

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

HIV/AIDS Bureau
Office of the Associate Administrator

***National Quality Improvement/Management
Technical Assistance Center (NQC) Cooperative Agreement***

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: February 29, 2012

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Executive Summary

The Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) announces the availability of funding for a cooperative agreement in federal fiscal year (FY) 2012 to support the National Quality Improvement/Management Technical Assistance Center (NQC) to provide training and technical assistance targeting all Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program) grantees.

The cooperative agreement will focus on providing training and technical assistance to the Ryan White HIV/AIDS Program (RWP) grantees to improve quality of care through understanding of quality improvement concepts; and use of tools, techniques and various approaches to implement quality management and quality improvement initiatives in their respective programs. The activities undertaken through this initiative are identified as priority areas for training and technical assistance (T/TA) which will require coordination with existing efforts. The T/TA shall focus on ways to help grantees analyze opportunities for improvement, identify and measure quality gaps, measure organizational processes, and formulate improvement projects. Quality is achieved through a deliberate process to improve health outcomes.¹ The cooperative agreement shall assist grantees in measuring those outcomes to meet program goals which are consistently aligned with the RWP legislative requirements. In designing T/TA, the awardee shall consider the challenges faced by RWP grantees in implementing a quality management program such as collection of data from disparate sources, validity of the data, and lack of accountability and ownership. The T/TA shall address how grantees can use data to measure performance and disseminate the results to their stakeholders and funders.²

The cooperative agreement will engage RWP grantees in a variety of activities that will transfer knowledge, skills, and practical approaches to quality management. The targeted audience for this T/TA includes RWP grantees and is inclusive of providers, planning bodies, and other constituents and stakeholders in the RWP network.

One cooperative agreement will be funded. Funding beyond the first year is dependent on the availability of appropriated funds such purposes in subsequent fiscal years, awardee satisfactory performance, and a decision that funding is in the best interest of the Federal Government.

¹ The Duffy Group (2011) *Quality, organizational excellence and process improvement*. <http://www.theduffygroup.ca/quality.html> Accessed on October 11, 2011.

² IBM (January 2009) *Monitor. Manage. Perform.* IBM Corporation 2009. Canada.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the National Quality Improvement/Management Technical Assistance Center (NQC). The NQC will provide training and technical assistance (T/TA) related to quality improvement and quality management to Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program) grantees and funded providers to improve the quality of care and services and respond to and implement quality management legislative mandates.

The purpose of the NQC cooperative agreement is to provide T/TA to Ryan White HIV/AIDS Program (RWP) grantees and their constituents. In collaboration with HRSA HIV/AIDS Bureau (HAB), and other RWP stakeholders and partners, the cooperative agreement will engage in activities that transfer knowledge, skills, and practical help to grantees, providers, planning bodies, and other constituents in their work with funded RWPs in the areas of quality management. The cooperative agreement will focus on the information and T/TA needs of programs in developing and implementing quality management programs and assist RWP grantees in developing, implementing, and sustaining a program to track and improve quality of patient care outcomes.

The T/TA provided through this cooperative agreement should assist grantees in prioritizing quality improvement strategies that narrow the quality gaps within a grantee's organization.³ T/TA should assist grantees to adapt a quality of care model by building systems and measuring processes for quality care and quickly spread successful improvement strategies.

The key areas to be addressed in the T/TA for quality improvement include:

1) Leadership support to improve the system of care:

Leadership (senior leaders within an organization) commitment is critical to the success of a quality management program. Leadership sets the direction regarding shared goals for performance and expectations for staff and stakeholders. In addition, leadership allocates the necessary resources for quality improvement.⁴ Leaders can support quality activities by a) building staff capacity for quality improvement through training, b) building staff motivation by involving all staff, c) dedicating time to measure performance, d) involving staff in analyzing the data to make shared decisions, e) setting priorities to identify specific areas for improvement, and f) facilitating provider buy-in. Provider buy-in is also crucial for implementation and sustained success for the quality management program.^{5,6}

³ *Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies*. Fact Sheet. AHRQ Publication No. 04-P014, March 2004. Agency for Healthcare Research and Quality, Rockville, MD.

<http://www.ahrq.gov/clinic/epc/qgapfact.htm>

⁴ Chassin, Mark R. and Loeb, Jerod M. The Ongoing Quality Improvement Journey: Next Stop, High Reliability *Health Affairs*, 30, no.4 (2011):559-568.

⁵ Chin, M. H., Kirchhoff, A. C., Schlotthauer, A. E., Graber, J. A., Brown, S. E. S., Rimington, A., Drum, M. L., Schaefer, C. T., Heuer, L. J., Huang, E. S., Shook, M. E., Tang, H., and Casalino, L.P. Sustaining Quality Improvement in Community Health Centers: Perceptions of Leaders and Staff. *J Ambul Care Manage.* (2008) 31(4): 319–329.

⁶ Ellerbrock, T., Ferris, R., Gove, S., Perriens, J. WHO-PEPFAR. *Quality Improvement in Primary Health Centers, Operations Manual* (June 2010). New York.

- 2) Infrastructure with resources and development of staff capacity:
Continuous improvement and learning require a solid infrastructure with defined processes and dedicated staff participation. The cooperative agreement shall provide opportunities for staff education and training in quality improvement. The T/TA shall address how grantees should integrate quality management into the planning and implementation of care and treatment.⁷ The infrastructure should support performance measurement, evidence based practices, and sustainability.
- 3) Performance measurement:
Performance measurement includes a standardized process for data collection to assist grantees in planning and improving care.
- 4) Quality improvement projects:
A robust improvement process should assist grantees in implementing quality improvement projects through a systematic approach to ensure sustained improvements over time.⁸
- 5) Routine feedback to leadership, staff and stakeholders:
The feedback to leadership, staff and stakeholders is another priority area that will be a focus of the T/TA to grantees. The results and outcomes of the quality activities drive further improvements by increasing engagement of staff to measure and improve quality. The value of the collected data will increase when those providing the services see these data as the basis for efforts to improve quality.
- 6) Consumer engagement:
Consumer engagement in quality improvement provides opportunity for grantees to improve the system of care. Engagement of consumers in quality improvement strategies can provide an understanding of the systemic changes and the processes to close the gaps in care.⁹ The process for consumer input and engagement has varied greatly in the past few years; the T/TA should identify best practices for grantees to engage consumers as an integral part of the quality management program.¹⁰

RWP grantees currently funded directly by HRSA are eligible to request technical assistance; however, T/TA will be provided to a diverse group of individuals, including administrative and direct service staff of state/local AIDS programs, RWP grantees and their subcontractors, other AIDS service organizations and community based organizations, members of RWP planning bodies, and consumers.

Applicants must be able to demonstrate at least two (2) years experience in the fields of quality management, quality improvement, developing and disseminating informational materials, providing training or technical assistance to HIV/AIDS related organizations and constituencies on a national level. The scope of work for this cooperative agreement must also be proposed for a national level.

⁷ Hirschhorn, L. R. and Agins, B. D. *Quality Management in HIV Care*. (2004). New York State Department of Health AIDS Institute.

⁸ Mark R. Chassin and Jerod M. Loeb. The Ongoing Quality Improvement Journey: Next Stop, High Reliability *Health Affairs*, 30, no.4 (2011):559-568.

⁹ *Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies*. Fact Sheet. AHRQ Publication No. 04-P014, March 2004. Agency for Healthcare Research and Quality, Rockville, MD.

<http://www.ahrq.gov/clinic/epc/qgapfact.htm>

¹⁰ Hirschhorn, L. R. and Agins, B. D. *Quality Management in HIV Care*. (2004). New York State Department of Health AIDS Institute.

2. Background

This program is authorized by Sections 2606 (42 U.S.C. 300ff-16), 2619 (42 U.S.C. 300ff-29), 2654 (42 U.S.C. 300ff-54), and 2671 (42 U.S.C. 300ff-71) of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87).

The RWP's quality programming support many over-arching strategic priorities, including the National HIV/AIDS Strategy, the National Quality Strategy, HRSA strategic goals, and the legislative mandates of the RWP.

