

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

HIV/AIDS Bureau
Division of State HIV/AIDS Programs

***Supporting the Continuum of Care: Building Ryan White Program Grantee
Capacity to Enroll Eligible Clients in Affordable Care Act Health Coverage
Programs***

**Announcement Type: New
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Catalog of Federal Domestic Assistance (CFDA) No. 93.145

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: August 12, 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.*

Modified on 8/6 to extend deadline to August 12, 2013

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Authority: *Sections 2606, 2619, 2654(b), and 2671(g) (42 U.S.C. §300ff-111) of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L 111-87) ; Consolidated and Further Continuing Appropriations Act, 2013 (Pub. L. 113-6).* .

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for Supporting the Continuum of Care: Building Ryan White Program (RWHAP) Grantee Capacity to Enroll Eligible Clients in Affordable Care Act Health Coverage Programs.

Under the Affordable Care Act, options for health care coverage for Person Living With HIV and AIDS (PLWH) are expanded through private insurance market reforms, an expansion of Medicaid eligibility, and the establishment of Health Insurance Marketplaces (also referred to as Exchanges). These health care coverage options may be reviewed at <http://hab.hrsa.gov/affordablecareact/keyprovisions.pdf>. More general information about the Affordable Care Act may be found at www.healthcare.gov

By statute, RWHAP funds may not be used for any item or service “for which payment has been made or can reasonably be expected to be made” by another payment source (Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1) and 2671(i) of the Public Health Service (PHS) Act.). This means that grantees and subgrantees must assure that they make reasonable efforts to secure non-RWHAP funds whenever possible for services to individual clients. Grantees and their subgrantees are expected to vigorously pursue eligibility for other funding sources (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance, etc.) to extend finite RWHAP grant resources to new clients and/or needed services

Grantees and subgrantees should also assure that individual clients are enrolled in any appropriate health care coverage whenever possible or applicable, and informed about the financial or coverage consequences¹ if they choose not to enroll. Grantees and subgrantees are reminded that as new guaranteed issue requirements² take effect beginning January 1, 2014, PLWH will have access to private insurance plans --from which they historically have been excluded due to pre-existing condition discrimination. Many states are also expanding their Medicaid programs. Please note that the RWHAP will continue to be the payer of last resort and will continue to provide comprehensive HIV health care and supportive services not covered by, or limited under, public or private health insurance plans.

The purpose of *Supporting the Continuum of Care: Building Ryan White Program Grantee Capacity to Enroll Eligible Clients in ACA Supported Health Coverage* is to build the capacity of RWHAP grantees and related providers to provide outreach to PLWH and to screen and enroll eligible PLWH in expanded health insurance during the annual open enrollment period beginning in October 2013. The announcement will fund one Cooperative Agreement to provide technical assistance to accomplish three main objectives: 1. To assess RWHAP grantees’

¹ Under the Affordable Care Act, starting in 2014, you must be enrolled in a health insurance plan that meets basic minimum standards. If you aren't, you may be required to pay an assessment. See [HealthCare.gov](http://www.healthcare.gov), Glossary: Individual Responsibility, <http://www.healthcare.gov/glossary/i/individualresponsibility.html>

² Guaranteed issue is a requirement that health plans must permit you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services.

technical assistance needs related to building capacity for outreach and enrollment of minority PLWH into expanded health insurance options; 2. To work with HRSA, CDC, SAMSHA and CMS to assess best practices for minority client outreach and enrollment activities that would facilitate access to health care in the Medicaid expansion and Health Insurance Marketplaces (Exchanges); and 3. Work with HHS agencies and national organization partners to develop strategies, tools, and trainings for RWHAP grantees to utilize for outreach and enrollment activities.

