Ryan White HIV/AIDS Program Part C HIV Early Intervention Services Program: Existing Geographic Service Areas

Pre-Application Technical Assistance Webinar
HRSA-18-001, HRSA-18-004, HRSA-18-005
July 11, 2017

Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau, Division of Community HIV/AIDS Programs
Director: Mahyar Mofidi, DMD, Ph.D.
Agenda

• Purpose
• Overview of the Ryan White HIV/AIDS Program (RWHAP) Part C Early Intervention Services (EIS) Program
• New and Noteworthy
• Statutory Requirements and Program Expectations
• Application/Submission Information
• Budget Requirements
• Attachments
• Review Criteria
• Funding Preferences
• Overview of Application Process
• Application Submission Tips
• Q&A
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<td>Early Intervention Services</td>
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<td>HAB</td>
<td>HIV/AIDS Bureau</td>
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<td>PO</td>
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<td>RWHAP</td>
<td>Ryan White HIV/AIDS Program</td>
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<tr>
<td>SAM</td>
<td>System for Award Management</td>
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</tbody>
</table>
HIV/AIDS Bureau Vision and Mission

Vision
Optimal HIV/AIDS care and treatment for all.

Mission
Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.
Purpose

• This NOFO solicits applications for the fiscal year (FY) 2018 Ryan White HIV/AIDS Part C Early Intervention Services Program: Existing Geographic Service Areas.

• The purpose of RWHAP Part C Early Intervention Services (EIS) is to provide comprehensive primary health care and support services in an outpatient setting for low income, uninsured, and underinsured people living with HIV (PLWH).

• RWHAP Part C EIS programs will be implemented in specific service areas as listed in Appendix B of the NOFO. Applicants must address the entire service area.
RWHAP Part C EIS Eligibility

• Eligible applicants include public and nonprofit private entities that are:
  • Federally-qualified health centers under section 1905(1)(2)(B) of the Social Security Act;
  • Grantees under section 1001 of the PHS Act (regarding family planning) other than States;
  • Comprehensive hemophilia diagnostic and treatment centers;
  • Rural health clinics;
  • Health facilities operated by or pursuant to a contract with the Indian Health Service; and
  • Community-based organizations, clinics, hospitals, and other health facilities that provide early intervention services to those persons infected with HIV/AIDS through intravenous drug use; or
  • Nonprofit private entities that provide comprehensive primary care services to populations at risk of HIV/AIDS, including faith-based and community-based organizations.
New and Noteworthy

• There are three (3) funding announcement numbers included in this announcement with three (3) different period of performance start dates.
  • Please ensure submission is under the correct funding opportunity number.

• Applicants *may* submit more than one application.
  • Multiple applications from an organization *are* allowable.
  • If you are applying for more than one service area listed in Appendix B, you must submit a separate application for each service area under the correct funding opportunity number.

• Each application must address the entire service area, as defined in Appendix B.
**Overview**

- The period of performance is three (3) years.
- There are three (3) funding announcement numbers included in this announcement with three (3) different period of performance start dates.
- **You must apply under the NOFO number that corresponds to the project period start date for the service area**

<table>
<thead>
<tr>
<th>Funding Opportunity Number</th>
<th>Project Start Date</th>
<th>Period of Performance</th>
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<tbody>
<tr>
<td>HRSA-18-001</td>
<td>January 1</td>
<td>January 1, 2018 through December 31, 2020</td>
</tr>
<tr>
<td>HRSA-18-004</td>
<td>April 1</td>
<td>April 1, 2018 through March 31, 2021</td>
</tr>
<tr>
<td>HRSA-18-005</td>
<td>May 1</td>
<td>May 1, 2018 through April 30, 2021</td>
</tr>
</tbody>
</table>
Overview

• Funding opportunity is open to current RWHAP Part C EIS recipients and new applicant organizations

• **Competing continuation application type** applies to:
  • Current RWHAP Part C EIS recipients applying to continue to provide services in their current service area.

• **New application type** applies to:
  • Current RWHAP Part C EIS recipients applying to provide services in a new service area.
  • New organizations applying to provide services in a service area.

• **REMEMBER:** Applicants *may* submit more than one application. Multiple applications from an organization are allowable. If you are applying for more than one service area listed in Appendix B, you must submit a separate application for each service area under the correct funding opportunity number.
Overview

• Funding requests may not exceed the published ceiling amount, per year, as indicated in Appendix B.

• Each application must address the entire service area, as defined in Appendix B.