National HIV/AIDS Strategy (NHAS)

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

The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of getting people with HIV into care early after infection to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. RWPs should comply with Federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

National Quality Strategy

The National Quality Strategy (NQS) has three broad aims: 1) Better care, 2) Healthy people/healthy communities, and 3) Affordable care. In supporting actions to address the priorities, the intention of the NQS is “to create a new level of cooperation among all the stakeholders seeking to improve health and health care for all Americans.”¹¹

Support of HRSA Strategic Goals

HRSA is the “Access Agency” of the Department of Health and Human Services and as such, works to increase access to high quality, culturally competent health care and to safeguard the health of the Nation's most vulnerable populations. The following HRSA Strategic Goals are supported by the NQ C cooperative agreement initiative.

Goal #1: Improve Access to Health Care

¹¹ Report to Congress: National Strategy for Quality Improvement in Health Care. March 2011. Available at <http://www.healthcare.gov/law/resources/reports/quality03212011a.html>

Through T/TA focused on unmet need, cultural competency of providers and ongoing consumer involvement, the grantee will increase access to and retention in care of HIV-positive individuals who are at high risk for and/or infected with HIV but are unaware of their HIV status; are aware of their sero-status but not fully engaged in HIV infection care but have never been referred to care; are aware but have refused referral to care; or have dropped out of care efforts.

Goal #2: Improve Health Outcomes

This cooperative agreement initiative will result in improved health outcomes and quality of health care through T/TA efforts focused on evaluation of quality management/quality improvement, data collection for program planning, administrative oversight, clinical outcomes, and overall fiscal management and organizational infrastructure development leading to better care delivery and retention of HIV-positive individuals in care.

Goal #3: Improve the Quality of Health Care

This cooperative agreement initiative will result in improved health outcomes and quality of health care through T/TA efforts focused on evaluation of quality management/quality improvement activities, data collection for program planning, and the cultural competency of providers. This initiative will allow recipients to improve health status measures, promote performance improvement efforts, develop and implement patient-centered standardized tools, identify best practice models for dissemination, and utilize appropriate evidence-based clinical practice guidelines.

Goal #4: Eliminate Health Disparities

This cooperative agreement initiative will result in enhanced access to care for HIV-positive individuals aware of their sero-status but not engaged in care through T/TA efforts focused on unmet need, cultural competency of providers, ongoing consumer involvement in program planning/evaluation/implementation, and use of peer advocates.

Goal #5: Improve the Public Health and Health Care Systems

This cooperative agreement initiative will result in better coordination of services for people with HIV through the support for active involvement of people living with HIV infection in quality management/quality improvement activities. The initiative will allow recipients of such T/TA to position themselves to be knowledgeable and involved in planning for HIV related treatment and care resources, to work with other entities involved in health care capacity development on the community and State level, and to help assess system gaps in HIV care and treatment services.

Goal #6: Enhance the Ability of the Health Care System to Respond to Public Health Emergencies

Overall, this cooperative agreement initiative will contribute significantly to the above goal by developing increased community level capacity to respond to this growing public health burden of HIV/AIDS; and shifting the primary and secondary care treatment foci away from tertiary hospitals and academic institutions.

The Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program addresses the unmet health needs of persons living with HIV (PLWH) by funding primary health care and support services that enhance access to and retention in care. First enacted by Congress in 1990, it was amended and reauthorized in 1996, 2000, 2006, and most recently in 2009. The Ryan White HIV/AIDS Program reaches approximately 533,000 individuals each year, making it the Federal Government's largest program specifically for people living with HIV disease. The goal of the Ryan White HIV/AIDS Program is to improve the availability and quality of HIV/AIDS services for low income, uninsured and underinsured individuals infected with HIV and their families. The HRSA HIV/AIDS Bureau administers the Ryan White HIV/AIDS Program.

Like many health problems, HIV disease disproportionately strikes people in poverty, racial/ethnic populations, and others who are underserved by healthcare and prevention systems. HIV often leads to poverty due to costly healthcare or an inability to work that is often accompanied by a loss of employer-related health insurance. Ryan White HIV/AIDS Program-funded grantees are the "payer of last resort." RWP funds fill gaps in care not covered by other third party payers. Most likely users of Ryan White HIV/AIDS Program services include people with no other source of healthcare and those with Medicare, Medicaid, or private insurance whose care needs are not being met due to gaps in coverage.

Ryan White HIV/AIDS Program services are intended to reduce the use of more costly inpatient care, increase access to care for underserved populations, and improve the quality of life for those impacted by the epidemic. The Ryan White HIV/AIDS Program works toward these goals by funding direct service, local and state programs that provide primary medical care and support services; healthcare provider training; and technical assistance to help funded programs address implementation and emerging HIV care issues.

The Ryan White HIV/AIDS Program provides for significant local and state control of HIV/AIDS healthcare planning and service delivery. This has led to many innovative and practical approaches to the delivery of care for PLWH. Applicants are encouraged to visit <http://hab.hrsa.gov/abouthab/aboutprogram.html> for a comprehensive review of Ryan White HIV/AIDS Programs.

The Ryan White HIV/AIDS Program addresses the health needs of PLWH by funding primary health care and support services that facilitate access to and retention in HIV primary care. The following principles were crafted by HAB to guide Ryan White HIV/AIDS Program grantees in implementing Ryan White HIV/AIDS Program provisions and emerging challenges in HIV/AIDS care.

Evolve care systems to meet emerging needs. The Ryan White HIV/AIDS Program stresses the role of local planning and decision making to include broad community involvement in determining how best to meet HIV/AIDS primary care needs. This requires assessing the shifting demographics of new HIV/AIDS cases and revising care systems (e.g., capacity development to expand available services) to meet the needs of emerging communities and populations. Meeting the needs of traditionally underserved populations hardest hit by the epidemic, particularly PLWH who know their HIV status and are not in care is a priority focus. To accomplish this entails outreach, early intervention services (EIS), and other needed services to ensure that clients receive primary health care and supportive services either directly or through appropriate linkages.

Ensure access to quality HIV/AIDS care. The quality of HIV/AIDS medical care including combination antiretroviral therapies and prophylaxis/treatment for opportunistic infections can make a difference in the lives of PLWH. Programs should use quality improvement initiatives to ensure that available treatments are accessible and delivered according to established HIV-related treatment guidelines.

Coordinate Ryan White HIV/AIDS Program services with other health care delivery systems. Programs need to use Ryan White HIV/AIDS Program services to fill gaps in care. This requires coordination across Ryan White HIV/AIDS Program grantees and with other federal/state/local programs. Such coordination can help maximize efficient use of resources, enhance systems of care, and ensure coverage of HIV/AIDS-related services within managed care plans (particularly Medicaid managed care).

Evaluate the impact of Ryan White HIV/AIDS Program funds and make needed improvements. Federal policy and funding decisions are increasingly determined by outcomes. Programs need to document the impact of Ryan White HIV/AIDS Program funds on improving access to quality care/treatment along with areas of continued need. Programs also need to have in place quality assurance and evaluation mechanisms that assess the effects of Ryan White HIV/AIDS Program resources on the health outcomes of clients.

HIV-related morbidity and mortality has dropped dramatically due to advances in HIV/AIDS treatment. These reductions in morbidity and mortality are uneven across HIV-infected populations due to unequal access to care and variable quality of services provided. Quality management methods seek to enhance the quality of HIV care provided and to assure access to high quality services. Health care providers use quality management techniques to measure how health and social services meet established professional standards and user expectations.

HAB expects all RWP grantees to establish quality management programs that:

- Assess the extent to which HIV health services are consistent with the most recent HHS guidelines for the treatment of HIV disease and related opportunistic infections, and
- Develop strategies for ensuring that such services are consistent with the HHS guidelines for improvement in the access to and quality of HIV services.

In order to be effective, quality management programs should include five key characteristics:

- 1) **Utilize a systematic process.** A systematic process for assessing and monitoring quality should be established with identified leadership, accountability, and allocation of dedicated resources to support the activities.
- 2) **Establish benchmarks.** Data and measurable outcomes should be used to determine progress toward relevant, evidence-based benchmarks.
- 3) **Be focused.** Linkages, efficiencies, and provider and client expectations should be a primary focus for addressing outcome improvement.
- 4) **Be adaptable.** The process should be continuous, adaptive to change and able to fit within the framework of other programmatic quality assurance and quality improvement activities (i.e., JCAHO, Medicaid and other HRSA programs).
- 5) **Result in improved outcomes.** Data collected should be fed back into the quality management process to assure that goals are accomplished and improved outcomes are

realized.

