

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

HIV/AIDS Bureau  
Division of HIV/AIDS Training and Capacity Development

***AETC National Coordinating Resource Center (NCRC) Cooperative Agreement***

**Announcement Type:** Initial: New  
**Announcement Number:** HRSA-15-033

**Catalog of Federal Domestic Assistance (CFDA) No. 93.145**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2015

**Application Due Date: March 6, 2015**

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Deadline extensions are not granted for lack of registration.  
Registration in all systems, including SAM.gov and Grants.gov,  
may take up to one month to complete.*

**Release Date: January 5, 2015**  
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Authority: Section 2692 (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.

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of HIV/AIDS Training and Capacity Development is accepting applications for fiscal year (FY) 2015 AIDS Education and Training Centers (AETC) Program National Coordinating Resource Center. The purpose of this program is to support one organization to serve as the National Coordination and Resource Center (NCRC). The NCRC will serve as the central convener, coordinator, archivist and promoter of the work of the AETC (AIDS Education and Training Center) Program and the HAB by 1) coordinating the development and dissemination of national HIV curricula for health care professionals that is national in scope; 2) supporting the technical assistance work of the HAB and all AETC program grantees; 3) serving as the central repository for AETC developed training and capacity development materials; and 4) disseminating technical assistance trainings and capacity development products to health care professionals nationwide using virtual and in-person meetings and conferences.

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| Funding Opportunity Title:                  | AETC National Coordinating Resource Center Program (NCRC)  |
| Funding Opportunity Number:                 | HRSA-15-033  |
| Due Date for Applications:                  | March 6, 2015  |
| Anticipated Total Annual Available Funding: | \$1,500,000  |
| Estimated Number and Type of Award(s):      | 1 cooperative agreement  |
| Estimated Award Amount:                     | Up to \$1,500,000 per year   |
| Cost Sharing/Match Required:                | No   |
| Project Period:                             | 7/1/2015 through 6/30/2019 (4 years)   |
| Eligible Applicants:                        | This competition is open to public entities and private entities that satisfy the criteria established in section 2692 of the Public Health Service Act.<br><br>[See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete eligibility information.] |

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

### Technical Assistance Webinar

All applicants are encouraged to participate in a technical assistance (TA) webinar/conference call for this funding opportunity. The technical assistance webinar is scheduled for January 15, 2015 from 2-3 PM Eastern Time. The purpose of this webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. The call-in number is 888-790-3102 and the participant code is 8720613. Participation in the pre-application

TA webinar is optional. Details regarding the pre-application webinar will also be posted on the TARGET Center website (<http://careacttarget.org/events>). Participants can login to the webinar at: <https://hrsa.connectsolutions.com/ncrcc/>.

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# I. Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the Health Resources and Services Administration (HRSA) AIDS Education and Training Center (AETC) National Coordinating Resource Center (NCRC) Cooperative Agreement. This HRSA award will fund one entity to serve as the national coordinating resource center charged with 1) coordinating the development and dissemination of national HIV curricula for health care professionals that is national in scope; 2) supporting the technical assistance work of the HAB and all AETC program grantees; 3) serving as the central repository for AETC developed training and capacity development materials; and 4) disseminating technical assistance trainings and capacity development products to health care professionals nationwide using virtual and in-person meetings and conferences.

The AETC NCRC supports the goals of the National HIV/AIDS Strategy (NHAS),<sup>1</sup> HIV Care Continuum Initiative,<sup>2</sup> the Affordable Care Act,<sup>3</sup> and the Minority AIDS Initiative, primarily by its support of the Regional AETCs (concurrent competitive funding opportunity announcement HRSA-15-032) and other entities in the AETC network. The goals of the Regional AETCs are to:

1. Increase the size and strengthen the skills of the current and novice HIV clinical workforce in the United States;
  2. Improve outcomes along the HIV Care Continuum, including diagnosis, linkage, retention and viral suppression, in alignment with the National HIV/AIDS Strategy, through training and technical assistance; and
  3. Reduce HIV incidence by improving the achievement and maintenance of viral load suppression of PLWH.
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1. The AETC NCRC will achieve its goals by using the following strategies: The AETC NCRC will coordinate the development and dissemination of a national HIV curriculum for health care professionals, including interprofessional teams, who care for people living with HIV (PLWH) or those at risk. This includes providing technical assistance on practice transformation and change management to the AETC network.
  2. The AETC NCRC will create and promote the AETC Program brand nationally as an HIV education and training resource and serve as the central repository for all AETC developed training resources.
  3. The AETC NCRC target audience includes all of the AETC program grantees, subgrantees and regional partners, reached primarily through the use of various web-based technologies. The AETC NCRC will also manage knowledge centers, working groups, and communities of practice among the AETC network. In this way, the AETC NCRC will focus its efforts on experienced HIV health care professionals and trainers.

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<sup>1</sup> Office of National AIDS Policy. National HIV/AIDS Strategy for the United States. The White House, ONAP, July 2010. Available from: <http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>.

<sup>2</sup> The White House, Office of the Press Secretary. Executive Order – HIV Care Continuum Initiative. <http://www.whitehouse.gov/the-press-office/2013/07/15/executive-order-hiv-care-continuum-initiative>, accessed September 26, 2014.

<sup>3</sup> Patient Protection and Affordable Care Act, P.L. 111-148, 111<sup>th</sup> Congress, H.R. 3590 (2010). <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html>, accessed September 26, 2014.

4. The AETC NCRC will take the lead in planning and coordinating in-person and virtual clinical trainings for RWHAP grantees and providers, working closely with the HRSA HIV/AIDS Bureau and its grantees and service providers to assure dissemination of HIV treatment advances, new service delivery approaches and strategies to address the needs of a demographically diverse population affected by HIV.
5. The AETC NCRC will provide technical expertise on distance-based learning and new media to the AETC network.
6. The AETC NCRC will build and maintain strategic collaborations with the AETC Network, federal, state and national organizations.
7. The AETC NCRC will be expected to evaluate the quality of its work and demonstrate impact, in alignment with the National HIV/AIDS Strategy and HIV Care Continuum.

## **2. Background**

This program is authorized by Section 2692 of the Public Health Service Act (42 U.S.C. 300ff-111), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) referred to hereafter as the Ryan White HIV/AIDS Program. The AETC Program has been a cornerstone of HRSA's HIV/AIDS program for over two decades. The mission of the AIDS Education and Training Centers Program (AETC) is to increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and medically manage people with HIV disease, and to help prevent high-risk behaviors that lead to HIV transmission. This mission is obtained through implementation of multidisciplinary education and training programs for health care providers in the prevention and treatment of HIV/AIDS. Overall, the AETC Program is charged with increasing the knowledge, skills and behaviors of providers and organizations to be able to provide quality care and increase access to care.

The AETC Program aligns with Goal 2 of the National HIV/AIDS Strategy (NHAS), to increase access to care and optimize health outcomes for people living with HIV; Goal 3, to reduce HIV-related health disparities; and Goal 1, decreasing incidence. The implementation of the NHAS in 2010 advocates that deliberate steps should be taken to increase the number and diversity of providers of clinical care and related services for people living with HIV. On July 15, 2013, the Office of National AIDS Policy (ONAP) marked the third anniversary of the release of the National HIV/AIDS Strategy by announcing the new HIV Care Continuum Initiative implemented by an Executive Order of the President. The Initiative directs Federal agencies to prioritize the HIV Care Continuum by accelerating efforts and directing existing Federal resources to increase HIV testing, services, and treatment, and improve patient access for HIV infected individuals along the HIV Care Continuum.

