities should be of a short-term nature and should be completed by the end of the one year project period.
- If you have previously received Part C Capacity Development funds and propose to conduct the same activities in this proposal as were previously funded, you will **not** be considered for funding under this announcement.

Funding under this grant program **may** be used to **support staff salary or consultant fees** to coordinate and implement the proposed capacity development activities. You may request support for some materials and equipment that are reasonably required to execute the proposed activities. You **may** request funds for **minor** renovations as they relate to your work plan activities.

Items requested in the budget should fall under reasonable expectations for federal grant support. The budget must support and relate directly to the proposed capacity development goals, objectives and action steps as outlined in your work plan. All budget requests will be reviewed by federal staff and may be revised, if the proposal is approved for funding.

Salary Limitation: The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This

salary limitation also applies to sub-awards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov applicants will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that organizations **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. Applicants that do not complete the registration process will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary to complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with the System for Award Management (SAM).
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's SAM "Marketing Partner ID Number (M-PIN)" password

- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, an organization is urged to submit an application in advance of the deadline. If an application is rejected by Grants.gov due to errors, it must be corrected and resubmitted to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant’s last validated electronic submission prior to the Grants.gov application due date as the final and only acceptable application.

Tracking an application: It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking an application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure the application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. Applications will be scored on the basis of 100 points. Points will be allocated based on the extent to which the proposal addresses each of the criteria listed below. The Part C Capacity Development Program has six (6) review criteria:

Criterion 1: Need	20 points
Criterion 2: Response	30 points
Criterion 3: Evaluative Measures	10 points
Criterion 4: Impact	5 points
Criterion 5: Resources/Capabilities	20 points
Criterion 6: Support Requested	15 points
TOTAL	100 points

Criterion 1: NEED (20 points)

This section corresponds to the Introduction and the Needs Assessment sections of the application. Relates to the extent to which the application describes the problem and associated contributing factors to the problem.

Introduction (5 points)

- The extent to which the applicant explains the purpose of the capacity development project, including why the agency is in need of the funds clearly described.
- The extent to which the narrative clearly describes how proposed activities will lead to the expansion and enhancement of existing HIV primary care services.
- The extent to which the narrative clearly describes how the proposed project will meet one or more of the National HIV/AIDS Strategy (NHAS) goals.

Needs Assessment (15 points)

➤ **Socio-demographic Profile**

- The extent to which the applicant identified the target population(s) that would benefit from this specific capacity development project.
- The extent to which the applicant described the socio-demographic characteristics of the target population in the proposed service area (at a minimum, by race, age, sex, risk category).
- The extent to which the applicant described the difference between the general population and target population(s).
- The extent to which the applicant outlined barriers to care for the target population.
- The extent to which the applicant described and quantified the unmet HIV-related health needs for the target population(s).

➤ **HIV Service Delivery System**

- The extent to which the applicant provided a clear description of the type, location, and current way that HIV services are delivered within the proposed service area.
- The extent to which the applicant provided data on the amount and type of funding received from Ryan White Parts A, B, C, D or Part F the Special Projects of National Significance (SPNS) Program by both the community and any collaborating agencies.
- The extent to which the applicant stated if other Ryan White HIV/AIDS Program funds are available in the community. If not, was an adequate explanation provided as to why these resources are not being used for the proposed activities?
- The extent to which the applicant clearly addressed relevant geographic, social, economic, and cultural barriers to care.
- The extent to which the applicant sufficiently described service gaps in HIV early intervention/primary care services within the proposed service area.
- The extent to which the applicant documents a need for these capacity development funds to address the specific needs of the target population(s)?
- Does the area map indicate the proposed service area, the location of the applicant organization, and the location of other HIV primary care providers in **Attachment 2** of the application?