• Deadline for all applications is August 14, 2017 in Grants.gov
FY18 RWHAP Part C Funding Methodology

- HRSA/HAB recently undertook a systematic revision of the manner in which RWHAP Part C funding was previously distributed.
- Funding ceiling amounts per service area under this NOFO in Appendix B were determined using the funding methodology.
- RWHAP Part C EIS continues to be a competitive, discretionary grant opportunity.
- Funds will continue to be awarded across existing service areas within 49 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.
- Existing service areas have been kept intact.
- RWHAP Part C EIS awards will continue to fund direct, comprehensive primary health care and support services in an outpatient setting for PLWH.
FY18 RWHAP Part C Funding Methodology

• The RWHAP Part C funding methodology includes the following proportions and objective factors:

  70% of funding

  • **Base funding:** minimum baseline amount per service area augmented by the number of clients served

  30% of funding

  • **Demographics:** a service area’s proportion of populations disproportionately impacted by the HIV epidemic with significant disparities in health outcomes and uninsured populations

  • **Presence of RWHAP Part A resources:** RWHAP Part C service areas outside of RHWAP Part A jurisdictions receive additional funding
FY 18 RWHAP Part C Funding Methodology

• The RWHAP Part C funding methodology:
  • Ensures baseline funding for the maintenance of program operations
  • Minimizes disruptions by constraining the maximum allowable decrease in funding; and
  • Maintains the provision of quality HIV care in existing service areas.

• Assuming level funding for the RWHAP Part C EIS program in future years
  • Maximum decrease in funding for a service area is approximately 10 percent as compared to FY 2016 levels.
  • Maximum increase in funding for a service area is approximately 25 percent as compared to FY 2016 levels.
RWHAP Part C EIS
Statutory Requirements and Program Expectations

Clinical

- HIV Counseling, Testing and Referral
- Medical Care Evaluation and Clinical Care
- Clinical Guidelines
- Referral Systems
- Linkage to Clinical Trials
- Clinical Quality Management
- Coordination/Linkages to Other Programs
- Medical Provider Status
- Clinic Licensure

Please refer to pages 2-4 of the NOFO
RWHAP Part C EIS
Statutory Requirements and Program Expectations

Administrative/Fiscal

- PLWH Involvement
- Imposition of Charges for Services
- Annual Cap on Charges
- Payor of Last Resort
- Information Systems
- Service Availability
- Subawarded Services
- Medication Discounts
- Other Financial Issues

Please refer to pages 4-6 of the NOFO
Payor of Last Resort

• RWHAP is the payor of last resort
  • *With the exception of programs administered by or providing the services of the Indian Health Service.*

• RWHAP Part C funds may not be used for a service if a payment has been made, or reasonably can be expected to be made by a third party payor.

• RWHAP client eligibility determination and recertification policies and procedures must be in accordance with Policy Clarification Notice 13-02.

• RWHAP Part C funds cannot be used to supplement the maximum cost allowance for services reimbursed by third party payments such as Medicaid, Medicare, or other insurance programs.
National Goals to End the HIV Epidemic

To the extent possible, program activities should strive to support the four national goals to end the HIV epidemic:

- Reduce new HIV infections;
- Increase access to care and optimize health outcomes for people living with HIV;
- Reduce HIV-related health disparities and health inequities; and
- Achieve a more coordinated national response to the HIV epidemic.
HIV Care Continuum

- The HIV care continuum includes the:
  - Diagnosis of HIV
  - Linkage to HIV medical care
  - Lifelong retention in HIV medical care
  - Appropriate prescription of antiretroviral therapy (ART)
  - HIV viral suppression

- RWHAP recipients are encouraged to assess the outcomes of their programs along this continuum of care.
HHS Common HIV Core Indicators

• The HIV care continuum measures align with the HHS Common HIV Core Indicators
• HRSA/HAB has incorporated the following six indicators in the RSR, which became a reporting requirement for all RWHAP recipients January 1, 2014:
  • HIV Positivity
  • Linkage to HIV Medical Care
  • Retention in HIV Medical Care
  • Antiretroviral Therapy (ART) in Persons in HIV Medical Care
  • Viral Load Suppression Among Persons in HIV Medical Care
  • Housing Status
Minority AIDS Initiative (MAI)

- Minority AIDS Initiative (MAI) funding is intended to address the disproportionate impact that HIV/AIDS has on racial and ethnic minorities and to address the disparities in access, treatment, care, and outcomes for racial and ethnic minorities, including Black/African Americans, Alaska Natives, Hispanic/Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders.

- MAI funds are granted to health care organizations that provide culturally and linguistically appropriate care and services to racial and ethnic minorities.