Need for Technical Assistance and Support

The Ryan White HIV/AIDS Program legislation not only directs grantees to implement quality management programs, but also requires that T/TA be provided to all RWP grantees to assist them in meeting the legislative mandates. RWP grantees continue to be challenged with the development and implementation of quality improvement programs and are in need of resources, materials and consultation to help them establish quality improvement programs linked to improved health outcomes for PLWH.

Numerous discussions with grantees have identified the difficulties in implementing quality improvement programs. In some instances, grantees have implemented programs, but have not been able to make or document substantial improvement. In other settings, HIV clinical measures have not been prioritized, quality improvement teams have not been established, and/or efforts to sustain quality activities have not been successful. In respect to quality improvement, a range of knowledge and expertise is needed to support the RWP grantees as they implement the objectives and goals of the legislative mandate.

In 2000, the Institute of Medicine (IOM) was directed to study two aspects of quality assessment within the RWP: 1) “The availability and utility of health outcomes measures and data for HIV primary care and support services and the extent to which those measures and data could be used to measure the quality of such funded services”, and 2) “Other factors determined to be relevant to assessing an individual’s or community’s ability to gain and sustain access to quality HIV services.”¹² The resulting IOM report recognized HRSA for the numerous projects that have been undertaken to assure RWP clients receive the best care possible. The study proposed a four dimensional framework for guiding future efforts for developing useful data to assess the quality and access to Ryan White HIV/AIDS Program-funded services. These included the: 1) population of interest; 2) level of assessment; 3) type of measure (structural, process and outcomes measures); and 4) spectrum of services. Additionally, the report outlined established processes for reaching consensus on how different indicators should be defined and operationalized. This work further underscores the need for additional efforts to measure and improve the quality of HIV care.

In order to remain responsive to the needs of the RWP grantees and assist them in meeting the legislative mandate for quality management and continuously and consistently improving the quality of care, a National Quality Improvement/Quality Management Center (NQC) was established.

The mandates around quality of care activities are rapidly evolving in the current healthcare environment and are shaped by the RWP legislation, NHAS, NQS, and the Affordable Care Act. The T/TA provided will assist RWP grantees to focus on quality improvement at a time of rapid change within the healthcare environment.

Training and Technical Assistance

One of the RWP community’s greatest challenges is to increase the proportion of those infected who are in continuous, high quality HIV care and treatment. This challenge increases at a time of increased HIV/AIDS prevalence, shifting complexity of clinical care (increasing co-morbid

¹² Institute of Medicine (2003). Measuring what matters: Allocation, planning and quality assessment for the Ryan White CARE Act. Washington, DC: NAS. <http://www.nap.edu/books/0309091152/html>

conditions, aging of the population, poly-pharmacy), rising health care costs, limited financial resources and a growing burden of HIV among minority, underserved and marginalized segments of American society. T/TA efforts that address these challenges have potential for enhancing early access to care and receipt of proper clinical care and treatment for people living with HIV disease. In turn, such efforts can positively impact health disparities and help realize better health outcomes of PLWH in racial/ethnic minority populations.

HAB has a responsibility to meet the evolving need for up-to-date HIV/AIDS information and health care delivery and management capabilities among RWP grantees and funded providers, other HIV service providers, health care leaders and HAB staff. HAB provides T/TA through a comprehensive portfolio of contracts, grants, cooperative agreements, and collaborative efforts.

HAB utilizes a number of resources to provide T/TA to its constituents including:

- HAB Project Officers and program administrators, other HAB and HRSA staff;
- Consultative meetings with grantees, providers, representatives of professional organizations and advocacy groups;
- TA and logistics contracts that provide and support on-site TA, national and program specific conference calls and web-casts, regional training meetings, special projects and development of TA products, dissemination of information;
- Cooperative agreements with organizations that can provide nationwide avenues for multifaceted information dissemination and direct provision of T/ TA; and
- Funding of special evaluation projects that have T/TA relevance such as client-level demonstrations, evaluation of the quality of care and Care System Assessment demonstrations.

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.

The awardee must collaborate with HAB and its other grantees and contractors to achieve the expectations described in the program requirements section. Certain activities must be planned jointly and include HAB's input and/or assistance.

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

- 1) Provide consultation and technical assistance in planning, operation, and evaluation activities;

- 2) Ensure integration into HAB programmatic efforts;
- 3) Facilitate efforts in the provision of technical assistance and training to specified individuals and organizations;
- 4) Facilitate the coordination and collaboration with HAB Project Officers to ensure grantee involvement when appropriate;
- 5) Participate, as appropriate, in meetings, training activities, or workgroups conducted during the period of the cooperative agreement;
- 6) Maintain an ongoing dialogue with the funded applicant concerning program plans, policies, and other issues which have major implications for any activities undertaken by the applicants under the cooperative agreement;
- 7) Review, provide comments, recommendations, and approvals for written documents, training curriculum, publications, program plans, budgets, work to be contracted out, key personnel (including consultants and contractors), workplan revisions, etc. prior to printing, dissemination or implementation;
- 8) Participate in the selection and review of evaluation mechanisms; and
- 9) Provide feedback on quarterly and other reports.

The cooperative agreement recipient's responsibilities shall include:

The NQC is expected to serve as the primary resource to fulfill the HAB Quality Plan. It will develop and deliver T/ TA for RWP grantees on issues related to quality improvement and quality management. There are ten requirements in this funding opportunity announcement that the cooperative agreement is expected to achieve:

Requirements

- 1) The NQC will develop and deploy marketing and outreach materials. It will conduct marketing to and other forms of communication inform all RWP grantees and other stakeholders about the available T/TA. This must include mass mailings, email communications, and active links to appropriate websites.
- 2) The NQC will develop and maintain a formal system to triage the process for requesting T/TA and field all requests for T/TA and consultation. Where feasible, those T/TA requests that fall outside of the quality management realm will be referred to HAB, and other resources will be identified to ensure grantees' overall T/TA requests are met as efficiently and effectively as possible. As part of this formal triage service, the goals and desired outcomes must be clearly articulated and end results documented in summary reports for each T/TA activity.
- 3) Offer four levels of consultation/TA to meet the varied quality improvement and management needs of the RWP grantees: Level 1) information dissemination; Level 2) training and educational forums; Level 3) consultation on/off-site; Level 4) collaboratives

and communities of learning. Additional information about the levels of consultation is presented beginning on page 12. The type of consultation provided is based on the level of complexity of the TA request as determined during the triage process. Mixed level consultations may be required based on priorities of HAB. The T/TA materials developed using the HRSA grant funds are subject to the relevant part of the Code of Federal Regulations, including section 45 CFR 74.36 which states:

- (a) The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. The HHS awarding agency reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for federal purposes, and to authorize others to do so;*
 - (b) Recipients are subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements."; and*
 - (c) The Federal Government has the right to: (1) Obtain, reproduce, publish or otherwise use the data first produced under an award; and (2) Authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.*
- 4) Promotion and application of National Quality Forum endorsed, HAB developed, and/or HHS promoted performance measures throughout the four levels of consultation.
- (a) Development and/or use of other performance measures must be:
 - i. Approved by HAB,
 - ii. Consistent with the HHS HIV/AIDS guidelines, available from <http://www.aidsinfo.nih.gov>,
 - iii. Unique and non-duplicative of existing National Quality Forum endorsed, HAB developed, or HHS promoted measures, and
 - iv. Consistent with data already being collected by RWP grantees.
 - v. Reflect receipt of high quality care based on national prevention, care, or treatment guidelines appropriate for the measure.
- 5) For FY 2012 only, plan and implement a 12 month quality initiative for the new Part D grantees. The focus is to build quality management infrastructure and capacity of the new Part D grantees through the participation in the national quality improvement campaign to improve retention in care for people living with HIV. Technical assistance should include areas such as model for improvement, organizational assessment, and performance measurement and data collection. The engagement should include routine calls (individual and/or group calls), site visits, and face-to-face regional meetings to train and share quality improvement strategies on retention in care. The budget allocated for this activity must be \$200,000 and this amount is only available in the first year of this project period (fiscal year 2012).
- 6) Measure achievement of program objectives, impact of the program, and implement an **internal** NQC Continuous Quality Improvement program to include 1) use of data and measurable outcomes to determine progress toward relevant, evidence based benchmarks, 2) a systematic process with identified leadership, accountability, and dedicated resources available, and 3) data feedback into the quality improvement process to assure that goals are accomplished and that they are concurrent with improved outcomes.