Criterion 2: RESPONSE (30 points)

*This section corresponds to the **Work Plan and Resolution of Challenges** sections of the application. Relates to the extent to which the proposed project responds to the “Purpose” included in the program description (*enhance or expand access to high quality HIV primary health care services*); the clarity of the proposed goals and objectives and their relationship to the identified project; and the extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.*

Work Plan (25 Points)

- The extent to which the applicant provides a work plan with clearly written Problem Statements, Goals, and Objectives and Key Action Steps.
- The extent to which the applicant address how project objectives will meet one or more of the National HIV/AIDS Strategy (NHAS) goals.
- The extent to which the applicant provides time framed and measurable objectives and key action steps (completion date).
- The extent to which the applicant identifies all responsible staff, including partners and consultants, for each step in the work plan.
- The extent to which the applicant leads key action steps directly to the accomplishment of objectives.
- The extent to which the applicant relates proposed activities specifically to capacity development to enhance organizational infrastructure rather than to the provision of care.
- The extent to which the applicant appropriately illustrates intent of the capacity development grant program as defined in the funding announcement.

Resolution of Challenges (5 Points)

- The extent to which the applicant clearly describes challenges that are likely to be encountered in designing and implementing the activities.
 - The extent to which the applicant adequately addresses proposed approaches to the stated challenges relevant to the HIV epidemic within the target population.
 - The extent to which the applicant describes feasible approaches that will lead to resolution of stated challenges for this capacity development project.
- The extent to which the applicant adequately discusses challenges specific to the proposed activities.
- The extent to which the applicant directly relates challenges to either the overall goal(s) or objective(s) proposed within the work plan.

Criterion 3: EVALUATIVE MEASURES (10 points)

*This section corresponds to the **Methodology (specifically Rationale and Level of Performance)** section of the application.*

- The extent to which the applicant sufficiently describes how each goal and corresponding objectives will contribute to an overall plan to enhance or expand HIV primary care services.
- The extent to which the applicant relates the goals and objectives directly to the needs identified in the Project Narrative section of the application.
- The extent to which the applicant clearly describes evaluation plan and the processes to be used to measure achievement of program objectives. The extent to which the applicant includes the HHS core indicators in the evaluation plan.

- The extent to which the applicant provides level of performance information for each goal.
- The extent to which the applicant clearly illustrates the current level of performance (what the agency currently has or does in relation to the proposed goal) and the targeted level of performance (what the agency expects to be able to have in place or have accomplished at the end of the project period) for each goal.
-

Criterion 4: IMPACT (5 points)

This section corresponds to the Methodology (specifically Sustainability) section of the application. Relates to the extent and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or degree to which the project activities are replicable, and/or the sustainability of the program beyond the federal funding.

- The extent to which the applicant clearly describes how the agency will support the maintenance of systems, staff, or activities listed in the work plan at the conclusion of the grant.
- The extent to which the applicant describes a plan for the dissemination of information and/or products developed as a result of this capacity development grant program to other providers in the community or collaborators to this project.

Criterion 5: RESOURCES/CAPABILITIES (20 points)

This section corresponds to the Evaluation and Technical Support Capacity and Organizational Information sections of the application. Relates to the extent to which project personnel are qualified by training and/or experience to implement and carry out the projects; the capabilities of the applicant organization, quality and availability of facilities, and personnel to fulfill the needs and requirements of the proposed project.

Evaluation and Technical Support Capacity (5 Points)

➤ **Collaboration and Coordination**

- The extent to which the applicant clearly describes the agency's proposed role within the community in enhancing or expanding HIV primary care services for rural or underserved populations, as related to the specific type of activities proposed in this application.
- The extent to which the applicant sufficiently justifies that the agency is the appropriate organization in the community to receive this grant and to conduct HIV capacity development activities.
- The extent to which the applicant clearly indicates collaboration with other key stakeholders in the community (e.g., other Ryan White funded programs, other HIV or primary care service providers, city/county/state health agencies, etc.).
- For applicants proposing to use capacity development grant funds to develop capacity across several agencies, do letters of commitment in **Attachment 3** from those agencies demonstrate their role and commitment in implementing the proposed capacity development activities?

Organizational Information (15 Points)

- The extent to which the applicant clearly describes the agency's mission, services provided, and the agency's ability to conduct capacity development grant activities.