The geographic range of the proposal is nationwide and will focus on the racial and ethnic minority clients currently served by the RWHAP. The main activities for the three objectives are:

1. To assess RWHAP grantees' technical assistance needs related to building capacity for outreach and enrollment of minority PLWH into expanded health insurance options:
 - a. Conduct a needs assessment of RWHAP grantees within the first two months of the cooperative agreement; and
 - b. Share results with federal partners in HHS and other stakeholders.
2. To work with HRSA, CDC, SAMSHA and CMS to assess best practices for minority client outreach and enrollment activities that would facilitate access to health care in the Medicaid expansion and Health Insurance Marketplaces (Exchanges):
 - a. Review current and prior best practices e.g. Massachusetts and other state health care expansions, CHIP expansions, Medicare Part D; and
 - b. Develop a matrix of best practice activities for minority client outreach and enrollment activities,
3. Work with HHS agencies and national organization partners to develop strategies, tools, and trainings for RWHAP grantees to utilize for outreach and enrollment activities:
 - a. Develop and deliver tools and trainings to RWHAP grantees from October 2013 and on an ongoing basis into 2015; and
 - b. Maintain tools and trainings on website for sharing and future use.

The time phase for this assessment is the first six months of the project.

2. Background

This grant for national technical assistance is authorized by Title XXVI of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87) (Ryan White HIV/AIDS Program or RWHAP), a Federal law that addresses the unmet health needs of PLWH by funding primary health care and support services that enhance access to and retention in care. First enacted by Congress in 1990, it was amended and reauthorized in 1996, 2000, 2006, and 2009. The RWHAP reaches approximately 556,000 individuals each year, making it the Federal Government's largest program specifically for people living with HIV disease. The goal of the RWHAP is to improve the availability and quality of HIV/AIDS services for low income, uninsured and underinsured individuals and families.

HIV disease disproportionately impacts people in poverty, racial/ethnic populations, and others who are underserved by healthcare and prevention systems.

Services funded under the RWHAP are intended to reduce the use of more costly inpatient care, increase access to care for underserved populations, and improve the quality of life for those affected by the epidemic. The RWHAP works toward these goals by funding direct services, local and State programs that provide core medical services and support services; healthcare

provider training; and technical assistance to help funded programs address implementation and emerging HIV care issues.

The RWHAP provides for significant local and State control of HIV/AIDS healthcare planning and service delivery. This has led to many innovative and practical approaches to the delivery of care for PLWH. Applicants are encouraged to visit <http://hab.hrsa.gov/default.htm> for a comprehensive review of these programs.

This particular project will be funded through the Secretary's Minority AIDS Initiative Funds (SMAIF). SMAIF are Congressionally appropriated to agencies within HHS including the Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA), Indian Health Service, Office of Minority Health (OMH), and Office on Women's Health (OWH). Using these base funds, HHS agencies, in turn, provide resources to community-based organizations, faith communities, research institutions, minority-serving colleges and universities, health care organizations, state and local health departments, and correctional institutions to help them address the HIV/AIDS epidemic within the minority populations they serve.

Implementation of the Affordable Care Act offers unprecedented opportunities to expand public and private health insurance coverage for PLWH in the United States. Currently, the RWHAP serves approximately 556,000 people. Of these, 72% are ethnic/racial minorities, 31% are women, and 25.5% are uninsured. Thus, over 140,000, primarily minority PLWH, are potentially eligible for enrollment in the expanded health care coverage which will be offered through either the Health Insurance Marketplaces or through Medicaid expansions that aim to provide medical coverage for people living at or below 138% of the Federal Poverty Level (FPL).

Training and Technical Assistance

The HIV/AIDS Bureau currently funds a National Training and Technical Assistance Cooperative Agreement which provides support to funded grantees, providers, and consumers served by the Ryan White HIV/AIDS Program. These activities support several HAB priorities to enhance access to and quality of HIV clinical care and support services for underserved persons with HIV disease. The priority areas are: AIDS Drug Assistance Programs (ADAP); Data and Reporting; Fiscal Management; HIV/AIDS Medical Homes; and the Technical Assistance Resources Guidance, Education, and Training (TARGET) Center.