- 7) Coordinate with local grantees and their HAB program staff. This must include active collaboration with HAB and other TA programs funded by HAB's Division of Training and Technical Assistance (DTTA). DTTA programs include, but are not limited to, AIDS Education and Training Centers (AETCs), National TA Cooperative Agreements, and other identified contractors. At HAB's request, other federal partners, such as HRSA's Office of Regional Operations (ORO) and state entities will also be included. Certain activities must be planned jointly and the NQC must provide sufficient time to incorporate HAB's input and approval. In designing technical assistance, the NQC is required to consider the existing local or regional technical assistance available and develop relationships to foster collaboration. Participation in the bi-annual All Grantee Meeting is anticipated by submitting abstracts for presentations and by marketing of activities, as appropriate. Further presentations at other relevant grantee meetings/conferences should be projected with HAB's input and approval.
- 8) The NQC TA strategy must provide information needed for HAB to respond to congressionally mandated reports, HHS, HRSA, and HAB performance measures and other HAB quality management initiatives.
- 9) Ensure specific program staff to include:
 - (a) A medical director with HIV clinical expertise on staff.
 - (b) A Program Director (PD) (minimum of 0.90 FTE) with fiscal and programmatic authority for the management of the program and be the contact person for HAB staff. This position must be responsible for the administrative capacity of the cooperative agreement, which 1) provides vision, 2) directs the strategic planning, operations and capacity, 3) has the technical expertise in quality improvement, 4) supervises key tasks and staff, 5) determines the strong delineation of staff responsibilities and roles 6) creates the work plan and timelines, and 7) oversees program management. This person must be available via phone or email to meet the requirements of the program and HAB.
 - (c) A program evaluator (minimum of 0.25 FTE) with evaluation expertise.
- 10) Convene one consultative synthesis meeting annually in Washington, D.C. to explore the status of quality management implementation and the Ryan White HIV/AIDS Program. Identify future direction for quality management initiatives and outline potential strategies. The meeting participants will be identified by HAB and the NQC with final approval by HAB. The participants of this meeting should be representative of RWP grantees and not exceed 18 members. The meeting should include clinician and consumer representation to ensure that clinician and consumer input and feedback are solicited and obtained. In this instance, a consumer is defined as the patient who receives HIV care at a RWP grantee or funded provider.

The following levels of TA are expected, but are not limited to the following activities throughout the 5-year funding period of the cooperative agreement:

Levels of Training and Technical Assistance Offered

Level 1 Consultation:

Information Dissemination

The NQC shall rapidly disseminate information related to the process of quality improvement and quality management to RWP grantees in response to requests for materials, tools or information. The applicant should explore a range of strategies to disseminate information, such as the following:

- 1) Development and maintenance of a website for quality-related topics with links to HAB's website and other sites as required by HAB.
- 2) Utilization of multiple information dissemination approaches that highlight best practices, state-of-the-art approaches, changes in program expectations, and provides Ryan White HIV/AIDS Program reauthorization updates on quality management.
- 3) Development and maintenance of an electronic mailing list for monthly distribution of a newsletter that explores quality-related topics.
- 4) Development of a formal marketing plan that will inform RWP grantees of these resources and encourage their use. Applicants are expected to expand on this in their narrative.

The NQC will serve as a repository and clearinghouse for quality-related materials. Specific activities and expectations include the following:

- 1) Develop and maintain a Quality Improvement/Quality Management Resource Center for documents and resources related to quality management.
- 2) Develop and annually update a list of key resources available. Resources should include websites, manuals, documents, PowerPoint presentations and handouts, curricula, etc.
- 3) Provide quality-related resources and materials to RWP grantees upon request, e.g., websites, manuals, documents, frequently asked questions, grantee developed materials/tools, and training materials.
- 4) Establish and maintain links to high quality Continuous Quality Improvement (CQI) resources on the web and elsewhere.

Level 2 Consultation:

Training and Educational Forums

Various training and educational forums shall be offered and use a variety of educational strategies, such as the use of peer experts. The specific activities should include, but are not limited to:

- 1) Develop and implement monthly national quality TA calls or webcasts. Additional calls/webinars should be developed and conducted on critical topic areas as identified by HAB.
- 2) Develop and implement training curricula to develop and enhance the expertise of appropriate RWP grantees. Focus of training should be on quality improvement concepts, training of trainers, developing quality leaders, developing coaches for quality management within grantee community, and developing quality champions among physicians and senior executives in medical settings.
- 3) Develop and implement at least four educational workshops related to quality improvement/management that is accessible to grantees across the country and as appropriate implement regional training programs utilizing participants from the aforementioned training programs.
- 4) Develop and update/revise training guides/materials, including train-the-trainer materials, on quality management and CQI.

- 5) Review and update modules within the NQC Quality Academy for relevancy, terminology and appropriate examples.
- 6) Develop a minimum of two (2) and maximum of four (4) new modules yearly within the NQC Quality Academy.
- 7) Prepare at least two full-day Quality Institutes (three [3] workshops each) for each Biennial Ryan White HIV/AIDS Program All Grantees Meeting.
- 8) Inform stakeholders of the HAB developed, National Quality Forum endorsed, and HRSA promoted performance measures. Develop and disseminate training materials on the measures as appropriate.
- 9) Develop and implement a Fellowship program to build capacity of identified individuals to be a resource for T/TA for the RWP grantees within a region.
- 10) Develop and implement a training curriculum to build capacity of RWP consumers to be active and effective in a grantee's quality management program.
- 11) Develop and implement a Bi-Annual quality conference for all RWP Parts with a focus on specific topics and/or activities targeted and prioritized by HAB. This quality conference is to be conducted on the opposite year of the RWP All Grantee Meeting. Ideally this conference will be held in conjunction with another national meeting that many of the target audience would be attending.

Level 3 Consultation:

Consultation On/Off-Site

Consultation shall be provided to directly funded RWP grantees as deemed appropriate through a triage process. The TA request shall be available as a targeted short-term or intensive consultation with defined summary reports of the TA conducted. This level of T/TA is designed to support grantees and their primary care staff in the implementation of quality improvement. Coaching and mentoring plays a key role in organizational spread of quality improvement knowledge and expertise. Coaching provides direct clinical feedback and helps define a process for planning and implementing change.¹³ Coaching includes consultation and education that are adapted based on the needs of the requesting grantee. The role of the coach shall include knowledge exchange, identifying resources, monitoring of quality management implementation, providing support, and providing recommendations for action to help a grantee build capacity to plan, implement and sustain quality improvement activities.¹⁴ Engagement with a coach/consultant for quality improvement over an extended period allows for grantees to make incremental changes over time to integrate and sustain changes. However, clarification of the role of the coach is important to build the capacity and capability of the grantee to implement and manage a robust quality management program.¹⁵

The provision of individualized TA should be designed to build capacity and capability of grantees in the development of a robust quality management program through coaching by NQC. The TA shall adhere to the RWP quality management legislative requirements and program expectations.

¹³ Nagykaldis Z, Mold J, Aspy C. Practice Facilitators: A Review of The Literature. *Fam Med*. 2005; 37: 581-8.

¹⁴ Donaldson N, Rutledge D, Geiser K. Role of the External Coach in Advancing Research Translation in Hospital-Based Performance Improvement. *Advances in Patient Safety: New Directions and Alternative Approaches (Vol. 2: Culture and Redesign)*. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008.

¹⁵ *Integrating Chronic Care and Business Strategies in the Safety Net: A Practice Coaching Manual*. AHRQ Publication No. 09-0061-EF, April 2009. Rockville, MD: Agency for Healthcare Research and Quality. <http://www.ahrq.gov/populations/businessstrategies/coachmanl.htm>

The triage process should include an acuity scale to determine the quality management needs. A defined plan should be developed for determining how to move grantees along a continuum to self sustainability. The acuity scale should address the following consultations:

- 1) Telephone consultation for all RWP grantees.
- 2) Targeted short-term TA with defined objectives (<1 year) – can be either onsite or offsite.
- 3) Intensive TA (more than one year) - onsite, progressive.