Reference: Section 2693 of title XXVI of the Public Health Service Act (42 USC §300ff-121), as amended by the Ryan White HIV/AIDS Treatment Act of 2009 (P.L 111-87).
Application Guidance

Applicants are responsible for reading and complying with instructions included in the SF-424 Application Guide and program specific instructions included in the NOFO (HRSA-18-001, HRSA-18-004, HRSA-18-005):

1) Program Specific Instructions
   • HRSA-18-001, HRSA-18-004, HRSA-18-005 RWHAP Part C EIS (“NOFO”)

2) HRSA’s General Application Guide
   • SF-424 Application Guide (“Application Guide”)
   • Links are found throughout the NOFO beginning on pp. ii
Project Abstract

• In addition to the requirements listed in the SF-424 Application Guide, please include a project abstract which includes:
  • Overview of the HIV epidemiology in the designated service area
  • General description of key services to be supported
  • Funding amount requested
  • Target populations to be served
  • The project abstract must be single-spaced and limited to one page.

Please refer to page 13 of the NOFO
Project Narrative

- Introduction
- Needs Assessment
- Methodology
- Work Plan
- Resolution of Challenges
- Evaluation and Technical Support
- Organizational Information
Project Narrative: Introduction

• Identify the entire service area you plan to serve, as designated in Appendix B.

• Outline your organization’s experience in providing comprehensive, outpatient primary care and support services to PLWH.

• Outline your organization’s experience with the administration of federal funds.

• Describe the PLWH in your designated service area (proposed target populations).

• Describe how your organization will utilize RWHAP Part C EIS funds to support your HIV care continuum.

• Indicate if funding preference is being requested.

Please refer to pages 13-14 of the NOFO
Project Narrative: Introduction

- **New applicants** for a given service area must:
  - Identify the recipient (listed in Appendix B) that you intend to replace
  - Demonstrate that you have the infrastructure in place to serve the existing clients of the current recipient
  - Provide services throughout the entire service area, as listed in Appendix B

- **Reminder:** If you are applying for more than one service area listed in Appendix B, you must submit a separate application for each service area under the correct funding opportunity number. Each application must address the entire service area listed in Appendix B.

*Please refer to pages 13-14 of the NOFO*
Project Narrative: Needs Assessment

Purpose: To demonstrate the burden of the HIV/AIDS epidemic in the designated service area and the need for RWHAP Part C funding to meet the outpatient primary health care and support service needs of your target populations in relation to identified gaps and challenges in the HIV care continuum.

Two Required Components:

1) Target Populations Currently Being Served by Your Organization

2) Local HIV Service Delivery System and Recent Changes

Please refer to pages 14-16 of the NOFO.
**Project Narrative: Methodology**

**Purpose:** To describe the proposed outpatient care medical and support services you will provide in order to address the unmet needs/service gaps/barriers identified in the needs assessment.

1) HIV Care Continuum Services
2) Core Medical Services
3) Support Services
4) Referral System
5) Health Care Coverage, Benefit Coordination and Third Party Reimbursement
6) Coordination and Linkages with Other HIV Programs

*Please refer to pages 16-20 of the NOFO*
Project Narrative: Methodology

1) **HIV Care Continuum Services**
   A. HIV-Diagnosed
   B. Linkage to Care
   C. Retention in Care
   D. Antiretroviral Use and Viral Suppression
2) **Core Medical Services**

- Provision of core medical services
- Strategies used to engage your clients
- Provision of risk reduction counseling
- Gaps and barriers to accessing core medical services
- Availability of pharmacy assistance programs
3) **Support Services**
   - Support services to be provided

4) **Referral System and Care Coordination**
   - How referrals are assessed, provided, and tracked
   - Strategies to improve care transitions
   - Coordination of HIV care for pregnant women living with HIV during perinatal and post-partum periods, as well as services for their exposed infants
Project Narrative: Methodology

5) **Health Care Coverage, Benefit Coordination and Third Party Reimbursement**
   - Assessment and enrollment of clients in health coverage options
   - Processes to ensure clients are informed and enrolled
   - How clients are educated about any out-of-pocket costs
   - Procedures for managing and tracking program income
6) **Coordination and Linkages with Other HIV Programs**

- Participation, coordination and/or linkages with the following publicly funded HIV care and prevention programs in your service area:
  - RWHAP Part A
  - RWHAP Part B
  - Other RWHAP Providers
  - Other Federally Funded Sources
Project Narrative: Work Plan

Purpose: A work plan is a concise easy-to-read overview of your goals, strategies, objectives, activities, timeline, and those responsible for making the program happen. It should include measurable objectives for core medical and support services.