These priorities are addressed through the provision of training and technical assistance, which is defined as the identification of need for and delivery of practical program and technical support to the Ryan White HIV/AIDS Program community. Training and technical assistance is intended to assist grantees, planning bodies, funded providers, affected communities and individuals living with HIV infection to design and deliver HIV care programs.

Technical assistance is typically provided through a variety of strategic approaches and dissemination strategies including individualized and on-site peer and expert consultation, reverse site visits/preceptorships, ongoing consultative relationships, national and/or regional meetings, consultative meetings, conference calls and web-casts, development of products and training curricula in hard copy or web-based, email list serves and other means of regular communications and information dissemination.

With this Cooperative Agreement, certain requirements remain important in providing coordinated and comprehensive technical assistance on the national level. Every application must demonstrate how it will work within these requirements. Applicants must:

- Coordinate with local grantees and their HAB program staff
- Demonstrate meaningful collaboration among partners
- Use current HAB approved or recommended curricula and resources as appropriate
- Use multiple methods to deliver technical assistance to a larger portion of the Ryan White HIV/AIDS Program grantees than would be possible with on-site TA alone
- Include follow up evaluation that provides information on how the technical assistance is used by the target grantee or organization as part of evaluation
- Use principles of self-efficacy in work with grantees/subgrantees and their work with consumers
- Provide avenues for technical assistance for persons who learn best via self-learning or in other languages
- Use the TARGET Center as the website for TA and TA products
- As relevant and applicable, work with the HAB National Cooperative Agreement entities and contracted TA providers to develop and deliver TA content.

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project. Proposed activities must support the mutual goals and objectives of HAB and the applicant. Certain activities must be planned jointly and include HAB's input and approval. HRSA must be aware of all project activities in sufficient time to provide input and/or assistance.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA/HAB's responsibilities will include, but are not limited to:

- 1) Participating in the design, direction and evaluation of activities;
- 2) Participating in the selection and review of evaluation mechanisms;
- 3) Reviewing, editing and approving written documents, including training curriculum, publications, webcast content and other resources;
- 4) Providing assistance in the management and technical performance of activities; and
- 5) Ensuring integration into HAB programmatic and data reporting efforts.

In consultation and collaboration with HRSA/HAB, the requirements and obligations of the cooperative agreement recipient include:

- 1) Assessing RWHAP grantees' technical assistance needs related to building capacity for outreach and enrollment of minority PLWH into expanded health insurance options.
- 2) Working with HRSA, CDC, SAMSHA and CMS to assess best practices for minority client outreach and enrollment activities that would facilitate access to health care in the Medicaid expansion and Health Insurance Marketplaces (Exchanges).
- 3) Working with HHS agencies and national organization partners to develop strategies, tools, and trainings for RWHAP grantees to utilize for outreach and enrollment activities.
- 4) Collaborating with assigned HAB project officer and other HRSA staff as necessary to plan, execute and evaluate the activities;
- 5) Assisting HAB/HRSA with information dissemination to constituencies upon request; and
- 6) Working with HAB in modifying activities as necessary in keeping with the changing trends and needs of the HIV/AIDS Bureau.

Applicant agencies must be familiar with the Health Insurance Marketplace, also known as the Affordable Insurance Exchange, and the system that the Department is building to determine consumer eligibility and the mechanism for consumers to enroll in a Qualified Health Plan (QHP). In addition, applicant agencies must be familiar with the roles and operations of the navigator, in-person assisters, certified application counselors and other enrollment assistance programs. Navigators will play an important role in ensuring that individuals who will be eligible for new health coverage options beginning in 2014 make informed decisions about their coverage. Open enrollment for the Marketplaces begins October 1, 2013 and the earliest date of coverage will begin on January 1, 2014.

While the Navigator program is a significant component of the efforts to enroll individuals in QHPs, consumers will have access to other enrollment assistance services such as call centers, in-person assistance personnel, certified application counselors, agents and brokers, and other community volunteers.