The AETC Program is in prime position to support the goals of the National HIV/AIDS Strategy and the HIV Care Continuum Initiative by providing training, education, and technical assistance to strengthen the delivery of services and quality of care along the HIV care continuum. High quality HIV primary care provided by sufficient numbers of well-trained care providers is key to improving the timely entry, engagement, retention, adherence, and ultimately viral suppression of PLWH along the HIV Care Continuum. Health care professionals well-trained to provide high quality HIV care are needed to ensure system capacity for the increases of PLWH in care expected to occur. This increased number of PLWH is due to increased prevalence secondary to improved survival and an increase in the number of patients identified and retained in care.

Health care providers, allied health professionals, and health care support staff need to obtain the knowledge and skills necessary to ensure that care being provided follows established guidelines and protocols and reflects current research and recommendations.<sup>4</sup> As the range and complexity of treatment options increase, it is essential that doctors and other care professionals keep up to date in their field to maintain their skills and practice on the basis of the best evidence available.<sup>5</sup> Several studies demonstrated that patients with HIV disease who are managed by clinicians with greater HIV experience and expertise have better health outcomes and receive more appropriate and cost-effective care, regardless of the clinician's specialty training. As the treatment of HIV disease is not restricted to any one medical specialty, various health care professionals serve as HIV experts. Ongoing patient management and continuing education are required for HIV expertise, regardless of specialty training.<sup>6</sup>

Evidence supports continuing education and training as an effective means for providers to acquire and retain knowledge, attitudes and skills and to impact behavioral and clinical outcomes.<sup>7</sup> It must utilize adult learning principles.<sup>8</sup> Health care professionals have cited that convenience of access to programs, personal control over content, personal development, and cost can contribute to their preference to participate in an education and training program.

The AETC Program and its multiple components work together and serve as a comprehensive training and educational resource for health care professionals in the treatment and prevention of HIV/AIDS. The AETC Program is a "safety net" continuing education and training program for health care professionals in HIV/AIDS treatment and prevention, just as the other components of the Ryan White HIV/AIDS Treatment Extension Act of 2009 are the safety nets for HIV/AIDS care.

Several national grants and special initiatives serve as crosscutting components of the AETC program and support and complement the regional centers. AETCs are required to work together to enhance their individual roles and performance within the network, as well as reduce duplication of efforts across the network. For example, in the development of joint needs assessments, joint curricula, joint training programs and marketing activities where appropriate, and national evaluation tools to be utilized across the AETC Network. For information on components of the current AETC Network please refer to the HRSA/HAB website: <http://hab.hrsa.gov/abouthab/partfeducation.html>.

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<sup>4</sup> Bashook, PG, Linsk, NL, Jacob, B, Aguado, P, Edison, M, Rivero, R, Schechtman, B, & Prabhugate, P. Outcomes of AIDS Education and Training Center HIV/AIDS Skill-Building Workshops on Provider Practices. *AIDS Education and Prevention*. 2010; 22 (1): 49-60.

<sup>5</sup> Nielsen GA, Nolan K, Schall MW, & Sevin C. A Framework for Spread: From Local Improvements to System-Wide Change. *Institute for Healthcare Improvement Innovation Series White Paper*, 2006. Available from: [www.ihl.org](http://www.ihl.org)

<sup>6</sup> Gallant JE, Adimora AA, Carmichael JK, Horberg M, Kitahata M, Quinlivan EB, Raper JL, Selwyn P, & Williams SB. Essential Components of Effective HIV Care: A Policy Paper of the HIV Medicine Association of the Infectious Diseases Society of America and the Ryan White Medical Providers Coalition. *Clinical Infectious Diseases*, 2011;53 (11):1043–50.

<sup>7</sup> *Effectiveness of Continuing Medical Education. Evidence Report/Technology Assessment*. Agency for Healthcare Research and Quality/U.S. Department of Health and Human Services. 2007; 149, Available from: <http://archive.ahrq.gov/downloads/pub/evidence/pdf/cme/cme.pdf>

<sup>8</sup> Pilcher J and Bradley DA. Best practices for learning with technology, *Journal for Nurses in Professional Development*, 2013; (29) 3: 133 – 137.

In addition to the national and regional AETC components, there are several other national, regional, and local organizations that work collaboratively and in partnership with AETCs to provide training and HIV/AIDS health professions education. The National Quality Center (NQC) is one such organization.<sup>9</sup> The NQC is the primary resource for Ryan White HIV/AIDS Program grantees on issues related to quality improvement and quality management (QI/QM). The NQC will provide technical assistance related to QI/QM to RWHAP grantees and funded providers as they strive to improve the quality of care and services and respond to and implement quality management legislative mandates.

### ***HIV Care Continuum***

Identifying people infected with HIV and linking them to HIV primary care with initiation and long-term maintenance of life-saving antiretroviral treatment (ART), are important public health steps toward the elimination of HIV in the United States. The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the HIV Care Continuum or the HIV Treatment Cascade. The HIV Care Continuum includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of ART, and ultimately HIV viral load suppression.

The difficult challenge of executing these lifesaving steps is demonstrated by the data from the CDC, which estimate that only 25% of individuals living with HIV in the United States have complete HIV viral suppression.<sup>10</sup> Data from the 2012 Ryan White Service Report (RSR) indicates that there are better outcomes in Ryan White HIV/AIDS Program (RWHAP) funded agencies with approximately 75% of individuals who received Ryan White HIV/AIDS Program-funded medical care being virally suppressed.<sup>11</sup> Such findings underscore the importance of supporting effective interventions for linking HIV-positive individuals into care, retaining them in care, and helping them adhere to their combination antiretroviral regimens.

RWHAP awardees including the AETC NCRC are expected to assess the outcomes of their programs along the HIV care continuum. Grantees should work with the community and public health partners to improve outcomes across the HIV Care Continuum, so that individuals diagnosed with HIV are linked and engaged in care, started on ART as early as possible, and achieve and maintain viral load suppression. The HIV/AIDS Bureau has worked with other agencies within the Department of Health and Human Services (HHS) to develop performance measures to assist in assessing outcomes along the continuum.<sup>12</sup> The HAB encourages grantees to use these performance measures at their local level to assess the efficacy of their programs and to analyze and address the gaps along the HIV Care Continuum to improve the care outcomes provided.<sup>13</sup> These efforts are in alignment with the support and goals and objectives of the National HIV/AIDS Strategy.

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<sup>9</sup> National Quality Center, <http://nationalqualitycenter.org/>, accessed September 26, 2014.

<sup>10</sup> CDC. Stages of Care Fact Sheet, [http://www.cdc.gov/hiv/pdf/research\\_mmp\\_StagesofCare.pdf](http://www.cdc.gov/hiv/pdf/research_mmp_StagesofCare.pdf), accessed September 26, 2014.

<sup>11</sup> See <http://hab.hrsa.gov/stateprofiles/HHS-Indicators.aspx>, accessed December 12, 2014.

<sup>12</sup> Forsyth A. Secretary Sebelius Approves Indicators for Monitoring HHS-funded HIV Programs. <http://blog.aids.gov/2012/08/secretary-sebelius-approves-indicators-for-monitoring-hhs-funded-hiv-services.html>, accessed September 26, 2014.

