

**U.S. Department of Health and Human Services  
Health Resources and Services Administration**

*HIV/AIDS Bureau  
Division of Training and Technical Assistance*

**The AIDS Education and Training Centers (AETC) National  
Center for Expansion of HIV Care in Minority Communities:  
Building Capacity in Community Health Centers (CHCs)  
Cooperative Agreement**

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**FUNDING OPPORTUNITY ANNOUNCEMENT**

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The Secretary's Minority AIDS Initiative (MAI)

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## Overview

The Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB), announces the availability of funds for a new project entitled “The AIDS Education and Training Centers (AETC) National Center for Expansion of HIV Care in Minority Communities: Building Capacity in Community Health Centers (CHCs).” The authority for this grant is Section 2692 (42 U.S.C. §300ff-111) of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. This grant is funded through the AETC Program and through the Department of Health and Human Services Secretary’s Minority AIDS Initiative (MAI) Fund.

This project will represent the HIV/AIDS Bureau’s major effort, under the auspices of the national AETC Program umbrella, to reach beyond the Ryan White-funded community and address the evolving needs and nature of HIV care and treatment within highly impacted communities of color. The purpose of this project is to develop, improve and enhance the organizational capacity of non-Ryan White funded community health centers to provide primary medical care and treatment to racial and ethnic minorities living with or affected by HIV/AIDS. These racial and ethnic minority communities are affected by prevailing health disparities; which are defined by the National Library of Medicine as differences in access to or availability of facilities and services. In response to the growing HIV/AIDS rates within these communities, this project is intended to enhance the capability, without Ryan White direct services funding, of primary care providers in CHCs so they can continue to develop, enhance and increase their capacity to provide culturally competent, compassionate, high-quality and life sustaining HIV care and treatment as part of their overall mission and expansion. The goals of this project are to be attained through the funding of one organization, with any necessary partners, that can provide such capacity building assistance (CBA) on a national scope.

The HRSA/HAB administers the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program). The Ryan White HIV/AIDS Program was established in August 1990 and reauthorized in May 1996, October 2000, October 2006 and October 2009. The goal of the Ryan White HIV/AIDS Program is to improve the quality and availability of HIV/AIDS treatment and supportive services for low income, uninsured and underinsured individuals and families. The AETC Program serves as the clinical training arm of the Ryan White HIV/AIDS Program. The primary focus of this new project is to provide capacity building assistance and clinical training to providers on how to effectively deliver HIV/AIDS care and treatment, and as such, is organizationally integrated into the overall AETC Program.

The HRSA/HAB Division of Training and Technical Assistance (DTTA) will manage the AETC National Center for Expansion of HIV Care in Minority Communities: Building Capacity in CHCs cooperative agreement. DTTA is responsible for transferring knowledge and providing practical help to Ryan White HIV/AIDS Program grantees, providers, planning bodies and other constituents in their work with Ryan White HIV/AIDS funded programs. DTTA also provides support to other HIV related programs, initiatives, and consumers of HIV/AIDS related services.

## **Pre-application Conference Call**

HAB/DTTA is sponsoring one, 90 minute pre-application conference call on April 6, 2010 from 2:00-3:30pm Eastern Standard Time (EST) to assist potential applicants in preparing applications that address the requirements of this guidance. Participation in this pre-application conference call is not mandatory.

For more information on the conference call and to register for the call please go to <http://www.careacttarget.org/webcasts.asp> and select the HRSA/HAB Webcasts/Calls or contact Lauresa Washington at 301-443-0251.

## **I. Funding Opportunity Description**

### **Purpose**

The purpose of the AETC National Center for Expansion of HIV Care in Minority Communities: Building Capacity in CHCs is to develop, improve and enhance the organizational capacity of non-Ryan White funded CHCs to provide primary medical care and treatment to racial and ethnic minorities living with or affected by HIV/AIDS. The capacity building assistance (CBA) will be targeted to clinicians and providers in an effort to build their capability to routinely perform HIV risk assessments, screening, HIV testing, diagnosis, and where appropriate, provide care and treatment in racial and ethnic communities. CHCs traditionally serve as primary care sites for racial and ethnic minority clients. The structure of CHCs is characterized by services which include diagnostic laboratory testing and screening, family planning, behavioral health and oral health; this comprehensive structure offers potential for the accommodation of HIV primary care. The capacity building assistance will also impact the providers' ability to enroll and retain identified underserved populations in primary health care, thus responding to health disparities and removing barriers to care. The anticipated impact of this expanded capacity includes integration of new providers into systems of HIV care and identification and delivery of best practices and clinical guidelines to providers that serve these communities. The project is intended to enhance the capability, without Ryan White direct services funding, of primary care providers in CHCs so they can begin to increase their capacity to provide culturally competent, compassionate, high-quality and life sustaining HIV care as part of their overall expansion. Moreover the project hopes to address those health disparities within racial and ethnic minority communities which contribute to less desirable health outcomes for these populations.

This project is dually funded through the AETC Program and the Secretary's MAI Fund. Therefore, HRSA/HAB and the cooperative agreement recipient will collect and report specific data and information regarding the fulfillment of related efforts to the U.S. Department of Health and Human Services and the Congress (for more information see <http://www.omhrc.gov/templates/browse.aspx?lvl=3&lvlid=7>) and the awardee will also be required to collect and report data using a participant information form (PIF) for all training services delivered.

The AETC Program has been the professional training arm of the Ryan White HIV/AIDS Program for more than 20 years. The AETC Program represents a national network of educators and trainers with expertise in clinical diagnosis, treatment and management of patients with HIV/AIDS and its related health conditions. It is currently composed of a network of 11 regional centers, with more than 130 associated sites that conduct targeted, multi-disciplinary HIV education and training for health care providers treating persons with HIV/AIDS. In addition to traditional clinical training, AETCs serve Ryan White grantees and other community based clinic/healthcare providers through education opportunities which are designed to enhance and improve the capacity building and infrastructure management in the delivery of HIV treatment and services.

Through the AETC Program authorizing legislation there is a preference in making funding opportunities to qualified projects which will train or result in the training of health care

providers and allied health providers in the diagnosis, treatment and prevention of HIV/AIDS for minority individuals and other individuals at high risk for HIV infection. Approximately 25% of AETC appropriated funds are to be focused on these activities [Sec.2693 (b) (2) (E)].

The Minority AIDS Initiative (MAI), established in 1999 under the leadership of the Congressional Black Caucus and supported by the Congressional Hispanic and Asian Pacific American Caucuses, responds to the HIV/AIDS epidemic's overwhelming and disproportionate impact on racial/ethnic minority populations. The overall goal of the MAI is to improve HIV/AIDS-related health outcomes for communities of color. As a targeted supplement to the much larger Federal HIV/AIDS budget, the MAI essentially serves as a booster shot. It allows communities to expand local services capacity primarily through minority community-based organizations, improve service delivery, and support the development of new and innovative programs designed to reduce HIV-related health disparities. The MAI's three broad funding categories include the following: (1) initiative to increase access to prevention, care, and treatment services; (2) technical assistance, health system infrastructure support and organizational capacity building; and (3) building stronger community linkages to address the HIV prevention and health care needs of specific populations.

The HHS Secretary's MAI Fund (approximately \$53 million annual allocation) is used to award grants and cooperative agreements that allow for government and community collaboration in the identification and response to capacity building, technical assistance and training needs within small and moderately sized organizations, in recognition of the diversity and challenges under which they operate. In many cases, these organizations represent the first point of contact for direct HIV care and treatment for persons at risk for or living with HIV has with an institution that provides direct HIV care services. It is important that these organizations are equipped to address the needs of people living with HIV/AIDS and understand the larger health and prevention service delivery system into which they can refer people for additional services.