Four Areas:

1) HIV Testing and Counseling – HIV Diagnosed
2) Access to Care – Linkage to Care
3) Retention in Care – Core Medical and Support Services
4) Antiretroviral Use and Viral Suppression

Please refer to pages 20-21 of the NOFO
Project Narrative: Work Plan

1) HIV Testing and Counseling – HIV Diagnosed
   • Projected number of persons who will receive high risk, targeted testing and counseling services
   • Projected number of persons who will have a confirmatory positive HIV test result

2) Access to Care – Linkage to Care
   • Projected number of newly diagnosed who will enroll in care within three months of HIV diagnosis
3) Retention in Care – Core Medical and Support Services
   • Projected number of PLWH who will receive core medical services (*Please only list each service to be supported with RWHAP Part C funds*)
   • Projected number of PLWH who will receive support services (*Please only list each service to be supported with RWHAP Part C funds*)

4) Antiretroviral Use and Viral Suppression (*Specify the numerator, denominator, and percent*)
   • Projected percent of PLWH who will receive ART
   • Projected percent of PLWH who will be virally suppressed
Project Narrative: Resolution of Challenges

**Purpose:** To describe challenges and proposed resolutions in the implementation of the RWHAP Part C activities.

1) **Challenges and Resolutions**
   - Describe approaches to resolve challenges and barriers.

2) **Transition Plan (for new applicants only),** describe:
   - How your organization will improve services
   - Detailed plan for transfer of current patients and the scope of services
   - Activities, timeframes and efforts to coordinate the transition of service

*Please refer to page 21 of the NOFO*
Project Narrative: Evaluation and Technical Support

1) CQM Program Infrastructure
   • Staff FTEs assigned to CQM and their positions
   • Client involvement

2) CQM Performance Measures
   • Data collection plan and process for reporting/disseminating results
   • Data analysis to assess disparities and action based on results

3) Continuous Quality Improvement (CQI)
   • CQI methodology to identify priorities
   • Planned QI activities

4) Information Systems
   • Information system to track health care service data

*Please refer to pages 21-22 of the NOFO*
**Purpose:** To describe your organization’s capacity and expertise to provide HIV outpatient primary health care and support services by detailing your administrative, fiscal, and clinical operations.

This includes:

- Mission and Vision
- Organizational Structure
- Experience providing core medical and support services
- Systems for ensuring ongoing staff education and training
- Fiscal management of grants and contracts & fiscal systems
- Screening PLWH for RWHAP eligibility
- 340B Drug Pricing Program participation

*Please refer to pages 22-23 of the NOFO*
**RWHAP Part C Budget Requirements**

**Allowable Cost Categories:**

1) Early Intervention Services (EIS) Costs  
2) Core Medical Services Costs  
3) Support Services Costs  
4) CQM Costs  
5) Administrative Costs

Applicants should review PCN 16-02 for allowable uses of RWHAP funds.
Early intervention services include:

- Counseling individuals with respect to HIV
- High risk targeted HIV testing
- Referrals and linkage to care
- Other clinical and diagnostic services regarding HIV, and periodic medical evaluations
- Providing therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV

**NOTE:** By statute, at least 50 percent of total grant funds must be spent on RWHAP Part C EIS (except counseling)
Core Medical Services Costs

Core medical services include those services listed in the EIS Cost Category outlined in the previous slide, PLUS the following service categories as described in PCN 16-02:

- AIDS Drug Assistance Program Treatments
- AIDS Pharmaceutical Assistance
- Health Insurance Premiums and Cost Sharing Assistance for Low Income Individuals
- Home and Community-Based Health Services
- Home Health Care
- Hospice Services
- Medical Case Management, including Treatment Adherence Services
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care

**NOTE:** By statute, at least 75 percent of the award (minus amounts for administrative costs, planning/evaluation, and CQM) must be used to provide core medical services.
Support Services Costs

Support services as described in HAB PCN 16-02 are those services needed by PLWH to achieve optimal HIV medical outcomes. These include:

- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management Services
- Other Professional Services
- Outreach Services
- Psychosocial Support Services
- Referral for Health Care and Support Services
- Rehabilitation Services
- Respite Services
- Substance Abuse Services (residential)
Clinical Quality Management Costs

CQM includes those costs required to implement HAB PCN 15-02. Examples may include:

- CQM coordination
- CQI activities
- Data collection for CQM purposes
- CQM staff training and technical assistance to improve clinical care services
- Training subrecipients on CQM
- Participation in the Integrated Plan process and local planning
- PLWH involvement in the design, implementation and evaluation to improve services

**NOTE:** It is a program expectation that grant funding spent on CQM be kept to a reasonable level.
Administrative costs are those direct and indirect costs associated with the administration of the RWHAP Part C EIS grant. These include:

- Costs associated with the administration of your grant
- Staff activities that are administrative in nature
- Planning and evaluation costs

- Refer to PCN 15-01 for further guidance on the 10 percent administrative limit.