<sup>13</sup> HRSA. HAB HIV Performance Measures. <http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>, accessed September 26, 2014.

The HIV Care Continuum measures also align with the HHS Common HIV Core Indicators approved by the Secretary and announced in August 2012. RWHAP Part A, B, C, and D grantees and health care providers are required to submit data through the RSR. Through the RSR submission, the HAB currently collects the data elements to produce the HHS Common HIV Core Indicators. The HAB will calculate the HHS Core Indicators for the entire RWHAP and will use these data to report six of the seven HHS Common HIV Core Indicators to the Department of Health and Human Services, Office of the Secretary for Health. The AETCs may include these measures in assessing the impact of their work on improving patient outcomes.

## **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. In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA responsibilities shall include:**

1. Participate in the design of models and tools as described in the program expectations;
2. Provide assistance in the management and technical performance of activities;
3. Participate in the planning, coordination and approval of trainings, including participation in the awardee's workgroups/committees;
4. Contribute to, reviewing and providing input on written documents, including trainings, curriculum, publications, and other resources;
5. Ensure availability of resources for the entire AETC Program;
6. Review, provide feedback/recommendations, and approve tools and reports before they are disseminated;
7. Assistance in establishing linkages between this project and other AETC and HRSA-supported projects to enhance collaboration;
8. Ensure integration into HAB programmatic and data reporting efforts; and
9. Participation in disseminating information on project activities.

### **The cooperative agreement recipient's responsibilities shall include:**

1. Collaborate with HRSA, AETC network and their local partners to achieve the program expectations related to the design, direction and evaluation of activities including approaches to training and technical assistance dissemination.
2. Work with HRSA and the AETC network to coordinate the development and dissemination of national HIV core competencies and associated curriculum for health care professionals, including interprofessional teams, who care for people living with HIV (PLWH) or those at risk. This includes using and analyzing existing needs assessment information providing technical assistance on practice transformation and change management to the Regional AETCs.
3. Develop and maintain a central repository for training and educational materials including information and activities that support the goals of the AETC grantee network and HAB technical assistance efforts. Collaborate with the project officer and other HRSA staff as necessary to plan, execute and implement technical assistance and capacity development activities using new and social media platforms.

4. Work with HRSA to analyze and modify activities as necessary in keeping with the changing health care environment trends and needs of the Ryan White HIV/AIDS Program grantees. Create and promote the AETC Program brand nationally as an HIV education and training resource and serve as the central repository for all AETC developed training resources.
5. Focus its efforts on experienced HIV health care professionals and trainers by managing knowledge centers, working groups, and communities of practice among the AETC network. The AETC NCRC target audience includes all of the AETC program awardees, contractors and local partners, reached primarily through the use of various web-based technologies.
6. Take the lead in planning and coordinating in-person and virtual clinical meetings for RWHAP grantees and providers, working closely with the HRSA HIV/AIDS Bureau and its grantees and service providers to assure dissemination of HIV treatment advances, new service delivery approaches and strategies to address the needs of a demographically diverse population affected by HIV.
7. Provide technical expertise on distance-based learning and new media to the AETC network.
8. Build and maintain strategic collaborations within and outside of the AETC Network, including federal, state and national organizations.
8. Evaluate the quality of its work and demonstrate impact, in alignment with the National HIV/AIDS Strategy and HIV Care Continuum.
9. Establish a steering committee consisting of internal and external HIV experts including individuals who can represent the PLWH community.

## **2. Summary of Funding**

This program will provide funding during Federal fiscal years 2015 – 2018. Approximately \$1,500,000 is expected to be available each year to fund one (1) awardee. The actual amount available will not be determined until enactment of the final FY 2015 Federal budget. Applicants may apply for a ceiling amount of up to \$1,500,000 in the first year. The project period is four (4) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Ryan White HIV/AIDS Program AIDS Education and Training Centers in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

Under this AETC NCRC funding opportunity announcement, approximately 20% of the funds are being made available through the Minority AIDS Initiative (MAI), to support education, training, and technical assistance activities and programs aimed at building the capacity of minority patients and minority-serving health care professionals. Specifically, MAI activities should target minority health professionals and health care professionals providing treatment for minority individuals with HIV disease and other individuals who are at high risk of contracting such disease. Training, education and technical assistance activities and programs to be funded by MAI should be described separately in the application and should be equal to at least 20% of the total AETC project amount. Funded applicants will be responsible for tracking how MAI funds are spent and report accordingly. NOTE: If awarded, the actual MAI amount will be listed on the Notice of Award (NOA). Awardees will be expected to submit a revised budget and work plan to appropriately reflect the MAI amount provided in the NOA.

### **III. Eligibility Information**

#### **1. Eligible Applicants**

Eligible organizations are public and private entities and schools and academic health science centers. Faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply.

#### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

#### **3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)**

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicants must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [\*SF-424 Application Guide\*](#).

**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.**

#### **4. Other**

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**

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at [Grants.gov](https://www.grants.gov).

### **2. Content and Form of Application Submission**

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

See Section 8.5 of the Application Guide for the Application Completeness Checklist.

#### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

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

#### **Program-Specific Instructions**

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

##### ***i. Project Abstract***

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

Provide an abstract for the AETC NCRC program including information on all key components of the project. The abstract must include the following information:

**TARGETED POPULATION:** Briefly describe the target audience to be served by the proposed project. Include key information pertaining to the training needs of the target population.

**GOALS AND MILESTONES:** Summarize the major goals and milestones for the four (4) year project period.

**OVERVIEW OF PROGRAM PLAN:** Briefly describe the proposed project and outline the approach and activities that will be implemented. Identify the key organizations that are collaborating in the project as contractors. Describe the anticipated impact of the proposed project on the geographic area being served and its systems of care. Relate the impact of the project to the principal problems and unmet needs identified in the needs assessment.

**ii. *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 -- Corresponds to Section V's Review Criterion 1 Need***

This section should describe how the proposed project will 1) coordinate the development and dissemination of a national HIV curriculum for health care professionals that is national in scope; 2) support the technical assistance work of the HAB and all AETC Program grantees; 3) serve as the central repository for AETC-developed training and capacity development materials; and 4) disseminate technical assistance trainings and capacity development products to health care professionals nationwide using virtual and in-person meetings and conferences. Provide a clear and succinct description of the proposed roles and activities of the AETC NCRC. Briefly describe the applicant organization and any collaborating organizations. Provide a summary of the applicant organizations experience with training and education, HIV care and treatment, and expertise in nationwide collaborations with federal agencies, regional and national organizations providing training, capacity development, and technical assistance.

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

In this section, provide a summary that clearly outlines the training and capacity development needs of the target audience, which includes health care professionals and regional AETC grantees. Describe the need for a national HIV curriculum for health care professionals and the need for a central repository of AETC developed materials. Provide a description of the current and future United States HIV workforce. Include in the description any knowledge gaps of the current and future HIV workforce. Include a description of training needs specific to minority health professionals and health professionals caring for minority individuals. Describe how nationwide information dissemination and knowledge transfer using virtual and in-persons meetings will enable

health care providers to deliver HIV screening, testing, linkage and retention into care leading to improved health outcomes for PLWH.