The goal of the AETC National Center for Expansion of HIV Care in Minority Communities: Building Capacity in CHCs cooperative agreement is to increase access to comprehensive, high quality HIV primary care for racial/ethnic minority communities severely impacted by HIV/AIDS. The funded organization will provide free capacity building assistance to federally-funded community health centers, which are not currently Ryan White HIV/AIDS Program grantees, for the development, improvement and enhancement of their capacity to provide primary medical care and treatment to racial and ethnic minorities living with or affected by HIV/AIDS.

## **Background**

### **1. 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 AETC National Center for Expansion of HIV Care in Minority Communities: Building Capacity in CHCs cooperative agreement:

Goal #1      Improve Access to Health Care

- Goal #2     Improve Health Outcomes & Goal
- Goal #3     Improve the Quality of Health Care
- Goal #4     Eliminate Health Disparities
- Goal #5     Improve the Public Health and Health Care Systems
- Goal #6     Enhance the Ability of the Health Care System to Respond to Public Health Emergencies

## **2. Ryan White HIV/AIDS Treatment Extension Act of 2009**

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program) is a Federal law that 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 2009. The Ryan White HIV/AIDS Program reaches approximately 529,000 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 and families.

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 programs are the "payer of last resort." They fill gaps in care not covered by other resources. Most likely users of Ryan White HIV/AIDS Program services include people with no other source of healthcare and those with Medicaid or private insurance whose care needs are not being met.

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 affected 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/programs.htm> for a comprehensive review of Ryan White HIV/AIDS Program.

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



**Revise care systems to meet emerging needs.** The Ryan White HIV/AIDS Program stresses the role of local planning and decision making—with broad community involvement—to determine how to best meet HIV/AIDS 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. A priority focus is on meeting the needs of traditionally underserved populations hardest hit by the epidemic, particularly PLWH who know their HIV status and are not in care. This entails outreach, early intervention services (EIS), and other needed services to ensure that clients receive primary health care and supportive services—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 management programs 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 with other Federal/State/local programs and federally-funded CHCs. 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.

The objective of the AETC National Center for Expansion of HIV Care in Minority Communities: Building Capacity in CHCs is designed to support several overarching initiatives, legislative requirements, and programmatic principles including:

- According to the Centers for Disease Control and Prevention (CDC) at the end of 2006, an estimated 1,051,875 to 1,106,400 persons in the United States were living with HIV/AIDS<sup>1</sup>. Estimates also suggest that approximately 56,300 people were newly infected with HIV in 2006. [\*HIV/AIDS Surveillance Report: Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007\*](#) highlighted trends in HIV diagnosis, as reported by states collecting HIV data, estimates provide a profile of HIV/AIDS in the United States that is primarily young, male, and African American. The epidemic also disproportionately affects Hispanic and Latinos; particularly Hispanic and Latino men who have sex with men (MSM). Indeed, gay and bisexual men of all races and ethnicities are the most affected of any group of Americans. Black/African American men and women were estimated to have an incidence rate seven times as high

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<sup>1</sup> CDC. HIV Prevalence Estimates—United States, 2006. MMWR 2008;57(39):1073-76.

as the incidence rate among whites<sup>2</sup>. The growing number of HIV infections and changes in the characteristics of those infected will place additional financial and programmatic responsibilities on providers. Additionally, the Ryan White HIV/AIDS Treatment Extension Act of 2009 places increased emphasis on strategies for increased testing and identification of individuals with HIV/AIDS who do not know their status and enabling such individuals to access medical and support services for care and treatment.

- Congress also stresses the importance of identifying and targeting resources to communities with emerging needs (see <http://www.hab.hrsa.gov/law.htm> for more information).
- The U.S. Department of Health and Human Services (DHHS) *Healthy People 2010* Initiative designed to reduce morbidity and mortality and improve quality of life in 22 priority areas, including HIV/AIDS (for more information see <http://www.health.gov/healthypeople/>).
- The *HRSA/HAB Four Guiding Principles* that recognize demographic, economic, policy, and clinical changes rapidly occurring in HIV/AIDS and their impact on people living with HIV/AIDS and service delivery (see <http://www.hab.hrsa.gov/history/principles.htm> for more information).

### 3. Capacity Building Assistance

The Ryan White HIV/AIDS Program community's greatest challenge looking forward is to reach people who are HIV positive persons who are not receiving regular medical care, have nowhere else to turn for such care and to engage newly identified HIV positive clients into care soon after diagnosis. This is increasingly critical in an age of increasing HIV/AIDS prevalence, continued complexity (treatment options, drug resistance, co-morbid conditions) of clinical care, rising health care costs, limited financial resources and a growing burden of HIV among minority, underserved and marginalized segments of American society. Capacity building assistance 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 people living with HIV in racial/ethnic minority populations.

Within this context, and in collaboration with the HAB program staff, DTTA designs, coordinates and administers HIV/AIDS-related planning and capacity building assistance activities within the HAB. DTTA responds to the evolving need for up-to-date HIV/AIDS information and health care delivery and management capabilities among Ryan White HIV/AIDS Program grantees and funded providers, other HIV service providers, health care leaders and the HAB staff. DTTA provides such assistance through a comprehensive portfolio of contracts, grants, cooperative agreements, collaborative efforts and internal direct services.

A number of resources are utilized by HAB/DTTA in providing capacity building assistance to its constituents:

- HAB project officers and program administrators, other HAB and HRSA staff;

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<sup>2</sup> Hall HI, Ruitang S, Rhodes P, et al. Estimation of HIV incidence in the United States. *JAMA*. 2008;300:520-529.

- Consultative meetings with grantees, providers, representatives of professional and political organizations and advocacy groups;
- Regional and national AETC Programs focusing and specializing in clinical capacity building training;
- Technical assistance (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 training and technical assistance;
- Funding of special evaluation projects that have capacity building assistance relevance such as client-level demonstrations, evaluating the quality of care and care system assessment demonstrations; and
- Dissemination of lessons learned and models developed through the Special Projects of National Significance Program (SPNS).

For purposes of this initiative, capacity building assistance can be defined as a multi-pronged approach that aims to increase or enhance knowledge, skills, and technology to conduct HIV care and treatment effectively and efficiently. Several mechanisms are utilized to deliver CBA services effectively. These mechanisms include:

**Information Transfer** - involves the collection, packaging, and dissemination of information to the organization and its staff. Information may be disseminated through newsletters, technical reports, conference announcements, listserves, batch faxes, and maintenance of hotlines.

**Skills Building** - involves the facilitation of skill set enhancement of key clinical and other personnel whose activities contribute to increasing the HIV primary care capacity of an organization. Skills building activities occur through training of organizational staff, advisory boards, trainers, volunteers, community members, opinion leaders, and other stakeholders.

**Technical Consultation** - involves the delivery of expert advice to key personnel on how to accomplish a task or series of tasks with the intent that the activity will be carried out by the consumer of the advice. The consultation may be provided telephonically, on-site, electronically, or through written documents.

**Technical Service** - involves completion of a task or series of tasks for the organization and its staff that results in increased capacity. Provision of technical services may relate to those items listed in 4.C.

**Technology Transfer** - involves the facilitation of organizational access to products, methodologies, or techniques that increase capacity. This effort may be accompanied by skills building, technical consultation, or technical services.

#### **4. Development and Conceptualization of the AETC National Center for Expansion of HIV Care in Minority Communities: Building Capacity in CHCs**

A previous DHHS MAI project provided the groundwork for this proposal. The project targeted small to medium sized non-profit, community and faith-based organizations providing primary medical care and included a significant number of CHCs as recipients for training and TA services. These organizations were providing primary medical care. Capacity building TA provided under this project focused on a broad array of topics including strategic planning, board development and management, grant writing skills and training, accounting, partnership development, HIV diagnosis and management, and continuous quality improvement.