**NOTE:** By statute, no more than 10 percent of the total RWAHP Part C grant funds can be spent on Administrative Costs.
RWHAP Part C Budget Requirements: Summary

- At least 50 percent of the total grant funds must be spent on Part C EIS (except counseling).
- At least 75 percent of the award (minus amounts for administrative costs, planning/evaluation, and clinical quality management) must be used to provide core medical services.
- Not more than 10 percent of the total RWHAP Part C grant amount can be spent on administrative costs.
- Clinical quality management will be kept to a reasonable level.

- NOTE: Applicants seeking a waiver to the core medical services requirement must submit a waiver request either with this application or any time up to the application submission, or up to four months after the period of performance start date. More information about can be found on pages 1 and 2 of the NOFO.
Funding Restrictions

• Funds may not be used for the following purposes:
  • Charges that are billable to third party payors
  • Payments for clinical research
  • Payments for nursing home care
  • Cash payments to intended recipients of RWHAP services
  • Purchase or improvement of land
  • Purchase, construction or major alterations/renovations on any building or other facility
  • PrEP or nPEP medications or medical services. RWHAP Part C recipients and subrecipients may provide prevention counseling and information.
  • Purchase of sterile needles or syringes for the purposes of injecting illegal drugs
  • Materials designed to promote or encourage intravenous drug use or sexual activity
  • Research
  • Foreign travel
  • Other non-allowable costs can be found in 45 CFR part 75 – subpart E Cost Principles and pages 23-30 of the SF-424 Application Guide

Please refer to pages 32 and 33 of the NOFO
Salary Limitation

• Effective **January 8, 2017**, the salary rate limitation applicable to RWHAP domestic grants and cooperative agreements is now $187,000.

• The Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, §202, states,
  
  • “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.”

  • Please see Section 4.1.iv Budget – Salary Limitation of [HRSA’s SF-424 Application Guide](#) for additional information.

  *Please refer to page 26 of the NOFO*
Salary Rate Limitation Example

- Individual’s full time salary: $255,000.

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<td>Direct salary</td>
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<td>Fringe (25% of salary)</td>
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<td>Total amount</td>
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- Amount that may be claimed on the Federal grant due to the legislative salary limitation:
  - Individual’s base full time salary *adjusted* to Executive Level II: $187,000

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<td>Direct salary</td>
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<td>Fringe (25% of salary)</td>
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<td>Total amount</td>
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Budget Requirements

Budget Information consists of three major parts:

1. Budget Information for Non-Construction Programs (SF 424A Application Guide, federal line item budget)

2. Program-specific line item budget

3. Budget narrative
SF-424 Section A - Budget Summary

<table>
<thead>
<tr>
<th>Grant Program Function or Activity (a)</th>
<th>Catalog of Federal Domestic Assistance Number (b)</th>
<th>Estimated Unobligated Funds</th>
<th>New or Revised Budget</th>
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<td>Federal (c)</td>
<td>Non-Federal (d)</td>
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<td></td>
<td></td>
<td>Federal (e)</td>
<td>Non-Federal (f)</td>
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<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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# SF-424 Budget Categories

## SECTION B - BUDGET CATEGORIES

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<th>6. Object Class Categories</th>
<th>GRANT PROGRAM, FUNCTION OR ACTIVITY</th>
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<tr>
<td>a. Personnel</td>
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<td>b. Fringe Benefits</td>
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<td>$</td>
</tr>
<tr>
<td>c. Travel</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>d. Equipment</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>e. Supplies</td>
<td>$</td>
<td>$</td>
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<tr>
<td>f. Contractual</td>
<td>$</td>
<td>$</td>
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<tr>
<td>g. Construction</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>h. Other</td>
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<td>$</td>
</tr>
<tr>
<td>i. Total Direct Charges (sum of 6a-6h)</td>
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<tr>
<td>j. Indirect Charges</td>
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<td>k. TOTALS (sum of 6i and 6j)</td>
<td>$</td>
<td>$</td>
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<tr>
<td>7. Program Income</td>
<td>$</td>
<td>$</td>
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Program-Specific Line Item Budget

• Submit a separate line item budget for each year of the three-year period of performance.

• Allocations must relate to proposed activities in your project narrative, and be consistent with your work plan.

• Amount requested for each year must not exceed total award for the service area, as listed in Appendix B.

• Total amount requested on SF-424A and the line item budget must match.

• List personnel separately by position title and name, or note if the position is vacant.