With each consultation, the TA should include the following:

- Engagement of the appropriate HAB Project Officer in the implementation and monitoring of the TA.
- Determination of whether the onsite versus offsite modality is most appropriate and the number of visits needed to accomplish the TA.
- Determination of individualized objectives as identified by the grantee, the HAB PO, and the NQC with the initial request and re-assessed annually as appropriate.
- Provision of consultant reports on the TA to HAB.
 - (a) An interim report should consist of, but is not limited to, the TA objectives and deliverables, the activities and costs of the defined timeline for the TA. This report should occur at an interim point in the TA (at the mid-point or at least six months into the TA). A template of the report structure is to be developed and approved by HAB.
 - (b) A final or annual report to HAB to include a summary of the objectives (met and new/revised), deliverables, and recommendations along with tools/materials developed for the grantee. The summary report shall include the persons associated with the TA, conference call and site visit dates with topics covered, and quality improvement project(s) development, and outcomes. (If applicable, reports for TA on quality improvement project(s) development/integration to include trended performance measure data.) (Template to be approved by HAB.)
- An assessment of the impact of individualized on-site consultation should be accomplished through 3-6 month look-back studies and determine the need for additional TA.

Examples of the type of consultation provided include, but are not limited to, the following:

- Review of grantee quality management plans to assess feasibility, implementation, and sustainability of the proposed plan. Provide formal recommendations regarding strengths, weaknesses, and ways to improve the plan.
- Review of quality management plans in light of program-specific expectations.
- Provide for Ryan White HIV/AIDS Program Reauthorization Updates on Quality Management to HAB for relevant Reauthorization cycles.

Level 4 Collaboratives and Communities of Learning:

As part of HAB's strategic plan for quality, Improving HIV Care Collaboratives have been implemented since 2000 to assist in improving care and outcomes for people living with HIV/AIDS. HAB's learning collaboratives have focused on improving the quality of care of people living with HIV/AIDS by implementing and advancing quality management - quality infrastructure and capacity development, performance measurement and quality improvement among the RWP grantees and their providers. Initially, HAB followed the Institute for Healthcare Improvement's (IHI) Breakthrough Series; however, over the past 10 years, HAB

adapted the IHI model to meet the specific needs of RWP grantees and the goals of each collaborative.¹⁶ The benefits of participation in a collaborative have been expressed to include knowledge sharing among stakeholders, networking with peers and subject matter experts, integrating evidence-based care in real time, developing and reporting measurement, and developing an integrated strategy to address systemic problems. Collaboratives offer the opportunity for grantees to accelerate improvement through disciplined methods for facilitating collaboration.¹⁷ The Communities of Learning shall provide the opportunity for assuring the sustainability of the collaborative efforts through building the capacity of grantees to continue the work. Regional initiatives shall be used to enhance the benefits of collaborative learning by sharing successes and strategies. While the collaborative model is driven by a planning group, the Communities of Learning should be driven by the grantees with support and facilitation of a coach/consultant.

- 1) Plan and implement, in partnership with HAB, a Quality Improvement Collaborative with grantees to engage them in capacity building, knowledge sharing and implementing quality management programs. The focus of the collaborative will be grantees based on the clinical and/or system needs of the RWP grantees as identified by HAB. The length of a collaborative shall be 12 to 18 months. The collaborative shall use the National Quality Forum endorsed, HAB developed, and/or HRSA promoted performance measures or pilot an adaptation of HAB developed measures.
- 2) Develop and implement, in partnership with HAB, a Quality Improvement Campaign to work with grantees on a specific HIV topic while building and sustaining a community of learners among Ryan White providers. In 2011, the NQC initiated the first campaign with a focus on patient retention in care (in+care campaign). This campaign is to be extended for a year to develop “best practices” gleaned from year one and to work with the new Part D grantees (see program requirement number 5). In addition, starting in 2012, the campaign will expand the measure focus to include viral suppression to assist grantees in examining the proportion of patients in care with undetectable viral loads and develop action plans for improvement among grantees with low performance. Grantee participation in the campaign is to be voluntary.
- 3) Develop and implement a plan for creating and maintaining Communities of Learning for the quality improvement initiatives and collaboratives.
 - Communities of Learning (ongoing)
 - The NQC shall create the Community of Learning and provide the support through consultants.
 - Grantees shall be the drivers of the Community of Learning with local trainers and quality leaders as facilitators and leaders.
 - Various Communities of Learning could be (not inclusive):
 - Regional groups – geographically located that is specific to one Part or encompasses all RWP Parts
 - Post-Collaborative groups
 - Other potential groups by organizational structure, patient population size, rural versus urban, RWP Part specific
 - The NQC shall provide a framework to address the leadership, engagement of

¹⁶ *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement*. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. Available on www.IHI.org

¹⁷ Lejnieks, L. *Sustainability for Community Quality Collaboratives: An overview of the art of science of building staying power*. Rockville, MD; Agency for Healthcare Research and Quality, (January 2009).

- grantees, communication, infrastructure, and interrelation with other NQC TA or HAB TA cooperative agreements.
- Provision of reports on the Community of Learning groups to HAB.
 - An interim report should consist of, but is not limited to, the objectives and deliverables, the activities and costs of the defined timeline for the TA. This report should occur at an interim point in the development of the Community of Learning (at least six months). A template of the report structure is to be developed and approved by HAB.
 - An annual report on the Community of Learning groups to include a summary of the objectives (those met, new objectives defined), deliverables, and recommendations along with tools/materials developed. The summary report shall include the persons associated with the TA, conference call and site visit dates with topics covered, and quality improvement project development and outcomes. (If applicable, reports for TA on quality improvement project development/integration would include trended performance measure data.) (Template to be approved by HAB.)
 - The NQC shall conduct an analysis of the Communities of Learning to identify any cross cutting themes for development and implementation of successful Communities of Learning.

Program Evaluation and Continuous Quality Improvement Program

The NQC must have or establish an information system capable of managing and reporting the required data elements as outlined by HAB and have a process in place to measure achievement of program objectives and impact of the program. As part of the program, a continuous quality improvement program must also be established that incorporates quality improvement principles. The NQC's quality management program should have the following features:

- Be a systematic process with identified leadership, accountability, and dedicated resources available to the program;
- Use data and measurable outcomes to determine progress toward relevant, evidence based benchmarks;
- Be a continuous process that is adaptive to change and that fits within the framework of other programmatic quality assurance and quality improvement activities;
- Ensure that data collected are incorporated back into the quality improvement process to assure that goals are accomplished and that they are concurrent with improved outcomes; and,
- Focus on linkages, efficiencies, and provider and client expectations in addressing outcome improvement.

The Framework for Excellence in HIV/AIDS Training is one model that can be employed to ensure the trainings provided are relevant and of high quality. The "Framework for Excellence" was developed through the collaborative between HAB, AETC grantees, and Institute for Healthcare Improvement (IHI). It focuses on i) understanding the population served, ii) providing excellent training experiences, and iii) measuring results.

Measures to evaluate the effectiveness of T/TA¹⁸ could explore the following:

- 1) *Measure Reaction*: Obtain feedback from participants on their evaluation of the different aspects of the program.
- 2) *Measure Learning*: Quantify the learning that occurred by measuring increased knowledge, improved skills, and/or changes in attitudes.
- 3) *Measure Behavior*: Describe changes in behavior that result from the training program.
- 4) *Measure Results*: Describe the impact the training or TA had on the individual recipient or agency.

Specific process measures to be monitored are not limited to, but should include:

- Number of web hits (Level 1);
- Number and type of requests received (Level 1-4);
- Number and type of requests acted upon (Level 1-4);
- Number and type of training interventions completed (Level 1-2);
- Number of quality management plans received and reviewed (Level 3-4);
- Number of 3-6 month evaluations completed to assess the impact of individualized on-site consultations (Level 3-4);
- Number of collaboratives initiated, maintained, and completed (Level 4); and
- Number of communities of learning initiated, maintained, and completed (Level 4).

Outcome and impact measures could include the percent of improvements that were attained as a result of the TA intervention, e.g., protocols in place, quality management plan established, goals and objectives met.

It is expected a tracking system will be maintained to monitor utilization of services.

2. Summary of Funding

This program will provide funding during federal fiscal years 2012 - 2016. Approximately \$14,300,000 is expected to be available over the five-year project period to fund one (1) awardee. Applicants may apply for a ceiling amount of up to \$2,500,000 in year one and up to \$3,000,000 annually in years two through five. For the first year, \$200,000 must be allocated for the new Part D grantee quality initiative addressed in the fifth (5) [Program Requirement](#).