This project was externally evaluated, as well as assessed by the HRSA Office of Performance Review now known as HRSA Office of Regional Operations. Project findings indicated that specific, targeted capacity building assistance, inclusive of the clinical training of the AETC Program, and other resources are required to promote the expansion of HIV care and treatment services in non Ryan White-funded CHCs. Additionally, Part A and B grantees as well as primary care associations and primary care organizations, who may already have identified the need for further HIV primary care capability, are logical partners to be included in the selection of sites for the intensive capacity building efforts. The focus will continue to be on the whole CHC organization.

The intent for the FY2010-FY2012 AETC National Center for Expansion of HIV Care in Minority Communities: Building Capacity in CHCs cooperative agreement is to address the need for increased access of racial and ethnic minority communities to HIV prevention, testing, care and treatment services. Increasing numbers of people living with HIV/AIDS are in need of ongoing primary medical care. This is dictated by new efforts to routinely test individuals in medical care settings, increased longevity for those already in care, and increased dependence on public programs by those who have lost private and/or public health benefits<sup>3</sup>. The vast majority of current Ryan White grantees report that they are at capacity in their primary care sites, and current Part C capacity development funding provides some specific but very limited support. While many health centers are delivering primary care and primary HIV care, there is variation in the quality and intensity of this primary HIV effort across the country. This AETC National Center for Expansion of HIV Care in Minority Communities: Building Capacity in CHCs is a critical effort to address this variation, by extending and enhancing primary care to address HIV needs.

Moreover, certain requirements emerged as important in providing coordinated and comprehensive CBA on the national level to CHCs. Those areas of development were:

- Coordination with Part A and B grantees and HAB program staff;
- Use of current HAB approved curricula as appropriate;
- Establishment of inherent organizational staff with clinical expertise and credentials;
- Understanding of the business model of CHCs and its correlation to primary care
- Use of multiple methods to deliver capacity building assistance to community health centers;

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<sup>3</sup> Branson, BM et al. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. September 22, 2006 / 55(RR14);1-17.  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm> Accessed November 10, 2009

- Inclusion of follow up evaluation that provides insight and direction on how the capacity building assistance is used by the target grantee or organization as part of their evaluation; and
- Provision of avenues for capacity building assistance for persons who learn best via self learning or in other languages.

The FY2010 – FY2012 AETC National Center for Expansion of HIV Care in Minority Communities: Building Capacity in CHCs cooperative agreement will be awarded to a single organization that will manage the entire project. Collaborative partnerships and subcontractual arrangements are allowed and strongly encouraged if they demonstrably add comprehensiveness and expertise to the proposed activities.

Previous work and associated outcomes suggest that operationally, the applicant organization and its subcontractual partners utilize a single, staggered approach for each eligible CHC which includes the following activities.

***A. Analysis of HIV epidemiology data and outreach***

The grantee must develop an engagement protocol with the Ryan White HIV/AIDS Program Part A and B programs to readily identify potential organizations to target for capacity building, as well as strategic, joint targeting, vetting and concurrence utilizing HRSA/Bureau of Primary Health Care (BPHC) input. The applicant must use unmet need data from the Part A and B grantees also to accentuate outreach and target geographic services areas and populations. HRSA/HAB defines unmet need as the need for HIV-related health services by individuals with HIV who are aware of their HIV status, but are not receiving regular primary health care. Primary health care includes:

- Medical evaluation and clinical care that is consistent with Public Health Service guidelines, including CD4 cell monitoring, viral load testing, antiretroviral therapy, prophylaxis and treatment of opportunistic infections, malignancies, and other related conditions
- Oral health care
- Outpatient mental health care
- Outpatient substance abuse treatment
- Nutritional services, and
- Specialty medical care referrals.

***B. Organizational diagnosis***

The organization diagnosis must present a diagnostic assessment of the whole CHC that will receive capacity building assistance. The components of the assessment should include:

- Background
- Goal setting
- Data and information gathering
- Analysis/ Interpretation

- Feedback
- Action Planning
- Implementation
- Monitoring/ Measure
- Evaluation

***C. One on-site TA visit/intervention***

The grantee must be able to provide capacity building assistance through on-site technical consultation or local/regional training workshops to targeted CHCs. The types of TA may include but are not limited to:

- 1) HIV counseling and testing
- 2) Clinical management of HIV patients
- 3) Administration of HIV clinical services (increasing patient population, clinic flow strategies, managing a clinic, licensure)
- 4) Development of pharmacy support
- 5) Management/planning and evaluation (needs assessment, strategic planning, organizational development sustainability, program evaluation, continuous quality improvements (CQI))
- 6) Outreach and retention of new populations/client recruitment
- 7) Cultural competency and linguistic training
- 8) Data collection, data submission
- 9) Medical information system (MIS) development, reporting
- 10) Professional development: Board development, leadership training, staff development/management, volunteer recruitment and training, persons living with HIV/AIDS involvement
- 11) Grant writing skills and training
- 12) Financial services to include accounting/audits, billing/financial software, third-party reimbursement
- 13) Case management services
- 14) Linkages and referral programs
- 15) Legal services related to supporting primary care providers

On-site capacity building assistance should be enhanced with the development and use of instructional documents and web-based resources and other appropriate forms.

***D. Comprehensive intensive capacity building and clinical training package coupled with financial assistance***

Intensive capacity building activities (at least 12 months in length) under this requirement should follow the organizational assessment and the on-site TA/intervention and should be closely coordinated with the TA activities of the AETC National Multicultural Center (AETC NMC) and the regional AETCs and their local performance sites. The goal of the AETC NMC is to serve as a training center for multicultural HIV/AIDS care to: 1) increase cross-cultural awareness and competency in health care professionals and facilities serving the needs of people living with HIV/AIDS; and 2) improve communication between health care providers and their patients living with HIV/AIDS. This is to be accomplished through providing training, education and technical assistance to health care professionals and organizations. In addition, the AETC NMC will support the AETC mission by offering timely, high quality, state-of-the-art information in the areas of cultural competency and fluency to healthcare professionals working with existing and emerging populations affected by HIV/AIDS. The AETC National Center for Expansion of HIV Care in Minority Communities: Building Capacity in CHCs project is strongly encouraged to partner with the AETC NMC and the regional AETCs for specific activities and directly fund the needed activities in cases where this involvement is beyond their currently funded work plan.

The grantee must be able to establish a competitive process to award up to 30 non Ryan-White funded community health center sites the opportunity to receive intensive capacity building, clinical training and financial support in the area of HIV primary medical care specifically for HIV clients in medically underserved areas where there is a high risk for HIV infection.

Intensive capacity building, clinical training, as well as funds to be used in support of consultant personnel, development or improvement of a MIS system, or other related topics should be part of the package of assistance a site could receive. The type of intensive capacity building may include those topics listed under “C” above, but may also include other topics depending on the individual need of each site. This type of TA is intended to be longer term and broader in scope. There will be intensive coordination and linkages expected between each supported site and local HIV community groups, Regional and local AETC performance sites, other Ryan White HIV/AIDS Program grantees, and others groups as appropriate. A concept, discussion of needs, plan for sustainability and expression of community support should be part of the consideration for all potential sites.

HRSA/HAB expects that the AETC National Center for Expansion of HIV Care in Minority Communities: Building Capacity in CHCs grantee will provide assistance in the areas “C” and “D” described above. Cooperative agreement staff, professional consultants, peers, mentors, or other partner organizations can provide needed capacity building assistance. HRSA/HAB encourages the use of mentors, consultants, peers, non-profit support organizations, and other federally funded TA resources that are geographically local to organizations receiving TA. Such important resources could be available as resources to organizations after their involvement with the AETC National Center for Expansion of HIV Care in Minority Communities: Building Capacity in CHCs, if needed. This option for longitudinal support should be a component of a CHC’s sustainability plan. In addition, the use of local resources will minimize travel costs and maximize the number of organizations that can receive TA.

### ***E. Develop a twinning approach***

The use of previously non Ryan White funded CHCs who are now Ryan White-funded as mentors to coach targeted organizations through the entire process and its developmental steps is another required element that will contribute to organizational change and sustainability of services. A protocol should be developed to affirm and support this interaction.