2. Summary of Funding

It is anticipated that funding for this cooperative agreement will be available during Federal fiscal years 2013 - 2015. Approximately \$1,900,000 is expected to be available annually to fund one grantee. Applicants may apply for a ceiling amount of up to \$1,900,000 per year. The project period is three (3) years. Funding beyond the first year for "Supporting the Continuum of Care: Building Ryan White HIV/AIDS Program (RWHAP) Grantee Capacity to Enroll Eligible Clients in Affordable Care Act (ACA) Health Coverage Programs" is dependent on the availability of funds in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Entities that are eligible to apply include public groups, nonprofit, private entities (including faith-based and community based organizations) and school and academic health science centers involved in addressing HIV/AIDS related issues at a national level. Preferred applicants should have experience developing and disseminating informational materials, and of providing capacity building assistance to HIV/AIDS related organizations and constituencies on a national level. The applicant's proposal must include a national scope of work.

2. Cost Sharing/Matching

Matching funds and cost sharing by the applicant is not a requirement of this cooperative agreement.

3. Other

Applicants responding to this announcement may request funding for a project period of three years, at no more than \$1,900,000 per year. Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

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 allowable.

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 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-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 80-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 80-page limit, within the 10 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 Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with	Counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		all additional site location(s)	
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 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	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	Organizational Chart
Attachment 2	Position Descriptions for All Funded Personnel
Attachment 3	Biographical Sketches of Key Employed Personnel
Attachment 4	Work Plan
Attachment 5	Federal Debt Delinquency Statement
Attachments 6-15	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 93.917.

DUNS Number

All applicant organizations (and subrecipients 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 Form SF-424 - item 8 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 subrecipient of HRSA award funds) is required to register annually with 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 <https://www.sam.gov>. Please see Section IV of this funding opportunity announcement for **SAM registration requirements.-**

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

Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 4 to provide the budget amounts for the first four years of the project. Please enter the amounts in the "New or Revised Budget" column- not the "Estimated Unobligated Funds" column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (4) for subsequent budget years.

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 subawards/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% (\$44,925) 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 describe how each item 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. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be up to three (3) years. Submission and HRSA approval of the Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year

project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

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. 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 subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

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: 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 education and experience qualifications and rationale for the amount of time being requested for each staff position. If a staff member is charging their time to multiple awards, the percentage charged to each award should be noted. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 2. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 3. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

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.

Lobbying

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the

making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the applicant must complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) Recipients of HRSA awards shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a Federal grant. By signing the SF-424, the applicant is certifying that they are not delinquent on Federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on Federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as **Attachment 5**.

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
- 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.

ix. *Project Narrative*

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

▪ *INTRODUCTION*

This section should describe how the proposed project will address the goal of helping RWHAP grantees and providers build capacity and enrollment of minority PLWH into expanded health care options. The applicant should include a discussion that exhibits an expert understanding of the Ryan White HIV/AIDS Program Legislation, as well of the Affordable Care Act by both internal and consulting staff. The applicant should include a discussion that exhibits expertise in nationwide collaborations with federal agencies and national organizations.

▪ *NEEDS ASSESSMENT*

This section should help reviewers understand the need for the TA/training as outlined by HAB. Demographic or other data should be used and cited whenever possible to support the information provided. Include the data/information gathering methods. Discuss ability and expertise in assessing needs related to building capacity for outreach and enrollment of minority PLWH into expanded health coverage options. Describe how best practices for minority client outreach and activities would be assessed in collaboration with HRSA, CDC, SAMSHA and CMS, including assessment of current and prior best practices. Discuss any relevant barriers that the project hopes to overcome as well as any challenges in meeting the expectations identified by HAB. Outline how the project will contribute to increasing the enrollment of minority PLWH into expanded health coverage options. Outline how the project will contribute to the current national HIV/AIDS and health care environment as well as serve as a complement to the Ryan White HIV/AIDS Program.