- The extent to which the applicant demonstrates that the agency has the resources and commitment to undertake this capacity development grant program.
- The extent to which the applicant clearly describes skills and capacity of the organization that make it qualified to carry out the proposed activities.
- The extent to which the applicant clearly describes other organizational capabilities related to cultural competence, evaluation capabilities, and experience in administering grants?
- The extent to which the applicant clearly describes the type of HIV, HIV-related, and/or health or social services currently provided by the agency, including information on the number of clients and geographic area(s) served.

Criterion 6: SUPPORT REQUESTED (15 Points)

This section corresponds to the budget documents and the Staffing Plan sections of the application.

- The extent to which the budget justification clearly demonstrates calculations for all categories.
- The extent to which the budget justification clearly explains each line item in relation to the proposed activities.
- The extent to which the applicant provides an appropriate budget for the proposed activities.
- The extent to which the applicant provides a feasible staffing plan in light of the budget and justification.
- The extent to which the staffing plan demonstrates that appropriate staff members are involved in the project as it relates to the proposed activities.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in Section V. 1. Review Criteria of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

Funding Preferences

The authorizing legislation provides a funding preference for some applicants. 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 be given full and equitable consideration during the review process. The law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets any one or more qualification for the preference as follows:

Qualification 1: Rural Areas

Rural communities are those that are NOT designated a metropolitan statistical area (MSA). An MSA, as defined by the Office of Management and Budget, must include one city with 50,000 or more inhabitants. MSAs are also urbanized areas (defined by the Bureau of the Census) with at least 50,000 or more inhabitants and a total MSA population of at least 100,000 (75,000 in New England). Rural communities may exist within the broad geographic boundaries of MSAs. For a list of those areas, refer to <http://datawarehouse.hrsa.gov/RuralAdvisor>.

Qualification 2: Underserved

Underserved populations include communities and affected subpopulations which are underserved with respect to HIV/AIDS related health services. These gaps in HIV/AIDS related health services must be defined and documented by the applicant and may include inadequate and/or unavailable services.

Funding preferences will be applied after completion of the review of applications by the Objective Review Committee.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2013.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The NoA sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, the Notice of Award is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 1, 2013.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR

Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NOA).

Non-Discrimination Requirements

To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>.

Smoke-Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA-funded programs embrace a broader definition to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also

means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

Health IT

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. Audit Requirements

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b. Payment Management Requirements

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

c. Status Reports

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the following schedule:

<http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf>. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the NoA.

- b) **Progress Report(s).** The awardee must submit progress reports to HRSA on a semi-annual basis. Further information will be provided in the NoA.
- c) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.
- 4) **Tangible Personal Property Report.** If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all federally-owned property and acquired equipment with an acquisition cost of \$5,000 or more per unit. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. Property may be provided by HRSA or acquired by the recipient with award funds. Federally-owned property consists of items that were furnished by the Federal Government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the NOA.

d. Transparency Act Reporting Requirements

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the NOA.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Beverly H. Smith, MHS
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 15-19
5600 Fishers Lane
Rockville, MD 20857

Telephone: (301) 443-7065
Fax: (301) 443-6343
Email: bsmith@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

John Fanning
Senior Policy Advisor
Division of Community HIV/AIDS Programs
HRSA, HIV/AIDS Bureau
5600 Fishers Lane, #9-74
Rockville, MD 20857
Tel. (301) 443-0493
Fax (301) 443-1839
E-mail: jfanning@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Other Information

Technical Assistance

HAB/DCHAP is sponsoring a 90 minute pre-application technical assistance (TA) webinar on May 16, 2013 at 2 PM Eastern Time to assist potential applicants in preparing applications that address the requirements of this funding announcement. Participation in a pre-application TA webinar is optional. The call in number is 1-800-369-1739 and passcode is 8419613#. To register please go to: https://hrsa.connectsolutions.com/partc_capacity/event/registration.html

For more information on the webinar and to register, please do to <http://careacttarget.org/events>.

IX. Tips for Writing a Strong Application

HRSA has designed a technical assistance webpage to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which applicants will find relevant. The website can be accessed online at: <http://www.hrsa.gov/grants/apply/index.html>.

In addition, a concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: <http://dhhs.gov/asfr/ogapa/grantinformation/apptips.html>.