### ***F. Exploration of various models for building integration of testing and treatment in CHCs***

The applicant must base their development of models on the findings from the HIV testing collaborative pilot project. A variation of the models to consider and pilot include: medical/health home for primary care but refer for HIV specialty care; a CHC medical/health home for both; referral to another organization as medical/health home for both (see <http://www.aidsetc.org/aidsetc?page=etres-display&resource=etres-426> and <http://www.njpca.org/Medical%20Home%20Document.pdf>).

## **5. Community Health Centers Eligible to Receive Capacity Building Assistance**

While there are many organizations that may be in need of capacity building assistance, only those that meet all the criteria listed below will be eligible to receive services under this AETC National Center for Expansion of HIV Care in Minority Communities: Building Capacity in CHCs cooperative agreement. This initiative focuses on organizations whose primary service delivery site is physically located in or near a community whose residents are at risk for or living with HIV and are predominantly racial/ethnic minorities. Preference will also be given to organizations located in a geographic area with a high burden of HIV disease with relatively low resources.

- 1) Federally-funded CHCs, federally qualified health centers (FQHC) and FQHC look-alikes in the U.S. and surrounding territories that are already providing primary medical care.
- 2) CHCs with at least a four-year history of providing primary medical care to racial/ethnic minority residents in its surrounding community.
- 3) CHCs with a commitment to accomplish and report progress on achieving one or more of the Expected Outcomes stated in this program guidance.
- 4) CHCs currently not directly funded by the HRSA through the Ryan White HIV/AIDS Program. CHCs that only receive subcontracts under Part A, B, C, D or Part F of the Ryan White HIV/AIDS Program are eligible to receive TA services under this cooperative agreement. (i.e., CHC who is receiving money for case management but is not providing HIV primary medical care).
- 5) CHCs that do not have the financial resources (discretionary funding) to obtain this type of assistance independently.
- 6) CHCs with references from minority-serving health, social service, civic, or faith-based organizations located in the community served by the organization.



## **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. Awardees are expected to collaborate with HAB and its other grantees and contractors to achieve the expectations described in the program expectations section. Certain activities must be planned jointly and include HAB's input and approval. Under this opportunity, HAB will also engage BPHC for substantive input and advice that can be communicated to the awardee. HRSA/HAB must be aware of all project activities in sufficient time to provide input and/or assistance.

Under the cooperative agreement, HAB's primary role will include, but is not limited to:

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

Proposed activities must support the mutual goals and objectives of HRSA/HAB and the applicant.

### **2. Summary of Funding**

This Program will provide funding during Federal FYs 2010 - 2012. It is anticipated that approximately \$3.0 million is expected to be available annually to fund one cooperative agreement. The first-year award will be made by September 1, 2010, subject to the availability of funds. Funding beyond the first year is dependent on the availability of appropriated funds for AETC National Center for Expansion of HIV Care in Minority Communities: Building Capacity in CHCs, in subsequent fiscal years, awardee satisfactory performance, and a decision that funding is in the best interest of the Federal government.

## **III. Eligibility Information**

### **1. Eligible Applicants**

The eligible entities include public and nonprofit, private entities (including faith-based and community-based organizations) and schools and academic health science centers involved in addressing HIV/AIDS related issues on a national scope are eligible to apply. Applicants must

have a minimum four- year history of developing and disseminating informational materials, providing capacity building 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.

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

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

## **3. Other Eligibility Information**

Applications that exceed the ceiling amount of \$3.0 million 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 deemed 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 is *requiring* applicants for this funding opportunity to apply electronically through Grants.gov. All applicants *must* submit in this manner unless the applicant is granted a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy or designee. Applicants must request an exemption in writing from [DGPWaivers@hrsa.gov](mailto:DGPWaivers@hrsa.gov), and provide details as to why they are technologically unable to submit electronically though the Grants.gov portal. Your email must include the HRSA Announcement Number for which you are seeking relief, the Name, Address, and telephone number of the Organization and the Name and telephone number of the Project Director. Make sure you include specific information, including any tracking or anecdotal information received from Grants.gov and/or the HRSA Call Center, in your justification request. As noted, **HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval.**

Refer to HRSA's Electronic Submission Guide, Appendix A, for detailed application and submission instructions. Pay particular attention to Sections 2 and 5, which provides detailed information on the competitive application and submission process.

Applicants must submit proposals according to Appendix A, using this guidance in conjunction with Public Health Service (PHS) Application Form Standard Form SF-424 Non-construction. These forms contain additional general information and instructions for applications, proposal narratives, and budgets. These forms may be obtained from the following sites by:

(1) Downloading from <http://www.hrsa.gov/grants/forms.htm>

Or

- (2) Contacting the HRSA Grants Application Center at:  
910 Clopper Road  
Suite 155 South  
Gaithersburg, MD 20878  
Telephone: 877-477-2123  
[HRSAGAC@hrsa.gov](mailto:HRSAGAC@hrsa.gov)

Instructions for preparing portions of the application that must accompany the SF-424 appear in the “Application Format” 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, or a total file size of approximately 10 MB. This 80-page limit includes the abstract, project and budget narratives, attachments, appendices and letters of commitment and support.** Standard forms are NOT included in the page limit.




**Applications that exceed the specified limits (approximately 10 MB, or that exceed 80 pages when printed by HRSA) will be deemed non-compliant and will not be considered for funding 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-compliant. Non-compliant applications will not be given any consideration and those particular applicants will be notified.

 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.  
 When providing any electronic attachment with several pages, add table of content page specific to the attachment. Such page will not be counted towards the page limit.

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 guidance for detailed instructions. Provide table of contents specific to this document only as the first page
Additional Congressional District	Attachment	Can be uploaded on page 2 of SF 424 - Box 16	As applicable to HRSA; not counted in the page limit
HHS Checklist Form PHS-5161	Form	Pages 1 & 2 of the HHS checklist.	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 guidance for detailed instructions. Provide table of contents specific to this document only as the first page
SF-424A Budget Information - Non-Construction Programs	Form	Page 1 & 2 to supports structured budget for the request of Non construction related funds	Not counted in the page limit
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non construction programs	Not counted in the page limit

<b>Application Section</b>	<b>Form Type</b>	<b>Instruction</b>	<b>HRSA/Program Guidelines</b>
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 <b>specific</b> 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 guidance.**

<b>Attachment Number</b>	<b>Attachment Description (Program Guidelines)</b>
Attachment Directions	Merge similar documents into a single document. If nothing is specified in this table, it means that the order of additional attachments is not important. Place a table of content cover page specific to the attachment. The table of content page will not be counted in the page limit.
Attachment 1	Résumés and key staff
Attachment 2	Evaluation tools
Attachment 3	Organizational chart
Attachment 4	Project work plan

## **Application Format**

### ***i. Application Face Page***

Use Standard Form 424 provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the Catalog of Federal Domestic Assistance Number is 93.145.

### **DUNS Number**

All applicant organizations are required to have a Data Universal Numbering System (DUNS) number in order to apply for an award 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://www.dnb.com> 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 primary reason for an application to be “Rejected for Errors” by Grants.gov.

Additionally, the applicant organization is required to register annually with the Federal Government’s Central Contractor Registry (CCR) in order to do electronic business with the Federal Government. 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. Application Checklist***

Use the HHS Checklist Form 5161 provided with the application package.

### ***iv. Budget***

Use SF-424A – Budget Information for Non-Construction Programs form provided with the application package.

Please complete Sections A, B, E, and F, and then provide a line item budget for each year using the budget categories in the SF 424A.

Here are some tips for completing this page:

- 1) SF- 424A or “Budget Information—Non-Construction Programs” asks for information about the budget.
- 2) For Sections A, B, C, and D, include budget information only for the first budget period **September 1, 2010** through **August 31, 2013**.
- 3) For Section B, you do not need to report budget information by function/activity.