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

### **HIV Provider Core Competencies**

Please describe how the organization will identify core competencies needed by health care professionals for the diagnosis, treatment, and prevention of HIV disease. The program requirements for this section include the following:

- The core competencies should align with the Affordable Care Act,<sup>14</sup> the National HIV/AIDS Strategy,<sup>15</sup> and HIV Care Continuum Initiative.<sup>16</sup>
- The organization should develop and maintain a national HIV training platform and curriculum to address these competencies.
- The organization should convene national HIV experts to identify core competencies for clinical HIV care professionals, including primary care providers and expert providers of HIV care services.
- The organization should participate in the design and implementation of training and capacity development needs assessments by the Regional AETC networks.
- The organization should support the development of resources based on training and capacity development needs assessments conducted by the Regional AETCs. Develop a national curriculum and training platform for HIV care professionals to meet the core competencies. Identify and utilize HIV care expertise through various mechanisms from all AETC regional and national centers in the production of the curriculum. Maintain, update and adapt curriculum to a variety of audiences, from inexperienced or novice providers to expert HIV clinical providers, including providers in training (i.e. graduate medical residents and students of nurse practitioner or physician assistant schools).
- The organization should review locally-based, specialty curricula training materials developed by the regional AETCs and adapt relevant materials, as deemed necessary, for a national audience.
- The organization should market and disseminate HIV curriculum to regional AETCs, other trainers, and HIV health care professionals. This curriculum should be used by the regional and national AETCs.
- The organization should develop decision support tools for HIV care professionals in the management of HIV based on HHS treatment guidelines.
- The organization should disseminate training resources and the latest HIV clinical information across the AETC network via any applicable social media platforms (e.g., Podcast, video stream, blogging, social networking, RSS, webinar, etc.). Utilize e-mail distribution lists and other internet-based mechanisms to facilitate communication and dissemination of tools and resources within the AETC grantee network.

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<sup>14</sup> Patient Protection and Affordable Care Act, P.L. 111-148, 111<sup>th</sup> Congress, H.R. 3590 (2010).

<http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html>, accessed September 26, 2014.

<sup>15</sup> Office of National AIDS Policy. National HIV/AIDS Strategy for the United States. The White House, ONAP, July 2010. Available from: <http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>.

<sup>16</sup> The White House, Office of the Press Secretary. Executive Order – HIV Care Continuum Initiative.

<http://www.whitehouse.gov/the-press-office/2013/07/15/executive-order-hiv-care-continuum-initiative>, accessed September 26, 2014.

- The organization should facilitate communication through various web-based technologies (new media) to disseminate and share education and training tools and resources between regional and national AETC grantees.
- The AETC NCRC shall regularly assess the needs of its users and develop services based on these needs.
- Identify and document research and best practices of HIV education, training and clinical consultation practices including methodologies and tools used in training needs assessment, continuous quality improvement for training, and local evaluation.
- The Special Projects of National Significance (SPNS) program of the Ryan White HIV/AIDS Program is tasked with the development of innovative HIV care and treatment models. NCRC will be expected to incorporate the best practices and lessons learned by the SPNS program in their training and capacity building activities.<sup>17</sup>

### **Practice Transformation**

Please describe how the applicant organization will serve as a national leader in practice transformation.

- The applicant should describe how the organization will provide technical assistance to the regional and national AETC grantees in the areas of interprofessional training, practice transformation, and change management, with the overarching goals of improving patient outcomes along the HIV Care Continuum. Regional AETCs will conduct projects on Practice Transformation; the detailed description of the Practice Transformation Project can be found in the funding opportunity announcement HRSA-15-032.
- The applicant should also describe how it will document measurable results in this area.

### **National Identity for the AETC Program**

Please describe how the applicant organization will promote awareness of the AETC Program nationally. The program requirements in this category include the following:

- The organization should promote the AETC network nationally as an education and training resource for HIV clinical trainers on HIV care.
- The organization should review and measure the effectiveness of current promotional strategies and benchmark them against current best practices.
- The organization should include in the virtual library all AETC web-based materials to promote consistency and reduce duplication and redundancy across the AETC network.
- The organization should work with regional AETCs to maintain regionally focused content of the AETC website while keeping a consistent appearance the AETC website.
- The organization should provide training and/or technical assistance to AETC programs in the use of new media to conduct training with HIV health care professionals.

### **Training Modalities**

Please describe how the applicant organization will serve as a technical assistance resource to the AETC Network and HIV health care professionals on the use of a variety of best practices in training modalities, including the use of new media and distance-based learning. The program requirements in this section include the following:

- The organization should identify and document research and best practices of HIV education, training and clinical consultation practices including methodologies and tools

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<sup>17</sup> See Integrating HIV Innovative Practices (IHIP) at: <https://careacttarget.org/ihip>

used in adult learning principles, training, needs assessment, continuous quality improvement for training, and local evaluation.

- The organization should provide training and technical assistance to the regional and national AETC grantees in the use of information technology, distance-based learning and new media, including mobile apps, social media, web-based programs, teleconferences, and other new technology, to train HIV health care professionals.
- The organization should provide training and technical assistance to the Regional and national AETCs on the development of training materials that are compliant with 508 rules ([www.access-board.gov/sec508/guide/1194.22.htm](http://www.access-board.gov/sec508/guide/1194.22.htm)).
- The organization should design and produce a quarterly newsletter as a technical assistance mechanism to share best practices, resources and innovative ideas in training across the AETC grantee network.
- Support HIV clinical learning opportunities using new media platforms (e.g., teleconferences, web-based programs, etc.) to increase HIV clinical knowledge and skills among targeted audiences.
- The organization should conduct faculty development activities among the AETC network. These activities should utilize adult learning principles and distance-based learning. For each faculty development activity, please describe which training modality will be used (using the categories listed below).

| <b>Training and TA Modality</b> | <b>Definition</b>  | <b>In-person</b> | <b>Distance-based</b> |
|---------------------------------|--|------------------|-----------------------|
| Didactic presentations          | Trainer presents information to learners in oral and/or written presentation. This category may include lectures and archived webinars.  | Yes              | Yes                   |
| Interactive presentations       | Trainer engages learners with brief synopses of information blended with with questions, discussion, case studies, group work, and other activities designed to promote discovery. | Yes              | Yes                   |
| Communities of practice         | Trainer facilitates discussion between learners of a similar level. This category includes case-based discussion.  | Yes              | Yes                   |
| Self-study                      | The learner goes through self-study materials at his/her own pace to achieve stated objectives and competencies.   | No               | Yes                   |

|   |   |                               |                        |
|---|---|-------------------------------|------------------------|
| Clinical preceptorships                       | Learner is actively involved with clinical care experiences under the direct supervision of an expert.  | Yes                           | Yes, but not preferred |
| Clinical consultation                         | An expert provides recommendations for clinical management. This modality should not duplicate resources provided by the NCCC. It should also not supplant referral of a patient to a specialist if needed. | Yes, but probably less likely | Yes                    |
| Coaching for organizational capacity building | A practice coach works with health care sites to work, over time, towards goals described in the application.   | Yes                           | Yes                    |

### Strategic Partnerships

Please describe how the applicant organization will build and maintain strategic collaborations and partnerships with the AETC Network, federal, state and national organizations. The program requirements for this category include the following:

- Collaborate with the AETC National Evaluation Center to disseminate best practices—meaning a technique or methodology that through experience and research has proven to reliably lead to desired results—in training as identified through single site or multi-site evaluation studies.
- Participate and represent the AETC grantee network at national forums with the expectation of fostering collaborations at the national and regional level between AETC grantees and national organizations that represent target providers (e.g., the American College of Obstetrics and Gynecology, National Medical Association, National Hispanic Medical Association, etc.).
- Collaborate with state, federal, and national organizations, including provider organizations and Ryan White HIV/AIDS Program-funded organizations, to promote resources of the AETC network
- NCRC will also be expected to work collaboratively with SPNS demonstration projects to meet their needs of staff training and HIV education, to ensure the successful development of replicable HIV service delivery models.<sup>18</sup> In particular, NCRC will be required to work with grantees of the System-level Workforce Capacity Building for Integrating HIV Primary Care in Community Health Care Settings - Demonstration Sites (funding opportunity announcement HRSA-14-055).