▪ *METHODOLOGY*

Propose methods that will be used to meet each of the previously described program requirements and expectations in this cooperative agreement announcement. Discuss why the methodology chosen is appropriate for this project. Include methods of gathering information effectively in the initial two months of the agreement and of sharing that data with federal partners and other stakeholders. Include development of effective tools and strategies for collaboration, TA modalities and how the utilization of the tools, strategies and TA modalities will meet the goal of helping RWHAP grantees and providers build capacity and enrollment of minority PLWH into expanded health care options.

▪ *WORK PLAN*

Describe, in narrative, the activities that will be used to achieve each of the objectives proposed during this project. Discuss how these activities will contribute to meeting the purpose of the technical assistance. Discuss how the activities will support the project and work to coordinate with other government programs. Discuss how the applicant will coordinate or utilize other HAB funded TA materials and will work with other HAB funded TA providers. Explain how required reporting is to be incorporated into the project. Complete a work table that corresponds with the work plan narrative and include as Attachment 4. The time frame for the assessment part of the project is no more than six months. Develop a work plan including each project activity, action steps, intended target population, measurable outcome, target end dates and the person(s) responsible for each step.

The work plan must include goals, objectives and outcomes that are **SMART** (specific, measurable, achievable, realistic, and time measurable). Applicants are asked to include appropriate milestones (e.g., a significant or important event in the grant budget period) and any products to be developed.

▪ *RESOLUTION OF CHALLENGES*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the needs assessment and work plan sections of the narrative. Discuss the strength of your methodology in identifying and responding to these challenges. Discuss approaches that will be used to resolve such challenges. Also discuss relevant challenges encountered in implementing similar work plans, and how these were resolved.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

Describe how you plan to monitor your goals and objectives. Describe the methods you plan to use to collect data. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe how you plan to monitor goals and objectives. Describe how you plan to track and quantify the utilization of tools and strategies developed. Describe the methods proposed to assess and evaluate the project and their general effectiveness.

▪ *ORGANIZATIONAL INFORMATION*

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart (Attachment 1). Discuss expertise of staff as it relates to the scope of work proposed. Describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Describe how the project's goal of helping RWHAP grantees and providers build capacity and enrollment of minority PLWH into expanded health care options aligns with the organization's mission, activities, and expertise. Talk about organizational capacity and specific areas of organizational expertise. Preferred applicants should have experience developing and disseminating informational materials, and of providing capacity building assistance to HIV/AIDS related organizations and constituencies on a national level. The applicant's proposal must include a national scope of work. Describe collaborative efforts with other pertinent and/or subcontracted agencies that enhance your ability to accomplish proposed projects. Show how these efforts ensure broad national scope and secure specific expertise. Describe past performance managing collaborative federal grants at the national level, including percentage of deliverables completed within each federal fiscal year for the past two completed fiscal years. Describe the estimated percentage of total agency budget that funding for this cooperative agreement would comprise, and note other sources of funding the applicant organization receives.

▪ *SUPPORT REQUESTED*

Applicants must provide one-year budgets for each of the subsequent budget periods within the requested project period. The justification should include a complete and detailed budget for each year of the project that relates to the objectives, the complexity of the activities, and the anticipated results. Include key staff and all expenses to be charged to the project and the fulfillment of its goals.

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: Organizational Chart.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel

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

Attachment 3: Biographical Sketches of Key Personnel

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

Attachment 4: Work Plan

Attachment 5: Federal Debt Delinquency Statement if applicable

Attachments 6-15: Other documents, as necessary

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *August 12, 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

Supporting the Continuum of Care: Building Ryan White Program (RWHAP) Grantee Capacity to Enroll Eligible Clients in Affordable Care Act (ACA) Health Coverage Programs is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three years, at no more than \$1,900,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

Salary Limitation: The Consolidated and Further Continuing Appropriations Act, 2013 (Pub. L. 113-6), enacted March 26, 2013, continues provisions enacted in the Consolidated Appropriations Act, 2012 (Pub. L. 112-74). The law 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 subawards/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) and continued through the *Consolidated and Further Continuing Appropriations Act, 2013 (Pub. L. 113-6)*, (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 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. The Supporting the Continuum of Care: Building Ryan White Program (RWHAP) Grantee Capacity to Enroll Eligible Clients in Affordable Care Act (ACA) Health Coverage Programs technical assistance cooperative agreement has eight (8) review criteria:

Criterion 1: NEED (15 points)

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

- The extent to which the applicant provides a complete description of how their expertise and knowledge/skill in assessing needs related to building capacity for outreach and enrollment of minority PLWH into expanded health coverage options will be utilized?
- The extent to which the applicant fully describes the proposed methods/techniques to be used in assessing best practices for minority client outreach activities and a clearly outlined process to collaborate with HRSA, CDC, SAMSHA and CMS.
- The extent to which the applicant fully describes any relevant barriers and challenges they expect to encounter and how they will address them.
- The strength of the applicant's outline on how the project will contribute to increasing the enrollment of minority PLWH into expanded health coverage options.
- The extent to which an applicant fully describes the process by which the project will contribute to the current national HIV/AIDS and health care environment as well as serve as a complement to the Ryan White HIV/AIDS Program.

Criterion 2: RESPONSE (35 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); 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 proposed results.

➤ *Work Plan (25 points):*

- The strength of the work plan in fully describing the activities that will be used to achieve each of the objectives proposed during this project.
- The extent to which an applicant provides a clear and detailed explanation of how the activities will contribute to meeting the purpose of the technical assistance including how the activities will support the project and work to coordinate with other government programs.
- The extent to which the narrative fully describes how the applicant will coordinate or utilize other HAB funded TA materials and will work with other HAB funded TA providers.
- The extent to which the applicant provides a complete explanation of how required reporting is to be incorporated into the project.
- The extent to which the applicant's work table corresponds to the work plan narrative.
- The strength of the work plan as evidenced by measurable goals, objectives and outcomes that are **SMART** (specific, measurable, achievable, realistic, and time measurable) with milestones, products to be developed and a timeframe for assessment of the project as outlined.

➤ *Resolution of Challenges (10 points):*

- The extent to which the applicant clearly describes the challenges likely to be encountered in designing and implementing the activities described in the needs assessment and work plan sections.
- The extent to which the applicant fully describes approaches that will lead to resolution of stated challenges.
- The extent to which the applicant fully describes challenges encountered in implementing similar work plans and how they were resolved.

Criterion 3: EVALUATIVE MEASURES (20 points)

This section corresponds to the Methodology section of the application.

Relates to the extent to which the applicant provides a complete, thorough, and comprehensive methodology that will be used to meet each of the previously described program requirements and expectations.

- The extent to which the applicant provides a clear description of the methodology to be used to implement/conduct outreach and enrollment of minority PLWH, and explanation of why it was chosen.
- The strength and effectiveness of the method(s) proposed by the applicant to gather information and share data with federal partners and other stakeholders in the initial two months of the agreement.
- The extent to which the methodology includes a comprehensive description of how the TA modalities will meet the goal of helping RWHAP grantees and providers build capacity and enrollment of minority PLWH into expanded health care options.

- The extent to which the applicant provides a clear description of a plan to track and quantify the utilization of tools and strategies developed.

Criterion 4: IMPACT (10 points)

This section corresponds to the Evaluation and Technical Support Capacity 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 provides a comprehensive plan to evaluate whether the objectives attributed to the project have been met including the tracking and quantification of tools utilized and strategies developed.
- The extent to which the applicant provides a clear and detailed plan to evaluate if the objectives for the project have been met.
- The extent to which the applicant clearly describes how they will track and quantify tools utilized and strategies developed.
- The extent to which the applicant provides a complete, detailed and effective plan to assess, evaluate and monitor the project goals and objectives including a description of methods to collect data.

Criterion 5: RESOURCES (15 Points)

This section corresponds to the Organizational Information, Staffing Plan and Attachments sections of the application. Relates to the extent to which the applicant comprehensively describes their organizational capacity and expertise related to the proposed project.