### ***v. 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 project period years at the time of application. Line item information must be provided to explain the costs entered in SF-424A. **The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's goals/objectives.** Be very careful about showing how each item in the "other" category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

### **Budget for Multi-Year Award**

This announcement is inviting applications for project periods up to three years. Awards, on a competitive basis, will be for a one-year budget period, although project periods may be for three years. Applications for continuation grants funded under these awards beyond the one-year budget period but within the three year project period will be entertained in subsequent years on a noncompetitive basis, subject to availability of funds, satisfactory progress of the grantee and a determination that continued funding would be in the best interest of the Federal government.

Include the following in the Budget Justification narrative:

***Personnel Costs:** Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percent full time equivalency, annual salary, and the exact amount requested for each project year which mainly covers indirect cost.*

***Fringe Benefits:** List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.*

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

***Equipment:** List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items.*

***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.*

***Contracts:** Applicants and or awardees are responsible for ensuring that their organization and or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all*

*contracts. Applicants and or awardees must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.*

***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, grantee rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.*

*Funds under this cooperative agreement **may not** be used for subscription or membership dues, general staff development or training, or for international travel expenses.*

***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.*

*Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment (capital expenditures), tuition and fees, and sub-grants and subcontracts in excess of \$25,000 are excluded from the actual direct cost base for purposes of this calculation.*

***vi. Staffing Plan and Personnel Requirements***

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included. Copies of biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included as Attachment 1.

***vii. Assurances***

Please use the Standard Form 424B Assurances for Non-Construction Programs provided with the application package.

***viii. Certifications***

Use the certifications and Disclosure of Lobbying Activities form provided with the application package.

***ix. 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 grant project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:

- Project Title
- Applicant Name
- Address
- 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.

***x. Program 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.

The Program Narrative has six parts; use the following section headers for the Program Narrative: Introduction; Need Assessment; Methodology; Work Plan; Resolution of Challenges; Evaluation and Technical Support Capacity; and Organizational Information.

- ***INTRODUCTION***

This section should briefly describe the purpose of the proposed project. The applicant should include a discussion that exhibits an expert understanding of the clinical structure and business model of CHCs.

- ***NEEDS ASSESSMENT***

This section outlines the needs of CHCs. Demographic data 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 capacity building assistance recipients, based on unmet need assessments, HIV/AIDS prevalence data, targeted outreach with Part A and B grantees, geomapping or other techniques aimed at locating areas of highest need for this type of capacity building assistance. 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 and goals of the MAI, as well as serve as a supplement to the Ryan White HIV/AIDS Program in increasing HIV primary care capability. Provide a source for statistics or other facts used in your statement. Please discuss any relevant barriers in the service area or target group that the project hopes to overcome. Include the current state of HIV care in CHCs and demonstrate your familiarity with the structure and business model of CHCs. This section should help reviewers understand CHCs that will be served by the proposed project.

- ***METHODOLOGY***

Propose methods that will be used to meet each of the previously-described program requirements and expectations in this cooperative agreement announcement.

- ***WORK PLAN***

The work plan should include goals for the program and must identify objectives and action steps that are SMART (specific, measurable, achievable, realistic, and time measurable). The work plan should consist of goals and objectives that support the need for the service, key action steps that relate to the method for carrying out the project, targeted completion dates, responsible person(s), evaluation tools/measurable outcomes, and status (this column would be completed in the future). Applicants are asked to include appropriate milestones and any products to be developed. Indicate the target completion dates for major activities and products to be developed, and specify the entity/group or person responsible for implementing and completing each activity and the expected outcome measures/tools to show that the goals and objectives will be achieved.

The work plan should relate to the needs previously identified in the needs assessment and closely correspond to the activities described in the program narrative. The action steps are those activities that will be undertaken to implement the proposed project and provide a basis for evaluating the program.

The work plan must be broken out by year but must include 3 years of work plans to cover goals, objectives and action steps proposed for the entire 3-year project period.

For more information on creating work plans, please visit the following Web sites:

<http://www.cdc.gov/cancer/nbccedp/training/workplans/>

<http://doe.state.in.us/sdfsc/pdf/writing-gos.pdf>

[http://www.sfdph.org/dph/files/CAMdocs/Skill-based\\_activities/2smartgyo/lp-GyOcomplete.pdf](http://www.sfdph.org/dph/files/CAMdocs/Skill-based_activities/2smartgyo/lp-GyOcomplete.pdf)

- ***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.

- ***EVALUATION AND TECHNICAL SUPPORT CAPACITY***

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Present and discuss the availability of clinical expertise within the organization. List the evaluation questions you plan to answer with your project and potential outcome measures. Describe how you plan to monitor your goals and objectives. Describe the methods and any tools developed that you plan to use to collect data; include such as Attachment 2. Describe the computer hardware and software you plan to use to store and analyze the data you collect. Discuss the expertise available to or within your organization to analyze collected data. If an external evaluator is to be used, describe how your agency will coordinate evaluation activities with this evaluator. Discuss how you will use the findings of your evaluation activities.

- ***ORGANIZATIONAL INFORMATION***

Provide information on the applicant agency's history, 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 the program requirements and meet program expectations. Describe the history and mission of the applicant's partners/collaborators. Describe experience in developing and disseminating informational materials, providing training or capacity building assistance to HIV/AIDS related organizations, community health centers, other primary care organizations and constituencies on a national level. Describe past performance managing Federal grants at the national level, including percentage of deliverables completed within each Federal fiscal year for the past four completed fiscal years. Discuss expertise of staff as it relates to the scope of work proposed. Discuss the clinical expertise that is available within core staff and not through consultants. This can include both applicant and partners/collaborators. Describe collaborative efforts with other pertinent agencies that enhance your ability to accomplish proposed projects. Describe the estimated percentage of total agency budget that funding for this cooperative agreement would make up, and tell us about other sources of funding your agency receives.

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. Then outline your response under each section in the format outlined, i.e., 1a), 1b), 1c), etc. Your application must follow the format as outlined in this guidance. **Please note, sections do not have a page limit; however, the entire application including attachments may not exceed 80 pages.**

#### *xi. Program Specific Forms*

##### **A. Sample Work Plans**

Submit a project work plan and any additional materials to support your Program Narrative. You may choose to use the suggested table format below. You must use a 12-point easy to read font.

Use a time line that includes each activity and identifies responsible staff. The work plan shall include the following information:

- Goals
- Objectives
- Action Steps
- Staff responsible
- Timeline for Action Steps
- Measurable Outcomes

The work plan should include goals, objectives and outcomes that are SMART (specific, measurable, achievable, realistic, and time measurable). Applicants are asked to include appropriate milestones (e.g., a significant or important event in the grant budget period) and any products to be developed. Indicate the target completion dates for major activities, including required progress and data reports and specify the person responsible for implementing and completing each activity. Activities of subcontractors are to be reflected in this work plan.

## Sample Work Plan for 2010

<b>Goal 1.</b>			
<b>Objective 1.1:</b>			
<b>Action Steps</b>	<b>Staff Responsible</b>	<b>Time Line</b>	<b>Measurable Outcomes</b>
<b>Goal 2.</b>			
<b>Objective 2.1:</b>			
<b>Action Steps</b>	<b>Staff Responsible</b>	<b>Time Line</b>	<b>Measurable Outcomes</b>
<b>Objective 2.2:</b>			
<b>Action Steps</b>	<b>Staff Responsible</b>	<b>Time Line</b>	<b>Measurable Outcomes</b>
<b>Goal 3:</b>			
<b>Objective 3.1:</b>			
<b>Action Steps</b>	<b>Staff Responsible</b>	<b>Time Line</b>	<b>Measurable Outcomes</b>
<b>Objective 3.2:</b>			
<b>Action Steps</b>	<b>Staff Responsible</b>	<b>Time line</b>	<b>Measurable Outcomes</b>

**B. Sample Project Activity Budget**

Although not required, you may choose to use this format to provide the budget information required for the Project Proposal. Whatever format you use, you can prepare your budget on 8 ½ by 11-inch papers in **portrait view** (top of page along the 8 ½-inch side) or **landscape view** (top of page along the 11-inch side). You may use a 12-point or 10-point easy to read font.