### Ryan White HIV/AIDS Program Clinical Training

<sup>18</sup> See <http://hab.hrsa.gov/abouthab/partfspns.html>

Please describe how the applicant organization will design and implement the RWHAP Clinical Conference. This training provides updates in HIV care, treatment and prevention to clinical providers who work in RWHAP-funded settings. The estimated audience for this meeting is 800 attendees and includes primarily prescribers of antiretroviral therapy, including but not limited to physicians, advanced practice nurses, nurse practitioners, physician assistants, nurses, dentists, and pharmacists who are experienced HIV providers. It may occur up to 2.5 consecutive days and is expected to be held in-person annually. The HRSA HIV/AIDS Bureau will recommend the preferred location for the meetings; for the purpose of the application, please describe an in-person meeting occurring in the Washington, DC, metro area. It is expected that the awardee will conduct the following activities related to this conference:

- Facilitate and plan the meetings through the creation and dissemination of workplans, staging guide and other planning tools.
- Work with HRSA to develop the meeting agenda and design learning sessions.
- Identify up to twenty (20) national opinion leaders who are subject matter experts to deliver content topic areas.
- Provide logistics and financial support for time, travel and lodging of the identified subject matter experts who will deliver the content.
- Facilitate credentialing and continuing education units for multiple professions including but not limited to physicians, nurse practitioners, physician assistants, nurses, dentists, pharmacists and social workers.
- Collaborate with HRSA HIV/AIDS Bureau stakeholders, partners, national technical assistance and training providers and grantees.
- Manage the meetings logistically (site selection and subcontract award, hotel room block for attendees, registration, staging guides/setup for workshop and plenary sessions, audio visual requirements, meeting materials).
- Identify date and time slots for each workshop session during each of the 2.5 consecutive days to build final agenda.
- Create timing chart for plenary sessions.
- Provide status reports and event-specific performance based reports to HRSA HAB.
- Develop 508 compliant technical meeting materials for web posting and dissemination (<http://www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-section-508-standards/guide-to-the-section-508-standards>).
- Coordinate online registration activities and finalize attendee list.
- Obtain attendee feedback electronically to provide future guidance and new direction.
- Provide live virtual access for the presentations at the clinical conference, allowing for participation from off-site attendees.
- Record and post on the web the presentations that occur at the conference for off-site providers to view.

Please note that the awardee will not be responsible for travel or lodging expenses of meeting attendees (this applies to both non-federal and Federal attendees).

## **AETC NCRC Steering Committee**

The AETC NCRC shall establish a steering committee consisting of internal and external HIV experts (e.g., AETC and regional partner directors, curriculum and workforce experts, national HIV care and treatment opinion leaders, and HAB federal staff) to provide on-going guidance and leadership on program and resources development. This committee must also include at least two persons who represent the PLWH community and have knowledge and experience with Ryan White HIV/AIDS Program HIV service delivery.

### **Resource Coordination**

Applicants must describe how they will serve as a central repository for information on HIV care and treatment, adult learning principles, distance-based learning, practice transformation, and interprofessional health care team training. The AETC NCRC is expected to:

- Serve as the coordinator and central repository of resources for HIV care professionals and the AETC Network through the development and maintenance of a virtual library.
- Develop a repository of web-based HIV clinical training, leveraging resources developed with federal investments through the AETC or other programs.
- Facilitate communication, dissemination of resources, and peer-learning by supporting communities of practice within the AETC grantee network. These may be facilitated by the use of email listservs or other new media (Podcast, video stream, blogging, social networking, RSS, webinar).

Please note that the AETC NCRC is not intended to duplicate or replace existing web-based HIV/AIDS information resources.

### **Quality Management**

Please describe your organization's quality management plan, which should include quality management infrastructure; the performance measures used to assess implementation, efficiency, and impact; and quality improvement activities to be undertaken. Describe how the plan will:

- Identify staff roles and responsibilities for the quality management activities.
- Measure and track program goals, objectives and activities as outlined in the approved work plan.
- Ensure the training and technical assistance activities reflect the needs of the population to be trained; are delivered in an effective manner; are reflective of the current knowledge base; are acceptable at the trainee level; and incorporate adult learning principles.
- Ensure that the training is culturally competent and consistent with HHS treatment guidelines and evidence-based practices in HIV care, treatment, and prevention methods, including co-morbidities, and are rapidly disseminated to trainees at the community level.
- Incorporate attendee and stakeholder feedback from RWHAP Clinical Conferences to improve upon implementation of subsequent meetings and conferences.
- Use performance data to continually improve administrative, fiscal, training, and technical assistance components of the program.

#### ▪ *WORK PLAN -- Corresponds to Section V's Review Criterion 2 Response*

Describe in narrative the activities that will be used to achieve each of the objectives proposed during this project. The work plan objectives must also include the planning and development of Four (4) Annual Ryan White HIV/AIDS Program Clinical Conferences. Discuss how all work plan items will contribute to meeting the purpose of the technical assistance and capacity development activities proposed in the methodology. Discuss how the activities will support the project and work to coordinate with the AETC networks and HAB staff. 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 1.** Please note that the work plan is to be written for the entire four year project period, but objectives and action steps are required only for the goals set for Years 1 and 2. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.

The work plan 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., significant or important events in the budget period) and identify responsible parties. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities.

Applicant must submit a logic model for the design, management and evaluation of their project as Attachment 7. The logic model must demonstrate the connection between the program and the HIV Care Continuum as its long-term outcome. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements and the benefits or changes that result. It is the core of program planning, evaluation, program management and communications. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the:

- Goals of the project (e.g. the mission or purpose of the program);
- Outcomes (i.e., short-term, intermediate, and long-term results of the program);
- Outputs (i.e. the direct products or deliverables of program activities and the targeted participants/populations to be reached);
- Activities (e.g., approach, key interventions, action steps, etc.); and
- Inputs (e.g., investments and other resources such as time, staff, money, etc.).
- Describe the number of trainees anticipated to be trained, by level of training, training site, and discipline.