Please refer to page 26 of the NOFO
Program-Specific Line Item Budget

- Submit line item budgets as Attachment 1.
- Convert or scan budgets into PDF format for submission.
- Do not submit Excel spreadsheets.
- Submit line item budgets in table format:
  - List program cost categories across the top:
    - EIS, Core Medical Services, Support Services, CQM, and Administrative (including planning/evaluation)
  - List object class categories in a column down left hand side:
    - Personnel, Fringe Benefits, Travel, etc.
Program-Specific Budget Narrative

- Must explain amounts requested for each line in the budget.
- Subsequent budget years should only highlight changes from year one or indicate no substantive changes.
- Must be clear and concise.
- For each object class category (Personnel, Fringe Benefits, etc.), the narrative must be divided according to the five Cost Categories (EIS, Core Medical Services, Support Services, CQM and Administrative).

Please refer to pages 26 and 27 of the NOFO
Program-Specific Budget Narrative

• **Travel**
  • List travel costs according to local and long distance travel.
  • Local travel
    • List the mileage rate, number of miles, reason for travel and staff member or PLWH completing the travel
    • Clinical staff traveling to provide care: EIS/Core Medical Services
    • Patient transportation: Support Services
    • Staff travel to CQM related training/conferences: CQM category

• **Contractual**
  • All RWHAP Part C legislative requirements and program expectations apply to subrecipients.
  • Recipients are required to monitor all subrecipients.
• **Project/Performance Site Location(s)**
  • The Project/Performance Site Location(s) form is included in the SF-424 application kit.
  • Program-specific instructions are:
    • Following the instructions provided by Grants.gov, enter your organization’s information as the primary location.
    • Complete all site location information for each provider/service delivery site to be funded under the RWHAP Part C EIS award in the existing service area.
    • By clicking the “Next Site” button, you may complete information for up to 299 sites.
  • **This form does not count toward the page limit.**
Attachments

• Unless otherwise noted, attachments count toward page limit.
• Each attachment must be clearly labeled.
• Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit.
• Provide the following information in the order specified in the following slides.

Please refer to pages 27-30 of the NOFO and pages 34, 40-42 of the SF-424 Application Guide
Attachments

• **Attachment 1: Program-Specific Line Item Budgets (REQUIRED)**
  • Submit as a PDF document a line item budget for each year of the three year project period

• **Attachment 2: Federally Negotiated Indirect Cost Rate Agreement (If applicable)**
  • Submit copy of current agreement
  • Does NOT count towards page limit
• Attachment 3: Staffing Plan and Biographical Sketches for Key Personnel (REQUIRED)
  • Staffing Plan:
    • Include all positions funded by the grant, as well as staff vital to program operations
    • Key staff include: program coordinator, medical director, all medical care providers and the quality management lead
    • For each staff, note all funding sources and corresponding time and effort
    • May be helpful to submit this information in a table format
  • Biographical Sketches:
    • Submit for key staff positions
    • Identify roles, responsibilities and qualifications of staff, including education, experience and expertise

Also refer to Section 4.1 of HRSA’s SF-424 Application Guide
Attachments

• Attachment 4: Job Descriptions for Key Vacant Positions (If applicable)
  • Describe roles and responsibilities for key personnel vacancies, include qualifications needed to fill vacancy and FTE for position
  • May be helpful to submit in a table format

• Attachment 5: Project Organizational Chart (REQUIRED)
  • Chart that shows where the Part C program fits within the organization. Include departmental divisions and reporting relationships, if relevant.

• Attachment 6: Signed and Scanned RWHAP Part C EIS Additional Agreements and Assurances (REQUIRED)
  • Review this document located in Appendix A
  • Ensure Authorizing Organization Representative (AOR) signs it, and submit.
• **Attachment 7: Maintenance of Effort (REQUIRED)**
  - Provide a baseline aggregate total of the actual expenditure of non-federal funds for EIS activities for the fiscal year prior to the application and estimates for the next fiscal year.
  - In addition, you must provide a description of baseline data and the methodology used to calculate the MOE.