<b>Personnel Name &amp; Title</b>	<b>Annual Salary</b>	<b>Total Program FTE</b>	<b>Activity A: On-site</b>	<b>Activity B: Intensive Capacity Building</b>	<b>Activity C: Twinning Approach</b>	<b>Activity D: CHC Model</b>	<b>TOTAL</b>
<b>Personnel Costs</b>							
<b>Fringe Benefits</b>							
<b>Travel</b>							
<b>Equipment</b>							
<b>Supplies</b>							
<b>Subcontractors</b>							
<b>Other</b>							
<b>Total Direct Costs</b>							
<b>Indirect Costs</b>							
<b>TOTAL COSTS</b>							

***xii. 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. Be sure each appendix is clearly labeled.

- 1) Attachment 1 - Resumes of key staff (required)
- 2) Attachment 2 - Developed evaluation tools (optional)
- 3) Attachment 3 - Organizational charts for the applicant organization (required)
- 4) Attachment 4 – Project work plan and other materials to support your Program Narrative (optional)

**3. Submission Dates and Times**

**Application Due Date**

The due date for applications under this funding opportunity announcement is May 12, 2010 at 8:00 P.M. ET. Applications will be considered as meeting the deadline 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. Please consult Appendix A for detailed instructions on submission requirements.

The Chief Grants Management Officer (CGMO) or a higher level designee may authorize an extension of published deadlines when justified by circumstances such as acts of God (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).

**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.

#### **Late applications:**

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

#### **Pre-application Conference Call**

HAB/DTTA is sponsoring one, 90 minute pre-application conference call on April 6, 2010 from 2:00-3:30pm Eastern Standard Time (EST) to assist potential applicants in preparing applications that address the requirements of this guidance. Participation in this pre-application conference call is not mandatory.

For more information on the conference call and to register for the call please go to <http://www.careacttarget.org/webcasts.asp> and select the HRSA/HAB Webcasts/Calls or contact Lauresa Washington at 301-443-0251.

#### **4. Intergovernmental Review**

This funding will not be subject to Intergovernmental Review.

#### **5. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to three years, at no more than \$3.0 million per year. Awards to support the project 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 government.

Funds under this cooperative agreement **may not** be used for subscription or membership dues, general staff development or training, or for international travel expenses.

#### **6. Other Submission Requirements**

As stated in Section IV.1, except in 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 <http://www.Grants.gov> apply site. 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, so you need to begin immediately.

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 Number System (DUNS) number
- Register the organization with Central Contractor Registry (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 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 [www.grants.gov](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](mailto:support@grants.gov) or by phone at 1-800-518-4726.

## **V. Application Review Information**

### **1. Review Criteria**

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

Review Criteria are used to review and rank applications. The AETC National Center for Expansion of HIV Care in Minority Communities: Building Capacity in CHCs cooperative agreements program has six review criteria:

<b><u>Section</u></b>	<b><u>Points</u></b>
<b>Criterion 1: NEED: Justification of Need</b>	<b>13</b>
<b>Criterion 2: RESPONSE: Work Plan/Work Table</b>	<b>28</b>
<b>Criterion 3: EVALUATIVE MEASURES: Evaluation</b>	<b>12</b>
<b>Criterion 4: IMPACT: Project Value</b>	<b>10</b>

**Criterion 5: RESOURCES/CAPABILITIES:**

**Organizational Capacity and Expertise 27**

**Criterion 6: SUPPORT REQUESTED: Budget/Budget Justification 10**

**Total 100**

**1) NEED: Justification of Need – 13 points**

This includes the extent to which the application describes the problem and associated contributing factors to the problem.

- a) The extent to which the applicant discusses the current state of HIV care in CHCs Include the applicant’s familiarity with the structure and business model of CHCs. **(3)**
- b) The extent to which the applicant discusses the data/information gathering methods the organization, and its partners, have conducted to determine the needs of the target audience relative to the proposed topic area. The extent to which the applicant discusses their ability and expertise in locating potential capacity building assistance recipients, based on unmet need assessments, HIV/AIDS prevalence data, targeted outreach with Part A and B grantees, geomapping or other techniques aimed at locating areas of highest need for this type of capacity building assistance. Include findings from the information gathering in as much detail as possible to illustrate the need for your program. **(6)**
- c) The extent to which the applicant discusses how the project will contribute to the current national HIV/AIDS environment and goals of the MAI, as well as serve as a supplement to the Ryan White HIV/AIDS Program in increasing HIV primary care capability. Provide a source for statistics or other facts used in your statement. **(4)**

**2) RESPONSE: Methodology and Work Plan/Work Table – 28 points**

This includes the extent to which the proposed project responds to the clarity of proposed goals and objectives, and their relationship to the identified project.

- a) Extent to which the applicant demonstrates activities and methods that will be utilized to meet each of the previously described program components (Section 4 A-F), and how and where the activities will take place. Discuss how the applicant will choose the location for the activities. **(8)**
- b) Strength of proposed collaboration and/or contractual arrangements that will take place between the applicant and other organizations such as the regional and national AETCs and their local performance sites, national organizations with a history of providing capacity building assistance to community health centers, primary care organizations and primary care associations in each state, or expert consultants/individuals, in order to accomplish these activities. **(8)**
- c) Extent to which the applicant demonstrates an understanding challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and the strength of the approaches that will be used to resolve such challenges. **(5)**



- d) Extent to which the work plan that corresponds with the narrative. Either use one of the sample work plans included in this guidance as a template, or be sure that your work plan table includes all information outlined in the samples, including each project activity outlined by action steps, intended target population, target end dates and the person(s) responsible for each step. (7)

### **3) EVALUATIVE MEASURES: Outcome Evaluation -12 points**

This includes 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.

- a) Strength of the evaluation questions you plan to answer with your project and potential outcome measures. (4)
- b) Strength of the plan to monitor your goals and objectives. (4)
- c) Adequacy of the methods and any tools developed that you plan to use to collect data including the computer hardware and software you plan to use to store and analyze the data you collect. Expertise available to or within your organization to analyze collected data. If an external evaluator is to be used, extent to which your agency will coordinate evaluation activities with this evaluator. (2)
- d) Evidence of how you will use the findings of your evaluation activities. (2)

### **4) IMPACT – Project Value - 10 points**

This includes the extent and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or degree to which the project activities are replicable.

- a) Describe how you will measure the value and impact of the activities proposed to meet the mission of the Minority AIDS Initiative. (3)
- b) Extent to which you will measure the value and impact of the activities proposed on CHCs receiving capacity building assistance and the Ryan White HIV/AIDS Program overall. (3)
- c) Adequacy of how you will measure the value and impact of the activities proposed to meet the mission of the AETC Program. (4)

### **5) RESOURCES/CAPABILITIES: Organizational Capacity, Expertise and Experience – 27 points**

This includes the extent to which project personnel are qualified by training and/or experience to implement and carry out the projects. It also includes the extent of the capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

- a) Strength of the history and mission of the applicant’s organization and its partners/collaborators. (3)

- b) Strength of demonstrated organizational capacity and specific areas of organizational expertise; the applicant and its partners/collaborators must have a minimum **four-year** history of developing and disseminating informational materials, providing training or capacity building assistance to HIV/AIDS related organizations, community health centers, other primary care organizations and constituencies on a national level. **(6)**
- c) Evidence of past performance managing Federal grants at the national level, including percentage of deliverables completed within each Federal fiscal year for the past four completed fiscal years. **(5)**
- d) Adequacy of the current organizational ability to manage Federal funds. **(3)**
- e) Expertise of staff as it relates to the scope of work proposed. Evidence that the clinical expertise that is available within core staff and not through consultants. This can include both applicant and partners/collaborators. **(4)**
- f) Extent to which collaborative efforts with other pertinent agencies will enhance your ability to accomplish proposed projects **(4)**
- g) Inclusion an organizational chart as Attachment C of the project proposal inclusive of applicant staff, subcontracted partner organizations and consultants. **(2)**

**6) SUPPORT REQUESTED: Project Budget and Justification – 10 points**

- a) Presentation of the detailed line-item project activity budget. **One budget is required for each of the three years of the project** (September 1, 2010 – August 31, 2013). Total budget amounts should match the budget you prepare for the SF-424-A. The project activity budget must have separate columns for each of the three program activities. Each column should reflect the line-item costs associated with achieving the activity. Failure to provide the line item budget in project activity format will result in loss of points for your application. **(8)**
- b) Describe the estimated percentage of total agency budget that funding for this cooperative agreement would make up, and tell us about other sources of funding your agency receives. **(2)**

**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

program 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.