Applicants should submit a logic model that describes the inputs, influential factors, outputs, and short-term and long-term outcomes as a means towards reaching the goals of the National HIV/AIDS Strategy and HIV Care Continuum. This logic model should be consistent with the work plan submitted with the application.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2*  
Discuss challenges that are likely to be encountered in designing and implementing the activities described in the methodology and work plan sections of the narrative. Discuss the strengths of your methodology and work plan in identifying and responding to these challenges. Discuss approaches that will be used to resolve such challenges. Discuss relevant challenges encountered in implementing similar work plans and how those were resolved.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3*
  - Describe your plan to monitor program goals and objectives including the planned methods to collect and report data (e.g., assigned skilled staff, data management software).
  - Describe plans to track and quantify the utilization of tools and strategies developed. Describe methods and measures that will be used to evaluate the system-level impacts of the overall project and demonstrate the effectiveness of project activities.
  - Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.
  - Describe how your organization will develop a standardized method to monitor and evaluate program activities, to ensure they meet the training needs in the region and maintain alignment with the National HIV/AIDS Strategy, HIV Care Continuum Initiative and Minority AIDS Initiative.
  - Describe how your organization will ensure that HIV expertise is maintained among its faculty.
  - Describe how your organization will analyze and use the usage data from web-based resources (such as number of downloads, demographic characteristics of users, “Likes” on Facebook). It is expected that the AETC NCRC will collect and utilize basic demographic (age, gender, location) and professional data (type of provider, number of HIV patients) for web-based resources made available through the AETC web page.
  - Describe how your organization will ensure that the training materials are consistent with the most recent U.S. Department of Health and Human Services guidelines for the treatment of HIV.<sup>19</sup>
  - Describe how your organization will deliver technical assistance to subgrantees as needed to ensure programmatic goals and objectives are accomplished.
  - Describe how your organization will develop and implement a comprehensive evaluation plan to measure (annually and for the entire project period) the impact of education, training, and technical assistance activities on trainees’ knowledge, skills and behaviors, increases in the HIV workforce, improved access to care in the community, clinical practice transformation, and patients’ clinical outcomes. Describe how your organization will establish baseline data and measure process and outcome data, including the measures recommended in the HIV Care Continuum.<sup>20</sup>
  - Provide evidence that the proposed data management/evaluation staff have demonstrated experience in conducting clinical quality improvement and data collection and have an understanding of Health Centers’ Uniform Data System (UDS) and the Ryan White HIV/AIDS Program Services Report (RSR).
  - Describe your organization’s quality management plan, which should: (1) Be a systematic process with identified leadership, accountability, dedicated resources, and an infrastructure in place to implement the quality management program; (2) Use data to determine progress, efficiency, and impact toward selected outcomes; and (3) Be a

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<sup>19</sup> HSS Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents. Department of Health and Human Services. Available from: <http://aidsinfo.nih.gov/contentfiles/AdultandAdolescentGL.pdf>

<sup>20</sup> Office of National AIDS Policy. National HIV/AIDS Strategy - Improving outcomes: Accelerating progress along the HIV care continuum. ONAP, The White House, December 2013. Available from: [http://www.whitehouse.gov/sites/default/files/onap\\_nhas\\_improving\\_outcomes\\_dec\\_2013.pdf](http://www.whitehouse.gov/sites/default/files/onap_nhas_improving_outcomes_dec_2013.pdf)

continuous process that is adaptive to change and that feeds back into the administrative, management, training and work plans of the program to ensure goals are being accomplished.

- Describe how your organization will identify training and educational development needs of faculty and staff of the proposed project.
  - Describe the development and implementation of an evaluation plan to measure the IPE Project effectiveness which should include a process to track longitudinal training encounters over time for each trainee participating in multiple training events in a single year and over multiple years.
  - Discuss any examples of previous projects that reflect the expertise of proposed staff, as well as proficiency in working collaboratively with other organizations to evaluate projects on a regional and national scale. Indicate how you will ensure your full participation in a multi-site evaluation, including the collection and reporting of relevant quantitative and qualitative process and outcome measures to the AETC NEC. Indicate how you will ensure your organization/institution's participation and collaboration with other AETC awardees in any focused studies proposed by the AETC NEC.
  - Describe your plan to document the implementation of this program including each component identified as part of this application. Describe the systems and processes that will support implementation of the program and its special projects, and how you will monitor these processes over time to assess progress towards the goals and objectives of the program and individual projects. Include descriptions of the inputs, key processes, and expected outcomes.
- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5*
- Provide information on the applicant organization's current mission and structure, scope of current activities, history of developing and promoting evidence-based, culturally and developmentally appropriate models of HIV care treatment and prevention, as well as the provision of technical assistance.
  - Include an organizational chart for the proposed project (Attachment 5).
  - Describe how the project's goals align with the mission and experience of your organization.
  - Describe your organization's history of use of new and social media platforms (e.g., mobile apps, teleconferences, web-based programs, podcast, video stream, blogging, social networking, RSS, webinar, etc.) for knowledge transfer and capacity development.
  - Describe the organization's prior management, and performance with Federal grants. Describe the estimated percentage of the total organizational budget that funding for this cooperative agreement would comprise.
  - Specify the experience, skills, and knowledge of the organization to:
    - Assess the education and training needs of the AETC network.
    - Develop national HIV provider competencies and associated curriculum.
    - Provide education, training and technical assistance in the areas identified in this funding opportunity announcement: .
    - Collaborate with the other organizations on planning, implementing and evaluating impact of training.
    - Ensure adherence to high quality administrative and fiscal management processes
    - Collect data on training events and trainees and systems used to collect such data.

### *iii. Budget*

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a supported project or activity.

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). In addition, AIDS Education and Training Centers (AETC) Program NCRC requires the following:

Please complete Sections A – F of the SF-424A Budget Information – Non-Construction Programs form included with the application kit for each year of the project period. 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.

Program-specific line item budget: In addition to these requirements, the AETC NCRC application requires a detailed budget for the overall project for each of the 4 years of the project. In addition, include a separate budget for each RWHAP Clinical Conference (can provide example for year 1, with examples for years 2, 3 and 4 noting only the changes from year 1). NOTE: It is recommended that the budgets be converted or scanned into a PDF format for submission. Do not submit Excel spreadsheets. It is recommended that the program-specific line item budget be submitted in table format. Each of these required budgets should contain separate columns for AETC Base award and MAI as the source of funds and further separated into columns for administrative and training costs. Include a final column with program totals for each row and column. Funding to be provided to each subcontracted entity must be included in the line item budget. These stratified budgets should be included as Attachment 6. Applicants should allocate 20% of the proposed budget to MAI activities.

The training budget should reflect all costs associated with the education and training activities performed by both the awardee and by contractors. This includes the portion of staff salaries dedicated to development and implementation of training events and activities. This also includes the staff time of subject matter experts identified for the RWHAP Clinical Conferences.

The administrative budget should reflect all costs borne by the awardee and its subawardees in its role as the administrator of the regional AETC award. The administrative budget does not include the costs associated with the education and training function performed by the awardee. Examples of administrative costs may include:

- Personnel costs, fringe benefits, and proportion of full time equivalent of staff members responsible for the management of the project, such as the Principal Investigator, Project Director, or Project Coordinator. In-kind staff effort should be included.
- Portion of staff salaries spent on supervision activities, project management, technical assistance to contractors, or data collection. Secretarial or clerical support designated specifically for coordination/administrative tasks. NOTE: The salaries for staff that perform both administrative and direct training functions should be split and allocated between both budgets.
- Portion of rent, utilities, telephone, other facility support costs, supplies, and insurance which represent the proportion of administrative activities performed by the awardee.
- Indirect costs based on the listed direct costs for this activity. (See below for instructions relating to indirect costs.)
- Travel, meeting, mailing, and other costs associated with administration/coordination of the regional AETCs program. Awardee must include in their administration costs the following required travel:
  - Attendance for NCRC staff at an in-person RWHAP awardee meeting in year 2 and year 4.
  - Attendance for NCRC staff at an annual RWHAP Clinical Conference for at least 2 staff members, including the Project Director.
  - Attendance for NCRC staff at annual AETC Reverse Site Visit in the Washington, D.C., area for at least two staff members, including the Project Director.
- The awardee will not be responsible for travel or lodging expenses for non-NCRC meeting attendees for the RWHAP Clinical Conference (this applies to non-federal and Federal attendees).
- The awardee should include in the administrative budget the travel and lodging costs of the identified subject matter experts for the RWHAP Clinical Conferences.
- The applicant should allocate no more than \$400,000 to \$500,000 to the RWHAP Clinical Conference per year (year 1 conference should not exceed \$425,000, year 2 conference should not exceed \$450,000, year 3 conference should not exceed \$475,000 and year 4 conference should not exceed \$500,000).