Funding beyond the first year is dependent on the availability of appropriated funds for the National Quality Improvement/Management Technical Assistance Center in subsequent fiscal years, awardee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

During the first year, the awardee will be given 11 months of funding beginning on August 1, 2012. In 2013, the budget year start date will be changed to July 1 to conform with the new

¹⁸ Kirkpatrick, Donald L. *Evaluating Training Programs: The Four Levels*. 2nd edition, San Francisco: Berrett-Koehler Publishers, Inc., 1998.

HRSA initiative of consolidating grants to quarterly start dates to align with the federal quarterly calendar due dates of the Federal Financial Report.

III. Eligibility Information

1. Eligible Applicants

Eligible organizations are public or private nonprofit entities and may include state and local governments, their agencies and Indian Tribes or tribal organizations with or without federal recognition. Faith-based and community-based organizations are eligible to apply for these funds.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

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

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.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

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

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations.

Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization's DUNS. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

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

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

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

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

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

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

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to**

ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.

Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

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

SF-424 Non-Construction – Table of Contents

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

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

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

- 🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
- 🔔 Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- 🔔 Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. The Table of Contents page will not be counted in the page limit.
- 🔔 Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (_) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Sections A and B of SF 424A for year 5 <i>(will not count toward the page limit)</i>
Attachment 2	Program-specific Line Item budget
Attachment 3	Staffing Plan
Attachment 4	Job Descriptions for Key Personnel
Attachment 5	Biographical Sketches of Key Personnel
Attachment 6	Summary Progress Report <i>(for competing continuations only)</i>
Attachment 7	Methods and Tools for Quality Improvement T/TA
Attachment 8	Logic Model
Attachment 9	Project Work Plan
Attachment 10	Project Organizational Chart
Attachment 11	Letters of Agreement and/or Descriptions of proposed/existing contracts
Attachment 12 - 15	Other Relevant Documents, Tables, Charts, etc.

Application Format

i. Application Face Page

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Project Director** in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.145.

DUNS Number

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

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

ii. Table of Contents

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

iii. Budget

Complete Application Form SF-424A Budget Information – Non-Construction Programs provided with the application package.

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

amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (4) for subsequent budget years (up to four years). For year 5, please submit a copy of Sections A and B of the SF-424A as Attachment 1.

Salary Limitation:

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

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (\$44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual’s <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation: Individual’s base full time salary <i>adjusted</i> to Executive Level II: \$179,700 50% of time will be devoted to the project	
Direct salary	\$89,850
Fringe (25% of salary)	\$22,462.50
Total amount	\$112,312.50

Program Specific Line-Item Budget (You may present the line-item budget in table format)

In addition to the SF424A, you must complete a line-item budget using the same budget categories listed in the SF424A. The budget period is for one year. We suggest you list the budget categories (Personnel, Supplies, Equipment, etc.) in the left-hand column and the amount requested in the right hand column. Include the line item budget as **Attachment 2**.

Your program specific line item budget should reflect allocations for a 12 month period; however, during the first year, the awardee will receive 11 months of funding. Subsequent budget years for the remainder of the project period will be funded for 12 months. You must **provide a consolidated budget that reflects all costs for proposed activities, including those for contractors**. The program specific line item budget should list costs separately for each line item category.

As stated in the [program requirements](#), the Program Director (PD) is expected to be a minimum of 0.90 FTE with fiscal and programmatic authority for the management of the program and to be the contact person for HAB staff.

In addition to the detailed first year line item budget, you must also provide information on the amount you will request for each of the subsequent years. Please include the budget amounts for each of the subsequent project period years at the time of application and include in **Attachment 2**.

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period (usually one to four years) at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to five (5) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to five (5) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the five-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Note: Please see Section IV. 5. Funding Restrictions of this funding opportunity announcement for unallowable costs.

Include the following in the Budget Justification narrative:

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

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$75,950	\$75,950

D. Jones	Data/AP Specialist	25	\$33,000	\$8,250
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*Actual annual salary = \$350,000

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

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

Equipment: Note: for this program, equipment is an unallowable cost. The definition of equipment is a unit cost of \$5,000 or more and a useful life of one or more years.

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

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

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

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

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s website at:

<http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

v. *Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan and provide justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. The plan should be submitted, in table format, as **Attachment 3**. Staff members are considered key if they are directly supported by the cooperative agreement or are otherwise directly involved in making your program function effectively. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 4**.

Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in **Attachment 5**. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs. As stated in the [program requirements section](#), the Program Director (PD) is expected to be a minimum of 0.9 FTE with fiscal and programmatic authority for the management of the program and to be the contact person for HAB staff.

vi. *Assurances*

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

vii. *Certifications*

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

viii. *Project Abstract*

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. Attach as the Project Summary Abstract in the application section.

Please place the following at the top of the abstract:

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

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

1) *Organizational Description*

Provide a description of your agency or institution, such as the type of organization, along

with how long it has been providing quality-improvement technical assistance and how long it has served persons living with HIV/AIDS. Also include the amount of the request for the first year of the project period.

2) **Profile of Services**

Provide an overview of your program, services you provide, scope of current HIV-related activities specific to the current national HIV/AIDS environment and the Ryan White HIV/AIDS Program. Describe your history of significant national experience in providing quality improvement training and technical assistance to HIV/AIDS related organizations targeted by this initiative.

3) **Coordination and Collaboration**

Discuss the coordination and collaboration that you anticipate will take place with the target population and other organizations or individuals in order to accomplish the activities.

ix. **Project Narrative**

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

For the currently funded grantee, the program narrative should also include: (1) a brief summary of the overall project accomplishments during the previous project period, including any barriers to progress that have been encountered and strategies/steps taken to overcome them; (2) progress on specific goals and objectives; and (3) a description of linkages that have been established with other programs. **Include the Summary Progress Report as Attachment 6.**

Please prepare a Table of Contents for the Program Narrative. Number and label each of the six sections as they appear in the format description on the following pages. Your application must follow the format as outlined in this funding opportunity announcement. **Please note, sections do not have a page limit; however, the entire application including attachments may not exceed 80 pages.** Attach as the Project Narrative in the application section.

Use the following section headers for the Narrative:

- **INTRODUCTION**

This section should briefly describe the purpose of the proposed project. It should describe the problem and the associated contributing factors. This section outlines the knowledge of the technical assistance needs in areas of quality improvement and quality management. The applicant should discuss how the project will contribute to the current national HIV/AIDS environment and the Ryan White HIV/AIDS Program.

- **NEEDS ASSESSMENT**

This section should outline the need for the T/TA in the relevant consultation level for the identified target group(s). Describe the consultation levels as outlined by HAB. Data on delivery of care should be used and cited whenever possible to support the information provided. Include the data/information gathering methods. Discuss ability and expertise in locating potential training and technical assistance recipients, and the basis for your

method, HIV/AIDS prevalence data, targeted outreach with Part A, B, C, D and F grantees. Include findings from the information gathering in as much detail as possible to illustrate the need for your program. Outline how the project will contribute to the current national HIV/AIDS environment as well as serve as a complement to the Ryan White HIV/AIDS Program. Please note any relevant challenges in responding to the specific consultation levels. Also note any relevant challenges or barriers in meeting the expectations HAB identified for all projects under this funding announcement.

Briefly describe the role and function of the NQC in serving as the primary resource for RWP grantees on issues related to quality improvement and quality management. Applicants should provide information that shows an understanding of the challenges faced by the RWP grantees and funded providers in implementing the RWP legislative quality management program requirements and identify the specific TA needs. Strategies proposed in the project work plan should reflect the needs and challenges that have been identified.

▪ **METHODOLOGY**

Propose methods that will be used to meet each of the previously-described [program requirements](#) in this funding opportunity announcement. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds if applicable.

- Discuss the effectiveness of methods proposed to monitor and evaluate the project and the project results.
- Discuss how the proposed methodology will reach the target audiences with appropriate marketing. Also show how the methodology will respond to the expected challenges.
- Discuss how the methodology will respond to the requirements of the RWP and HAB's program expectations for quality. Specifically address how the methodology insures both:
 - the broad involvement of the many identified stakeholders (such as HAB's DTTA, AETCs and other identified contractors) and
 - the adequate involvement from appropriate HAB staff.
- Describe how the methodology will provide for durable transfer of skills to organizations as well as staff members.
- Describe how the methodology will incorporate Nationally Quality Forum endorsed, HAB developed, and/or HRSA promoted performance measures throughout the four levels of consultation.