### **Funding Preferences**

The Ryan White HIV/AIDS Program provides for a preference in making grants under this funding opportunity. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will otherwise be given full and equitable consideration during the review process. A funding preference must be specifically requested in writing with the application and the application must include evidence throughout the proposal that it meets the criteria for all three preferences as follows:

#### **Qualification 1: Training of Minority Serving Health Professionals**

“Train, or result in training of, health professionals who will provide treatment for minority individuals and Native Americans with HIV/AIDS and other individuals who are at high risk of contracting such disease”; and

#### **Qualification 2: Training of Minority Health Professionals**

“Train, or result in training of, minority health professionals and minority allied health professionals to provide treatment for individuals with such disease”; and

#### **Qualification 3: Training for Treatment of Hepatitis B or C Co-infection**

“Train or result in the training of health professionals and allied health professionals to provide treatment for hepatitis B or C co-infected individuals.”

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

Notification of Grant Award will be sent prior to the start date of September 1, 2010.

## **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 merits 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 cooperative agreement, 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 agency’s Authorized Representative, and reflects the only the authorizing document. It will be sent prior to the start date of September 1, 2010.

## 2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 (non-governmental) or 45 CFR Part 92 (governmental), as appropriate.

HRSA awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to the grant 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).

### **Cultural and Linguistic Competence**

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 published by HHS. This document is available online at <http://www.omhrc.gov/CLAS>.

HRSA and National Institutes of Health National Center for Minority Health and Health Disparities have funded the creation and enhancement of the **Unified Health Communication (UHC) 101: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency** as a free on-line learning tool that will help grantees, providers and consumers:

- Improve provider patient communication skills
- Increase awareness and knowledge of the three main factors that affect providers communication with patients: health literacy, cultural competency and low English proficiency
- Implement patient-centered communication practices that demonstrate cultural competency and appropriately address patients with limited health literacy and low English proficiency

This course is appropriate for an audience including physicians, nurses, dentists, pharmacists, physician assistants, hospital and healthcare administrators, health educators, community health and outreach workers, social workers, academic faculty, staff such as receptionists and office management staff. This course is also helpful for consumers who want to improve their health communication skills and understanding of the literacy, culture and language. The course also offers additional benefits such as free Continuing Education Units upon completion as well as a course completion certificate. The training can be accessed online at <http://www.hrsa.gov/healthliteracy/training.htm>.

### **Trafficking in Persons**

Awards issued under this guidance 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.htm>. If you are unable to access

this link, please contact the Grants Management Specialist identified in this guidance 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.

### **HRSA Guidance on Preparations for the 2<sup>nd</sup> Phase of the Novel H1N1 Influenza**

HRSA has been working with HHS, other Federal agency partners, grantees and grantee associations to get ready for the upcoming flu season. “H1N1 Guidance for HRSA Grantees,” which can be found at [www.hrsa.gov/h1n1/](http://www.hrsa.gov/h1n1/), is voluntary guidance intended primarily for HRSA-funded direct service grantees and their subgrantees and contractors, although other HRSA grantees may also find the information useful. This guidance may also be of interest to eligible 340B entities and HRSA’s cooperative agreement partners.

HRSA is providing this to help HRSA-funded programs plan how to best protect their workforce and serve their communities. HRSA will continue to monitor evolving pandemic preparedness efforts and work to provide guidance and information to grantees and grantee associations as it becomes available. Products and updates in support of H1N1 pandemic response efforts will be posted to [www.hrsa.gov/h1n1/](http://www.hrsa.gov/h1n1/) as soon as they are released

## **PUBLIC POLICY ISSUANCE**

### **HEALTHY PEOPLE 2010**

**Healthy People 2010** is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has two major goals: (1) To increase the quality and years of a healthy life; and (2) Eliminate our country’s health disparities. The program consists of 28 focus areas and 467 objectives. HRSA has actively participated in the work groups of all the focus areas, and is committed to the achievement of the Healthy People 2010 goals.

Applicants must summarize the relationship of their projects and identify which of their programs objectives and/or sub-objectives relate to the goals of the Healthy People 2010 initiative.

Copies of the Healthy People 2010 may be obtained from the Superintendent of Documents or downloaded at the Healthy People 2010 website:  
<http://www.health.gov/healthypeople/document/>.

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.

### 3. Reporting

The successful applicant under this guidance must:

#### 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 [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars).

#### 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 cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each quarter. Failure to submit the report may result in the inability to access award funds. Go to [www.dpm.psc.gov](http://www.dpm.psc.gov) for additional information.

#### c. Status Reports

1) Submit a **Financial Report**. A financial report is required within 90 days of the end of each grant year. The report is an accounting of expenditures under the project that year. It must be submitted online through the HRSA EHBs. More specific information will be included in the award notice.

2) Submit **quarterly progress reports** summarizing activities in all project areas. A report format will be provided. One annual report will be required ninety days after the end of the budget year. The annual report must include detailed information on project outcomes.

#### d. On-Site Review

The Office of Regional Operations (ORO), formerly the Office of Performance Review (OPR), serves as the regional component of HRSA by providing leadership on HRSA's mission, goals, priorities and initiatives in the regions, States and Territories. ORO will provide assistance to grant recipients in partnership with HRSA program leaders within the Bureaus/Offices in the conduct of site visits in addressing compliance with program requirements and evaluating performance against established Bureau/Office metrics. Bureaus/Office program leaders will determine which programs to visit and will enlist the assistance of ORO regional components in the pre-planning and conduct of those visits. As part of this effort, HRSA recipients may be asked to participate in an on-site visit to their HRSA funded program(s) by a review team from one of the ten ORO regional divisions and, if required, staff from the Bureau/Office making the award.

ORO works collaboratively with grantees and HRSA Bureaus/Offices to ensure that recipients are able to adequately address the identified performance measures based on the type of program(s). ORO will also seek to identify, collect, and disseminate leading/innovative practices.

These visits will also provide an opportunity for HRSA recipients to offer direct feedback to the agency about the impact of HRSA policies on program implementation and performance within communities and States.

## **VII. Agency Contacts**

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

Crystal Howard  
Grants Management Specialist  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11A-02  
5600 Fishers Lane  
Rockville, MD 20857  
Phone: (301) 443-3844,  
Fax: (301) 594-6096  
E-mail: [choward@hrsa.gov](mailto:choward@hrsa.gov)

Technical assistance regarding this funding announcement may be obtained by contacting:

Lauresa Washington,  
Public Health Analyst  
Division of Training and Technical Assistance  
Attn: AETC National Center for Expansion of HIV Care in Minority  
Communities: Building Capacity in CHCs  
HIV/AIDS Bureau, HRSA  
Parklawn Building RM 7-29  
Phone: (301) 443-0251  
Fax: (301) 594-2835  
Email: [lauresa.washington@hrsa.hhs.gov](mailto:lauresa.washington@hrsa.hhs.gov)

## **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>.

## Appendix A: HRSA Electronic Submission Guide


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## 1. Introduction

### 1.1. Document Purpose and Scope

The purpose of this document is to provide detailed instructions to help applicants and grantees submit new competing, competing continuation, competing supplements, and most noncompeting continuation applications electronically to HRSA through Grants.gov (and HRSA EHBs, where applicable). All applicants must submit in this manner. This document is intended to be the comprehensive source of information related to the electronic grant submission processes and will be updated periodically. This document does not replace program guidance provided in funding opportunity announcements.