*Indirect Costs:* Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. This cap applies to all awardees regardless of the applicant's negotiated cost rate approved by a recognized federal agency. Direct cost amounts for equipment (capital expenditures), tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the actual direct cost base for purposes of this calculation. Indirect costs paid to the awardee on subcontracts are limited to the first \$25,000 of each contract over the entire four year award period. Direct costs included in the Administrative budget are not considered indirect costs.

The Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations will apply in FY 2015, as required by law.

**iv. Budget Justification Narrative**

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#). In addition, AIDS Education and Training Centers (AETC) Program NCRC requires the following:

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. For subsequent budget years, the budget 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. See Section 4.1.iv and v. of HRSA's [SF-424 Application Guide](#) for more information on information that needs to be submitted as part of this application. Please note that all program income generated must be used for approved project activities.

State proposed and likely future sources of in-kind financial resources, and identify what mechanisms will be used to track these resources as part of the overall program budget.

**v. Attachments**

Please provide the following items in the order specified below to complete the content of the application. Unless otherwise noted, attachments count toward the application page limit. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

*Attachment 1: Work Plan*

Attach the Work Plan for the project that includes all information detailed in Section IV. i. Project Narrative. The program work plan should include administrative, fiscal, and programmatic activities. The work plan should include (1) goals that are clearly written; (2) specific, time framed and measurable objectives; (3) action steps; (4) staff responsible for each action steps; and (5) anticipated dates of completion.

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

Keep each position description to one page in length as much as is possible. Include position descriptions that describe the roles, responsibilities, and qualifications for 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: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)*

Provide any documents that describe working relationships between the applicant organization and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and their anticipated contractual scopes of work. Letters of support and

memoranda of agreement or understanding should be specific in indicating a commitment to the proposed project and detail in-kind services, staff, space, equipment, etc. Include the commitment of those identified for participation in the Special Projects.

*Attachment 5: Project Organizational Chart*

Provide an organizational chart of the proposed project which depicts both the central office staffing and the contracted education and training sites and their staffing. Include both project staff and consultants.

*Attachment 6: Program-specific Budgets*

Provide program-specific line-item budgets as described in section IV.2.

*Attachment 7: Tables, Charts, etc.*

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

*Attachment 8: Logic Model*

Applicants should submit a logic model that describes the inputs, influential factors, outputs, and short-term and long-term outcomes as a means towards reaching the goals of the National HIV/AIDS Strategy and HIV Care Continuum. This logic model should be consistent with the work plan submitted with the application.

*Attachment 8 – 15: Other Relevant Documents*

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

### **3. Submission Dates and Times**

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is *March 6, 2015 at 11:59 P.M. Eastern Time.*

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

### **4. Intergovernmental Review**

The National Coordinating Resource Center is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

### **5. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to four (4) years, at funding levels no more than \$1,500,000 in year one. 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:

1. For international HIV/AIDS activities
2. To supplant funds for educational efforts which should be supported by private industry or other public agencies.
3. Purchase of food whether for conferences or meetings, for meals, light refreshments, or beverages for Federal or non-Federal participants.

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2015, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

## **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.

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

Review Criteria are used to review and rank applications. The National Coordinating Resource Center has six (6) review criteria:

*Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment*

- Extent to which applicant demonstrates an understanding of the purpose of the National Coordinating Resource Center, and how the proposed project, if fully successful, would contribute to achieving this purpose.
- Strength and clarity in the applicants description to coordinate the development and dissemination of timely, high quality, state-of-the-art information and training resources that support the skill development and maintenance of interprofessional teams of health care providers working with existing and emerging populations affected by HIV.
- Extent to which applicant demonstrates an understanding of the AETC Program and the functions performed by the regional AETC and their collaborative networks.

*Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's 2 Methodology, Work Plan and Resolution of Challenges*

- Extent to which the applicant demonstrates the relationship between the needs assessment and the program plan.
- Extent to which the proposed program is consistent with the program requirements as outlined in section IV.
- Strength and clarity in identifying core competencies needed by health care professionals for the diagnosis, treatment, and prevention of HIV disease and developing curricula addressing such competencies.
- Extent to which the applicant will identify and disseminate best practices for the prevention, care and treatment of HIV and its related conditions in conjunction with the National HIV/AIDS Strategy, the HIV Care Continuum Initiative, Affordable Care Act and Minority AIDS Initiative.
- Evidence of applicant's ability to implement virtual and in-person meetings and conferences, as outlined in section IV.
- Extent to which work plan goals and objectives reflect the technical assistance and capacity development activities identified relating to the program plan.
- The extent to which the work plan is realistic and has measurable and time-framed objectives that delineate the action steps to be taken to implement the proposed project.
- Strength and clarity of program plan to build and maintain collaborations among the AETC network, including mechanisms to facilitate communication and manage knowledge centers, working groups and communities of practice among the AETC network and local partner.
- Extent to which the applicant demonstrates centralized coordination of the national HIV curriculum and training materials, with a focus on reducing redundancy while allowing for regional flexibility and adaptation of resources.
- Strength and clarity of program plan to ensure accessibility of National Coordinating Resource Center services through cost-effective means.
- Adequacy of assessment activities and marketing and branding plan to ensure adequate utilization of the National Coordinating Resource Center services and resources.
- Extent to which proposed services do not duplicate existing resources available to the AETC grantee network.
- Adequacy of proposed plans and mechanisms for updating needs assessment throughout the project period. Degree to which the applicant fully describes utilization of a steering committee that includes relevant stakeholders and representation from the PLWH community, as outlined in section IV.
- Extent to which the applicant provides a clear description on the provision of training and technical assistance on practice transformation and organizational change management to the AETC network.
- Extent to which the applicant describes creation and promotion of the AETC Program brand nationally as an HIV education and training resource.
- Extent to which the applicant demonstrates its ability to serve as the central web-based repository for all AETC developed training resources.
- Extent to which the applicant demonstrates its ability to provide technical expertise on distance-based learning and new media to the AETC network.

- Extent to which the applicant demonstrates its ability to build and maintain strategic collaborations with the AETC Network, federal, state and national organizations.
- Extent to which the applicant demonstrates the ability to successfully plan and implement the RWHAP Clinical Conferences annually throughout the 4 year project period.