The applicant should clearly detail the approach they would take to develop an appropriate QI program for ambulatory health care facilities. The narrative should include a description of the training and QI capacity building resources available to the applicant. The applicant should describe the methods and tools developed to collect data and include as **Attachment 7**.

The applicant should also include a Logic Model in **Attachment 8**. The logic model must illustrate the inputs, activities, outputs, and the short-term, intermediate and long term

outcomes of the proposed project. Additional information on developing logic models can be found at the following website:

http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

▪ *WORK PLAN*

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

Also describe the impact of the proposed scope of work. The Work Plan should be used as a tool to actively manage your program by measuring progress, identifying necessary changes, and quantifying your accomplishments. At a minimum, the Work Plan should include: 1) statement of need or problem statement; 2) goals; 3) specific, time-framed, measurable objectives; 4) key action steps; 5) time frame for completion; 6) staff responsible; and 7) methods of evaluation. The Work Plan should cover the entire five year project period. Years 2 through 5 should reflect changes expected in the type of consultation to be provided.

Use the Work Plan to show how you will coordinate with local resources and appropriate HAB program staff. Also, use this document to demonstrate how production timelines for deliverables will allow at least 14 working days for HAB to provide adequate and appropriate involvement.

The method of evaluation should include evaluation in two areas. The first is the reception and customer satisfaction with the T/TA products provided. The second should demonstrate how this T/TA has assisted RWP grantees and their contracted service providers in adopting continuous quality improvement methods. Show how these evaluation activities meet the [program requirements](#).

Describe in narrative the activities or action steps that will be used to achieve each of the activities proposed in the methodology section. The applicant must also describe how and where activities will take place including onsite or offsite training and the mechanism for delivery of offsite training such as telephone, video phone, or teleconference.

The applicant should complete a Work Plan that corresponds with the narrative to be included as **Attachment 9**. The Work Plan should include goals for the program and should identify objectives that are SMART (specific, measurable, achievable, realistic and time measured). The applicant should discuss any collaboration and/or subcontract arrangements that will take place between the applicant and other organizations/individuals in order to accomplish these activities.

▪ *RESOLUTION OF CHALLENGES*

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

- Use this section to expand on resolution of challenges mentioned in the Methodology section. The application must address the challenges created in meeting the [program requirements](#). These should be consistent with references in the Methodology and Work Plan sections.
- *EVALUATION AND TECHNICAL SUPPORT CAPACITY*
Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how these data will be used to inform program development and service delivery. Use this section to show how your application will provide HAB with the [data required for reporting](#). Also, use this section to discuss how the NQC will apply [quality improvement processes to internal activities](#).

Specifically address the following:

- a. Program Evaluation and Continuous Quality Improvement (CQI) Program
 - Outline the evaluation plan that will be used to measure achievement of program objectives and impact of the program.
 - Describe the quantitative and qualitative methods used to evaluate the program objectives and impact of the program.
 - Describe your CQI program or other mechanisms for routinely evaluating and improving the quality of services provided.
 - Describe the management information system and how this will be used to implement and monitor the proposed scope of work.
- b. Technical Support Capacity
 - Demonstrate your understanding and knowledge of effective quality management programs and past experience working with and providing T/TA to RWP grantees.
 - Describe your past experience managing similar programs and developing materials and documents.
 - Provide any additional information about the staffing plan that serves to emphasize the organization's ability to implement the proposed scope of work, paying particular attention to the various modes of T/TA that are to be provided.
 - Describe your fiscal management plan and past experience managing grants and contracts. Describe the process for monitoring program expenditures. If subcontractors will be used, describe the process in which subcontractor performance will be monitored.

Describe how you use evaluation to measure the impact of your program. Discuss the ways you have to evaluate quality of care and cultural and linguistic competence. Describe how you use evaluation to help you determine the extent to which your objectives have been accomplished. The applicant should provide evaluation questions to address potential outcome measures. Describe how you will measure the overall value and impact of the activities proposed on organizations receiving technical assistance; the applicant's evaluation plan should incorporate both impact and outcome objectives and have at least one measure that addresses the five years of funding and outcomes to be achieved over this

five year period. For example, the applicant may choose to follow a cohort to determine the impact and sustainability of any short-term measurable gains.

Applicants are to describe current national experience, skills, and knowledge in the field of adult learning, HIV disease management, and QI program development. The applicant should describe the organizational capacity and specific areas of organizational expertise on developing and disseminating informational materials, providing training or technical assistance to HIV/AIDS-related organizations and constituencies on a national level. Applicants should describe how they will demonstrate improved quality management infrastructure and patient care after the implementation of the HIV/AIDS QI program.

▪ ***ORGANIZATIONAL INFORMATION***

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct and meet the [program requirements](#). Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

Describe your organization's capacity and expertise to provide quality management technical assistance. At a minimum, address the following:

- State the mission of your organization and describe how the NQC fits within the scope of this mission.
- Describe the structure of your organization. Include as **Attachment 10** an Organizational Chart that clearly shows how your organization is divided into departments, the professional staff positions that administer those departments and the reporting relationships. If partner organizations will be used, describe their expertise and depict the reporting relationships.
- Demonstrate that your proposed project will meet the [program requirements regarding specific program staff](#).
- Describe the scope of current quality management, T/TA and educational activities your organization engages in.
- Describe how each of the preceding contributes to the ability of the organization to conduct the program requirements and meet program expectations.
- Describe past performance managing federal grants at the national level.
- Describe collaborative efforts with other pertinent agencies that enhance your ability to accomplish the proposed projects.

Applicants are to describe the history and mission of the organization along with the organizational capacity and specific areas of organizational expertise. Applicants must be able to demonstrate at least two (2) years experience in the fields of quality management, quality improvement, developing and disseminating informational materials, providing training or technical assistance to HIV/AIDS related organizations and constituencies on a national level. National experience should include the establishment and monitoring of a network of quality improvement programs by providing technical assistance on utilizing facility-based data to improve HIV care within institutions. The scope of work for this cooperative agreement must be proposed for a national level.

Applicants are to describe the estimated percentage of total agency budget that funding for this cooperative agreement would make up.

The applicant is to discuss the proposed processes to be used by the grantee for oversight of contractors for delivery of identified services and monitoring contractor performance. Applicants are to describe the relationship between key staff and subcontractors such as consultants and describe the roles, responsibilities, and qualifications of the subcontractors. Provide a sample contract of Memorandum of Understanding for subcontractors/consultants as **Attachment 11**.

x. Attachments

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

Attachment 1: Sections A and B of SF 424A for year 5

Does not count toward the page limit.

Attachment 2: Program-specific Line Item Budget

Attachment 3: Staffing Plan

Include a staffing plan and provide justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. The plan should be submitted in table format

Attachment 4: Job Descriptions for Key Personnel

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

Attachment 5: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 4, 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 6: Summary Progress Report (FOR COMPETING CONTINUATIONS ONLY)

A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
- (3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 7: Methods and Tools for Quality Improvement T/TA

Provide any documents that describe the training and CQI capacity building resources available and the methods and tools developed to collect data.

Attachment 8: Logic Model

Provide a logic model that illustrate the inputs, activities, outputs, and the short-term, intermediate and long term outcomes of the proposed project.

Attachment 9: Project Work Plan

Provide a Work Plan that corresponds with the narrative. The Work Plan should include goals for the program and should identify objectives that are SMART (specific, measurable, achievable, realistic and time measured).

Attachment 10: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachment 11: 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 any deliverable. Letters of agreement must be dated.

Attachments 12 – 15: Other Relevant Documents, Tables, Charts, etc.

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated. To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of agreement and support must be dated. List all other support letters on one page.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *February 29, 2012 at 8:00 P.M. ET*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

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

Late applications:

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

4. Intergovernmental Review

The National Quality Center is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows states the option of setting up a system for reviewing applications from within their states for assistance under certain federal programs. Application packages made available under this funding opportunity will contain a listing of states which have chosen to set up such a review system, and will provide a State Single Point of Contact (SPOC) for the review. Information on states affected by this program and State Points of Contact may also be obtained from the Grants Management Specialist listed in the Agency Contact(s) section, as well as from the following Web site:
http://www.whitehouse.gov/omb/grants_spoc.