<table>
<thead>
<tr>
<th>NON-FEDERAL EXPENDITURES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline</strong></td>
</tr>
<tr>
<td>FY Prior to Application (Actual)</td>
</tr>
<tr>
<td>Actual prior FY non-federal funds, including in-kind, expended for EIS activities proposed in this application.</td>
</tr>
<tr>
<td>Amount: $_______________</td>
</tr>
</tbody>
</table>
• Attachment 7: Maintenance of Effort (REQUIRED) continued
  • Recipients MUST maintain non-federal expenditures for Early Intervention Services (EIS) at a level equal to or greater than their total non-federal expenditures for EIS during the most recently completed fiscal year prior to the competitive application deadline.
  • Costs associated with EIS include:
    • Counseling individuals with respect to HIV
    • High risk targeted HIV testing
    • Referrals and linkage to care
    • Other clinical and diagnostic services regarding HIV, and periodic medical evaluations
    • Providing therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV
Attachments

• Attachment 8: Request for Funding Preference (If applicable)
• Attachment 9: Map of Service Area (REQUIRED)
• Attachment 10: Letter(s) from RWHAP Part A and/or Part B Recipient of Record (REQUIRED)
  • Include a letter from RWHAP Part A and/or Part B documenting your involvement in their HIV Body or Planning Council, if applicable.
  • Provide letter(s) that address why Part C funds are necessary and not duplicative of other available services.
• Attachment 11: List of Provider Organizations with Contracts and/or MOU (If applicable)
  • Provide a list of organizations for which you have signed MOUs, include a brief description of services to be provided.
Attachments

• Attachment 12: Work Plan (REQUIRED)
  - Submit your work plan, outlined in a table format.

• Attachment 13: Table of Provider Medicaid and Medicare Numbers (National Provider Identifier) and Clinic Licensure Status (REQUIRED)
  - Provide a table that identifies all providers’ Medicaid and Medicare numbers as well as your clinic licensure status.

• Attachment 14: Core Medical Services Waiver Request, Proof of Non-Profit status, Other Attachments (If applicable)
  - Include here any other relevant documents to your application:
    • Core Medical Services waiver request (counted in page limit)
    • Proof of non-profit status (required, not counted in page limit)
    • Letters of support (counted in page limit)
Pay careful attention to each of the six Review Criteria in the development of your application

<table>
<thead>
<tr>
<th>Narrative Section</th>
<th>Review Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>(1) Need</td>
</tr>
<tr>
<td>Needs Assessment</td>
<td>(1) Need</td>
</tr>
<tr>
<td>Methodology</td>
<td>(2) Response</td>
</tr>
<tr>
<td>Work Plan</td>
<td>(4) Impact</td>
</tr>
<tr>
<td>Resolution of Challenges</td>
<td>(2) Response</td>
</tr>
<tr>
<td>Evaluation and Technical Support Capacity</td>
<td>(3) Evaluative Measures and (5) Resources/Capabilities</td>
</tr>
<tr>
<td>Organizational Information</td>
<td>(5) Resources/Capabilities</td>
</tr>
<tr>
<td>Budget and Budget Narrative</td>
<td>(6) Support Requested</td>
</tr>
</tbody>
</table>
Review and Selection Process

• All eligible applications undergo an independent review process.

• HRSA may consider assessment of risk as described in the SF-424 Application Guide.

• Past performance in managing contracts, grants and/or cooperative agreements will be considered by HRSA and includes:
  • Timeliness of compliance with reporting requirements
  • Conformance to terms and conditions of previous awards
  • If applicable, the extent to which any previously awarded funds will be expended prior to future awards
## Review Criteria

<table>
<thead>
<tr>
<th>Review Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion 1: Need</td>
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<tr>
<td>Criterion 2: Response</td>
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<td>Criterion 3: Evaluative Measures</td>
<td>16</td>
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<tr>
<td>Criterion 4: Impact</td>
<td>9</td>
</tr>
<tr>
<td>Criterion 5: Resources/Capabilities</td>
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</tr>
<tr>
<td>Criterion 6: Support Requested</td>
<td>5</td>
</tr>
</tbody>
</table>

*Please refer to pages 33-35 of the NOFO*
Funding Preferences

- RWHAP Part C provides a funding preference for some applicants as authorized by section 2653 of title XXVI of the PHS, (42 USC 300ff-54), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87).
- Applicants receiving funding preference will be placed in a more competitive position among applicants that can be funded.
- Applications that do not receive a funding preference will be given full and equitable consideration during the review process.
- Funding preference will be granted to any qualified applicant that specifically requests a preference and demonstrates they meet the criteria for preference(s).
- If requesting funding preference(s), include a narrative justification as Attachment 8.

Please refer to pages 37-38 of the NOFO
Funding Preferences

• **Qualification 1: Increased Burden**
  • Provide information on ALL of the following for the service area:
    • Number of cases of HIV/AIDS
    • Rate of increase of HIV/AIDS cases
    • Lack of availability of early intervention services
    • Number and rate of increase of cases of sexually transmitted diseases, tuberculosis, drug abuse, and co-infection with HIV/AIDS and Hepatitis B or C
    • Lack of availability of primary health providers other than the applicant
    • Distance between the applicant’s service area and the nearest community that has an adequate level of appropriate HIV-related services and the length of time required for patients to travel that distance.