- The extent to which the applicant clearly describes the agency's mission, structure, including an organizational chart (Attachment 1), scope of current activities and how they contribute to the ability of the organization to conduct program requirements and meet program expectations.
- The strength of the staffing plan and extent to which the expertise of project staff relates to the scope of the activities in correlation to the budget and budget justification.
- The extent to which the applicant demonstrates experience in managing collaborative federal grants at the national level, including percentage of deliverables completed within each federal fiscal year for the past two completed fiscal years.
- The extent to which the applicant provides a clear description of how their organization's mission, activities and expertise align with the project's goal of helping RWHAP grantees and providers build capacity and enrollment of minority PLWH into expanded health care options.
- The extent to which the applicant fully describes experience in developing and disseminating informational materials, and of providing capacity building assistance to HIV/AIDS related organizations and constituencies on a national level.
- The extent to which the applicant provides a detailed scope of work that is nationally focused and demonstrates expertise in nationwide collaboration with federal agencies and national organizations.

- The extent to which the applicant provides clear information on the percentage of their total agency budget to be used and any other sources of funding received by the organization for this project.

Criterion 6: SUPPORT REQUESTED (5 points)

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

Relates to the extent to which the applicant provides a complete and detailed budget for each year of the project that relates to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which the applicant provides an appropriate budget for the proposed activities.
- The extent to which the budget relates to the objectives, the complexity of the activities, and the anticipated results.
- The extent to which the budget justification clearly explains each line item in relation 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.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 29, 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, it 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 29, 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.

Affordable Care Act Outreach and Education

It is important to note that a healthier country is one in which more Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. Insurance coverage is strongly related to better health outcomes for both children and adults. Access to health coverage improves health outcomes by helping people obtain preventive and screening services, prescription drug benefits, mental health and other services, and by improving continuity of care.

The Affordable Care Act (ACA), the health care law of 2010, creates new state-based marketplaces, also known as exchanges, to offer millions of Americans new access to affordable health insurance coverage. Individuals with incomes between 100 to 400 percent FPL may be eligible to receive advance payments of premium tax credits and/or cost-sharing reductions to help pay for the cost of enrolling in a qualified health insurance plan and paying for coverage of essential health benefits. In states that choose to participate in the Affordable Care Act expansion of Medicaid to non-disabled adults with incomes of up to 138 percent of Federal Poverty Level (FPL), this provision will provide new coverage options for many individuals who were previously ineligible for Medicaid. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing.

Outreach efforts would ensure that families and communities understand these new developments and would provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible during the transition and beyond. You are encouraged to share information with your beneficiaries about these options and to assist them, to the extent it is an appropriate activity under your grant, in enrolling in available insurance plans or in finding other available sources of payment for the services you provide.

For more information on the marketplaces and the health care law, visit <http://www.healthcare.gov>.

As a part of HAB's ongoing commitment to ensure that the Ryan White HIV/AIDS Program and our clients are prepared for the ACA transition beginning in January 2014, the Bureau compiled helpful information about ways in which grantees can use existing Ryan White budget resources to prepare for full implementation of the new law. The letter and table are posted on the HAB website at: <http://hab.hrsa.gov/affordablecareact/outreachenrollmentbenefitsletter.pdf> and <http://hab.hrsa.gov/affordablecareact/outreachenrollment.html> which provide background and outline service categories by Part that can be used to support outreach, benefits counseling and enrollment activities of RWHAP clients into private health insurance plans through the Health Insurance Marketplace and into Medicaid in their jurisdiction.

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/>.

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 early entrance into care for people living with HIV 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. Programs providing direct services 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>.

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.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on a semi-annual basis. Submission and HRSA approval of grantee Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the NoA.

3) **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:

Attn.: Eric Bozoian
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-33
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2499
Fax: (301) 443-6343
Email: EBozoian@hrsa.gov

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

Heather Hauck, MSW, LICSW
Attn: HIV/AIDS Bureau Division of State HIV/AIDS Programs
Bureau, HRSA
Parklawn Building, Room 7A-15
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6745
Fax: (301) 443-8143
Email: hhauck@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

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>.