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

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

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years, at no more than \$3,000,000 per year (\$2,500,000 for the first year). Awards to support projects beyond the first budget year will be contingent upon Congressional

appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

- Fundraising expenses;
- Lobbying activities and expenses;
- Pre-award costs;
- Foreign travel;
- Stipends for trainees;
- Equipment purchases;
- Construction, unless it is minor alterations to an existing facility, to make it more suitable for the purposes of the grant program. In such cases previous authorization must be sought.
- None of the funds appropriated...shall be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual. (per the Public Health Service Act, §2684 (42 U.S.C. 300ff-84))

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

Per Division F, Title II, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing,

including but not limited to the advocacy or promotion of gun control.

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

6. Other Submission Requirements

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

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

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

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

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

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

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

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

V. Application Review Information

1. Review Criteria

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

<u>Section</u>	<u>Points</u>
Criterion 1: NEED:	10
Criterion 2: RESPONSE:	35
Criterion 3: EVALUATIVE MEASURES:	15
Criterion 4: IMPACT:	10
Criterion 5: RESOURCES/CAPABILITIES:	20
Criterion 6: SUPPORT REQUESTED:	10
Total	100

Review Criteria are used to review and rank applications. The *NQC* has six (6) review criteria:

Criterion 1: NEED (10 points)

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

This corresponds to the **Introduction** and **Needs Assessment** sections of the Narrative.

Introduction (5):

- The quality and clarity of the description of the problem associated contributing factors and the purpose of the proposed project.
- The level of demonstrated knowledge of the technical assistance needs in areas of quality improvement and quality management related to Ryan White funded grantees.
- The level of contribution to the current national HIV/AIDS environment and the Ryan White HIV/AIDS Program.

Needs Assessment (5):

- The extent to which the applicant describes the audience that will be served and the unmet TA needs of this audience in respect to quality management and improvement.
- The identification of challenges or barriers of current Ryan White HIV/AIDS Program grantees and the quality of the applicant's plan to overcome or minimize these barriers.
- The extent to which the applicant discusses the quality management legislative requirements of the Ryan White HIV/AIDS Program and HAB's program expectations.
- The extent to which the applicant describes the ability and expertise of the organization in locating potential technical assistance recipients, based on the quality management needs.
- The methods of data/information gathering the organization has conducted over the past two years to determine the needs of the target audience relative to the proposed topic area.

Criterion 2: RESPONSE (35 points)

The extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

This corresponds to the **Methodology**, **Work Plan**, and **Resolution of Challenges** sections of the Narrative.

Methodology (10):

- The extent to which the proposed activities are capable of addressing the problem and attaining the program's goals and objectives.
- Effectiveness of methods proposed to monitor and evaluate the program and the program results.
- The extent to which the proposed methodology will reach the target audiences identified in the needs assessment; also how the methodology will respond to the expected challenges.
- The extent to which the applicant describes how the T/TA will be conducted for grantees to meet the identified components of effective quality improvement and quality management programs.
- The strength and feasibility of the proposed implementation of the four levels of consultation.
- The approach to develop an appropriate QI program for ambulatory health care facilities.
- The extent to which the applicant describes the training and QI capacity building resources available.

Work Plan (20):

- The response to the program expectations outlined.
- Delineation of the proposed goals and objectives and their relationship to the project.
- The extent to which the applicant demonstrates support and collaboration with key stakeholders in planning, designing and implementing all activities.
- The extent to which the work plan includes clearly written Goals, Objectives and Key

Action Steps.

- The objectives relate directly to each of the goals.
- The key action steps contribute directly to meeting each of the objectives.
- The objectives and key action steps specific and measurable.
- The objectives and key action steps have target dates or specific milestones.
- Evaluation methods included for each objective.
- The extent to which the applicant represents activities in the logic model that aligns with proposed activities and evaluation.

Resolution of Challenges (5):

- The anticipated challenges and the approaches that will be used to resolve such challenges.

Criterion 3: EVALUATIVE MEASURES (15 points)

The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

This corresponds to the **Evaluation and Technical Support Capacity** section of the Narrative.

- The extent to which the internal CQI program or other mechanisms is in place for routinely evaluating and improving the quality of services.
- The extent to which the methodology addresses how the applicant will implement the program objectives.
- The strength and effectiveness of the proposed quality improvement and quality management programs.
- The evaluation methods used to determine which measures have been accomplished.
- The evaluation questions used to address the potential outcome measures.
- The extent to which the applicant clearly describes how it will monitor goals and objectives.

Criterion 4: IMPACT (10 points)

The feasibility and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or degree to which the project activities are replicable, and/or the sustainability of the program beyond the federal funding.

This corresponds to the **Work Plan** section of the Narrative.

- The strength and feasibility of the proposed plan to meet the expectation for using multiple methods of providing TA.
- The extent to which the applicant clearly describes how the National Quality Forum endorsed and/or HAB developed performance measures will be incorporated into each level of consultation.
- The extent to which the applicant clearly describes how the organization will measure the value and impact of the activities proposed.
- The strength and feasibility of the proposed dissemination plan to make the findings of the project available.

- The extent to which the applicant discusses how it will use the findings of the evaluation activities to improve the impact of the TA.

Criterion 5: RESOURCES/CAPABILITIES (15 points)

The extent to which project personnel are qualified by training and/or experience to implement, carry out and evaluate the projects. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For competing continuations, past performance will also be considered.

This corresponds to the **Evaluation/Technical Support Capacity** and **Organizational Information** sections of the Narrative.

Evaluation/Technical Support Capacity (10):

- Demonstration of knowledge and understanding of effective quality management programs.
- Demonstration of knowledge and understanding of program evaluation.
- The extent to which the applicant describes the evaluation methods it will use to monitor the proposed scope of work and meet data reporting requirements.
- Evidence of a two-year history of developing and disseminating informational materials, providing training or technical assistance to HIV/AIDS-related organizations and constituencies on a national level.
- The extent to which the applicant discusses any collaboration and/or subcontract arrangements that will take place between the applicant and other organizations or individuals in order to accomplish these activities.

Organizational Information (5):

- Performance of the applicant in prior national level activities.
- The extent to which the applicant fully demonstrates the organizational capacity and specific areas of organizational expertise, including the scope of current quality management, T/TA and educational activities.
- The extent to which the applicant clearly describes collaborative efforts with other pertinent agencies that enhance the ability to accomplish proposed projects.

Criterion 6: SUPPORT REQUESTED (15 points)

- 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.

This corresponds to the **Budget** and **Budget Justification** sections and the **Staffing Plan** section.

Budget and Budget Justification (10)

- Budget list items are adequate and appropriate for the proposed project.
- Budget clearly justifies proposed staff, contracts, and other resources.
- Budget clearly lists staff with names where appropriate.

- Accuracy of calculations for all categories in both the budget and budget justification.

Staffing Plan (5):

- The extent to which the staffing plan demonstrates the needed expertise for this project. Are these available in the staff currently proposed?
- The relationship between key staff and subcontractors is described and the roles, responsibilities and qualifications of the subcontractors?
- The extent to which the applicant provides a clear staffing plan which describes the staff directly supported by the cooperative agreement?
- Strength and qualifications of the Project Director with clear authority over the program. Does this authority meet the [program requirements](#)?

2. Review and Selection Process

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

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

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of August 1, 2012.

VI. Award Administration Information

1. Award Notices

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

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of August 1, 2012.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

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

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

Smoke-Free Workplace

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

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms.

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

Healthy People 2020

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

Health IT

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

Related Health IT Resources:

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

3. Reporting

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

a. Audit Requirements

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

b. Payment Management Requirements

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

c. Status Reports

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures

under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress Report(s)**. The awardee must submit a progress report to HRSA on a quarterly basis through the Electronic Handbooks system. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report demonstrates grantee progress on program-specific goals and collects data to measure the progress and impact of the project. Further information will be provided in the award notice.

3) **Final Report(s)**. A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

d. Transparency Act Reporting Requirements

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

VII. Agency Contacts

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

Sarah Morgan, Grant Management Specialist
Attn.: U28 National Quality Improvement/Management Technical Assistance Center
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11-03
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-4584
Fax: (301) 443-6343
Email: smorgan1@hrsa.gov

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

Tracy Matthews, Chief Clinical Advisor, HIV/AIDS Bureau
Attn: U28 National Quality Improvement/Management Technical Assistance Center
HIV/AIDS Bureau, HRSA
Parklawn Building, Room 7A-30
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-7804
Fax: (301) 443-1839
Email: tmatthews@hrsa.gov

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

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

VIII. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.