• The relevant time period for qualifying for this preference is the **two-year period preceding** the fiscal year for which the applicant is applying to receive the grant.
Additional Preferences

• **Qualification 2: Rural Areas**
  • Rural communities are NOT designated a metropolitan statistical area (MSA)
  • Rural communities MAY exist within the broad geographical boundaries of MSAs
  • For additional information, please review:
    • http://www.hRSA.gov/ruralhealth/aboutus/definition.html
    • http://datawarehouse.hRSA.gov/RuralAdvisor

• **Qualification 3: Underserved**
  • Must demonstrate gaps in provision of HIV EIS
  • Gaps must be define and documented

*Please refer to pages 37 and 38 of the NOFO*
Post-Award Administration

- Reporting Requirements:
  - Progress Report
  - Allocation and Expenditure Reports
  - Ryan White Services Report (RSR)
  - Federal Financial Report (FFR)
  - Audits
  - Integrity and Performance Report

*Please refer to pages 39-40 of the NOFO*
Application: Where is it?

- Located at www.grants.gov
- Search for the Opportunity Number that corresponds to the project period start date for the service area:
  - HRSA-18-001 (January 1 starts),
  - HRSA-18-004 (April 1 starts)
  - HRSA-18-005 (May 1 starts)

  *You must apply under the NOFO number that corresponds to the project period start date for the service area*

- Also found at: www.hrsa.gov/grants

- Adobe Reader 9.x version or later is required.
  - Additional information provided on Adobe software compatibility issues at: https://www.grants.gov/web/grants/applicants/adobe-software-compatibility.html
Application Submission Tips

• Read the NOFO and the SF-424 Application Guide carefully and follow all instructions.

• Include your agency name and the name of this application on all pages.

• Refer to the Application Guide, pg. 44, section 4.7 for Tips for Writing a Strong Application.

• **Apply early!** Do not wait until the last minute in case you run into challenges!

• Make sure the person who can submit for your organization will be available.

• Ensure the DUNS, SAM, and Grants.gov requirements are met. Please refer to page 31 of the NOFO and pages 11-14 of the **SF-424 Application Guide** for additional guidance.

• Have all your PIN numbers and passwords handy!
Grants.gov Contact Information

• When to contact Grants.gov Helpdesk
  • Error messages
  • Other technical issues
  • Application DID NOT transmit to HRSA
  • If you have any submission problems, please contact Grants.gov immediately!

• Grants.gov Contact Center:
  Phone: 1-800-518-4726
  Email: support@grants.gov
Tracking Grants.gov Submissions

• Submission Receipt E-mail
  • Submission Receipt (receive within 2 business days)
  • “Track My Application” link

• Submission Validation E-mail
  • Second e-mail from Grants.gov validating your application
  OR
  • Rejection with errors

• Grantor Agency Retrieval Email
  • Third e-mail from Grants.gov
  • HRSA has confirmed receipt of application package

Please refer to pages 51-52 of the SF-424 Application Guide.
Tracking Grants.gov Submissions (2)

• **Agency Tracking Number Assignment E-mail**
  • You will receive the fourth email in which Grants.gov will provide the Agency Tracking Number
  • HRSA will assign a unique tracking number to your application. This tracking number will be posted to Grants.gov and the status of your application will be changed to “Agency Tracking Number Assigned”
  • Refer to SF-424 Application Guide Section 3.2 and 3.3

• An applicant can receive up to four (4) emails to have successfully submitted an application through Grants.gov.

• Receipt of all four separate emails may occur over a week’s time.

• Check your SPAM folder.

• **Do not wait until the last minute to submit an application!**
Reminders

• Application must be electronically submitted through and successfully validated by Grants.gov by **August 14, 2017**, 11:59 pm EST.

• We recommend submission of the application at least four business days before the due date.

• Grants.gov Contact Center:
  • 1-800-518-4726 or support@grants.gov
  • (24/7 except Federal holidays)
Your questions are welcome!

Applicants who need additional information may contact the HRSA contacts listed on the NOFO:

<table>
<thead>
<tr>
<th>Program Contact</th>
<th>Grants Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall program issues and/or technical assistance</td>
<td>Business, administrative, or fiscal issues</td>
</tr>
<tr>
<td>Hanna Endale <a href="mailto:HEndale@hrsa.gov">HEndale@hrsa.gov</a> (301) 443-1326</td>
<td>Adejumoke Oladele <a href="mailto:aoladele@hrsa.gov">aoladele@hrsa.gov</a> (301) 443-2441</td>
</tr>
</tbody>
</table>

HAB TARGET Website
http://careacttarget.org/webcasts.asp