### **Resolution of Challenges**

- Extent to which the applicant identifies possible challenges that are likely to be encountered during the planning and implementation of the project described in the work plan.
- Extent to which the applicant identifies realistic and appropriate responses to be used to resolve those challenges.
- Strength and clarity of the applicant’s description of anticipated technical assistance needs in the design, implementation and evaluation of its project, to be used in resolution of challenges

### *Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV’s 2 Evaluation and Technical Support Capacity*

- Strength and feasibility of plan for program data documentation and quality improvement.
- Strength and feasibility of a program evaluation plan to assess attainment of program's goals and objectives and the impact of the program.
- Strength and feasibility of plan to track and evaluate usage data from web-based resources. Extent to which the program will evaluate the quality of its work and demonstrate impact, in alignment with the National HIV/AIDS Strategy and HIV Care Continuum.
- Strength and clarity of the applicant’s description of the quality management plan; how the QM process will be used to modify and/or tailor AETC administrative, fiscal, and programmatic components; and extent to which applicant identified performance measures/indicators to be used as part of the quality management plan.
- Extent to which the quality management plan includes monitoring staff and subcontractors, measures and tracks goals and objectives over the whole project period, ensures education/training/TA activities are effective and consistent with program goals, and are culturally competent.
- Strength and feasibility of the applicant’s plan to document the implementation of the program activities described in this application
- Adequacy of the evaluation plan presented, to measure, monitor, and evaluate the impact of the program on clinical practice and organizational systems.
- Extent to which applicant’s proposed data management/evaluation staff have demonstrated experience in:
  - Conducting clinical quality improvement and/or data collection and have an understanding of Health Centers’ Uniform Data System (UDS) and the Ryan White HIV/AIDS Program Services Report (RSR);
  - Assessing the education and training needs of health care professionals and health care organizations and;
  - Assessing the impact of program training, education and technical assistance on the knowledge, skills, and behavioral and practices of health care professionals.
- Extent to which the organization can manage, collect, utilize and report program data which captures educational and training program information and individual participant

information from all project funded activities including ability to track longitudinal training encounters per trainee.

- Evidence of the applicant's willingness to fully participate in a multi-site evaluation, including the collection and reporting of relevant quantitative and qualitative process and outcome measures to the AETC NEC.
- Evidence of applicant's electronic database to collect data and electronically transfer data.
- Extent to which the applicant demonstrates utilization of attendee and stakeholder feedback in planning and implementation of future year clinical conferences.

*Criterion 4: IMPACT (15 points) – Corresponds to Section IV's 2 Evaluation and Technical Support Capacity*

- Extent to which the proposed plan will likely succeed in rapid information sharing and dissemination.
- The extent to which the proposed plan will likely succeed in reflecting recent advances in the clinical management of HIV/AIDS.
- The extent to which the proposed plan will increase awareness of the AETC nationally.
- Extent to which logic model is able to connect program activities and lead to system transformation impacting the HIV Care Continuum.

- *Criterion 5: RESOURCES/CAPABILITIES (25points) – Corresponds to Section IV's 2 Organizational Information*  
The extent to which project personnel and the applicant organization are qualified by training and/or experience to implement and carry out the project.
- Strength of the proposed plan to have personnel that reflects multi-disciplinary clinical expertise.
- Extent to which the applicant demonstrates ability to develop national HIV provider competencies and associated curriculum, as well as facilitate development of culturally and developmentally appropriate curriculum and training materials.
- Extent to which the applicant demonstrates capabilities relating to the use of new and social media platforms for knowledge transfer and capacity development targeting health care professionals on a regional or national level.
- Strength of technical resources and facilities to achieve the goals of the project, including the RWHAP Clinical Conferences.
- Feasibility of accomplishing the project in terms of 1) time frames; 2) adequacy, and availability of resources (e.g., staffing, consultants, facilities, equipment), and 3) management plan.
- Adequacy of proposed collaborative relationships and linkages to achieve the goals of the project.
- Extent to which the applicant demonstrates the ability to successfully manage a Federal award.

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

- The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- Presentation of a budget that is appropriate to the proposed program plan.
- Extent to which presented budget narrative justifies and identifies defined deliverables with all contractors and consultants.
- Adequacy of proposed plan to operate through cost effective and efficient means.

## **2. Review and Selection Process**

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#).

This program does not have any funding priorities, preferences or special considerations.

## **3. Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of July 1, 2015.

# **VI. Award Administration Information**

## **1. Award Notices**

The Notice of Award will be sent prior to the start date of July 1, 2015. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

## **2. Administrative and National Policy Requirements**

See Section 2 of HRSA's [SF-424 Application Guide](#).

## **3. Reporting**

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s)**. The awardee must submit a progress report to HRSA on a **semi-annual** basis. The mid-year progress report to HRSA is a part of the non-competing continuation application, i.e., submission and HRSA approval of the awardee's Progress Report(s) triggers the budget period renewal and release of subsequent year funds. There is also a year-end report. The progress reports have two parts. The first part demonstrates the awardee's 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 award notice.

**2) Other required reports and/or products.**

Participant Information and Event Record data report: AETCs are expected to utilize and submit to HRSA the standard AETC data collection instruments; the Participant Information Form (PIF)<sup>21</sup> and the Event Record (ER) [note that these data collection instruments may be subject to change during the 4-year project period].<sup>22</sup>

Awardees must submit the Data Report on-line in the Electronic Handbooks (EHB) system at <https://grants.hrsa.gov/webexternal/home.asp> on an annual basis.

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 awardee achieved the mission, goal and strategies outlined in the program application; awardee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the awardee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks (EHB) system at <https://grants.hrsa.gov/webexternal/home.asp>.

## **VII. Agency Contacts**

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

Adejumoke Oladele  
Attn.: AETC NCRC (HRSA-15-033)  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 18-75  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-2441  
Fax: (301) 443-9810  
E-mail: [aoladele@hrsa.gov](mailto:aoladele@hrsa.gov)

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

Rupali Doshi, MD, MS  
Acting Branch Chief, HIV Education Branch  
Attn: NCRC (HRSA-15-033)  
HIV/AIDS Bureau, HRSA  
Parklawn Building, Room 7-89

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<sup>21</sup> Participant Information Form (PIF) can be found on the AETC National Evaluation Center's website: <https://aetnec.ucsf.edu/evaluation-resources/participant-information-form-pif-english>

<sup>22</sup> Event Record form (ER) can be found on the AETC National Evaluation Center's website: <https://aetnec.ucsf.edu/evaluation-resources/event-record-er>

5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-5313  
Fax: (301) 443-2697  
Email: [AETCmovingforward@hrsa.gov](mailto:AETCmovingforward@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 (International Callers, please dial 606-545-5035)  
E-mail: [support@grants.gov](mailto:support@grants.gov)  
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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, 8:00 a.m. to 8:00 p.m. ET:

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

## **VIII. Other Information**

### **Logic Model**

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>

Additional information on developing logic models can be found at the following website: [http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic\\_model.htm](http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm).

### **Technical Assistance Webinar**

All applicants are encouraged to participate in a technical assistance (TA) webinar/conference call for this funding opportunity. The technical assistance webinar is scheduled for January 15, 2015 from 2-3 PM Eastern Time. The purpose of this webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. The call-in number is 888-790-3102 and the participant code is 8720613. Participation in the pre-application TA webinar is optional. Details regarding the pre-application webinar will also be posted on the TARGET Center website (<http://careacttarget.org/events>). Participants can login to the webinar at: <https://hrsa.connectsolutions.com/ncrcc/>.

## **IX. Tips for Writing a Strong Application**

See Section 4.7 of HRSA's [\*SF-424 Application Guide\*](#).