 NOTE: In order to view, complete and submit an application package, you will need to download the compatible version of Adobe Reader software. All applicants must use the Adobe Reader version 8.1.1 or later version to successfully submit an application.

### 1.2. Document Organization and Version Control

This document contains SEVEN (7) sections. Following is the summary:


Section	Description
1. Introduction	Describes the document's purpose and scope.
2. Process Overview- - New Competing Application through Grants.gov only (no verification required within HRSA EHBs)  - New Competing, Competing Continuation, and Competing Supplement Applications (submitted using both Grants.gov and HRSA EHBs (with HRSA EHBs Verification))  - Noncompeting Continuation Application	Provides detailed instructions to applicant organizations and institutions submitting a new competing application using Grants.gov that does <b>not</b> require HRSA EHBs verification.  Provides detailed instructions for those grantees submitting new competing, competing continuation, and competing supplement applications through Grants.gov and HRSA EHBs that <b>require</b> HRSA EHBs verification.  Provides detailed instructions to existing HRSA Grantees on submitting a noncompeting continuation application through Grants.gov and HRSA EHBs; verification required within EHBs.
3. Registering and Applying through Grants.gov	Provides detailed instructions to enable applicants/grantees to register and apply electronically using Grants.gov in the submission of grant applications.
4. HRSA Electronic Handbooks	Provides detailed instructions and important guidance on registering an individual and/or organization, verifying the status of applications, validating grants.gov application in the EHB, managing access to the application, checking and correcting validation errors, completing and submitting the application.
5. General Instructions for Application Submission	Provides instructions and important policy guidance regarding application format requirements and submission.

6.	Customer Support Information	Provides contact information to address technical and programmatic questions.
7.	Frequently Asked Questions (FAQs)	Provides answers to frequently asked questions by various categories

This document is under version control. Please visit <http://www.hrsa.gov/grants> to retrieve the latest published version.

## 2. Process Overview


### 2.1 New Competing Applications (Entire Submission Through Grants.gov; no verification required within HRSA EHBs)

 **NOTE: Use the program guidance to determine if verification in HRSA EHBs is required. If verification is required, you should refer to Section 2.2. If verification is not required, continue reading this section.**

Following is the process for submitting a New Competing Application through Grants.gov:

1. HRSA will post all New Competing announcements on Grants.gov (<http://www.grants.gov>).
2. Once the program guidance is available, applicants should search for the announcement in Grants.gov 'Find Grant Opportunities.' ([http://www.grants.gov/applicants/find\\_grant\\_opportunities.jsp](http://www.grants.gov/applicants/find_grant_opportunities.jsp)) or 'Apply for Grants' (<http://www.grants.gov/Apply>).
3. Download the application package and instructions from Grants.gov. The program guidance is also part of the instructions that must be downloaded.
4. Save a copy of the application package on your computer and complete all the forms based on the instructions provided in the program guidance.
5. Submit the application package through Grants.gov (requires registration).
6. Track the status of your submitted application using *Track My Status* at Grants.gov until you receive email notifications that your application has been received and validated by Grants.gov and received by HRSA.

### 2.2 New Competing, Competing Continuation, and Competing Supplement Applications (Submitted Using Both Grants.gov and HRSA EHBs; verification required within HRSA EHBs)

 **NOTE: You should review program guidance to determine if verification in HRSA EHBs is required. If verification is NOT required, you should refer to Section 2.1 above. If verification is required, continue reading this section.**

Following is the process for submitting a Competitive Application through Grants.gov with verification required within HRSA Electronic Handbooks (EHBs):

1. HRSA will post all Competing Continuation and Competing Supplemental announcements on Grants.gov (<http://grants.gov/search>). Announcements are typically posted at the beginning of the fiscal year. However, program guidances are not generally available until later. New Competing applications that require verification within EHBs are posted throughout the year. For more information, visit <http://www.hrsa.gov/grants>.
2. When a program guidance becomes available, applicants should search for the announcement in Grants.gov under 'Apply for Grants' (<http://www.grants.gov/Apply>). Since eligibility for Competing Continuation and Competing Supplemental funding is limited to

current grantees, those announcements will not appear under Grants.gov 'Find Grant Opportunities.'

3. Download the application package and instructions from Grants.gov. The program guidance is also part of the instructions that must be downloaded. Note the *Announcement Number* as it will be required later in the process.
4. Save a copy of the application package on your computer and complete all the standard forms based on the instructions provided in the program guidance.
5. Submit the application package through Grants.gov (*requires registration*). Note the *Grants.gov Tracking Number* as it will be required later in the process.
6. Track the status of your submitted application using *Track My Status* at Grants.gov until you receive email notifications that your application has been received and validated by Grants.gov and received by HRSA.
7. HRSA EHBs software pulls the application information into EHBs and validates the data
8. HRSA notifies the Project Director, Authorizing Official (AO), Business Official (BO) and application point of contact (POC) by email to check HRSA EHBs for results of HRSA validations and enter supplemental information required to process the competing continuation or supplemental application. Note the *HRSA EHBs tracking number* from the email.
9. The application in HRSA EHBs is validated by a user from the grantee organization by providing three independent data elements--Announcement Number, Grants.gov Tracking Number and HRSA EHBs Tracking Number.
10. The AO verifies the pending application in HRSA EHBs, fixes any validation errors, and makes necessary corrections. Supplemental forms are completed. AO submits the application to HRSA.

### 2.3. Noncompeting Continuation Application

The following is the process for submitting a Noncompeting Continuation application through Grants.gov and HRSA EHBs; verification required within HRSA EHBs:

1. HRSA will communicate the Noncompeting announcement number to the Project Director (PD) and authorizing official (AO) listed on the most recent Notice of Grant Award (NGA) via email. The announcement number will be required to search for the announcement/funding opportunity when applying in Grants.gov.
2. Search for the announcement/funding opportunity in Grants.gov under '**Apply for Grants.**' Since eligibility is limited to current grantees, the announcement will not appear under Grants.gov 'Find Grant Opportunities.'
3. Download the application package and instructions from Grants.gov. The program guidance is part of the instructions that must be downloaded.
4. Save a copy of the application package on your computer and complete all the forms based on the instructions provided in the program guidance.
5. Submit the application package through Grants.gov (*requires registration*).
6. Track the status of your submitted application using *Track My Status* at Grants.gov until you receive email notifications that your application has been received and validated by Grants.gov and received by HRSA.
7. The HRSA Electronic Handbooks (EHBs) software pulls the application information into EHBs and validates the data. HRSA sends an email to the PD, AO, business official (BO), and application point of contact (POC) to review the application in the HRSA EHBs for validation errors and enter additional information, including in some cases, performance measures, necessary to process the noncompeting continuation.
8. The PD logs into the HRSA EHBs to enter all additional information necessary to process the application. The PD must also provide the AO submission rights for the application.

9. The AO verifies the application in HRSA EHBs, fixes any remaining validation errors, makes necessary corrections, and submits the application to HRSA (requires registration in EHBs).

### 3. Registering and Applying Through Grants.gov

Grants.gov requires a one-time registration by the applicant organization and annual updating. *If you do not complete the registration process and update it annually, you will not be able to submit an application.*

The five-step registration process must be completed by every organization wishing to apply for a HRSA grant opportunity. The process will require some time (*anywhere from five business days to a month*). Therefore, first-time applicants or those considering applying at some point in the future should register **immediately**. Registration with Grants.gov provides the representatives from the organization the required credentials necessary to submit an application.

#### 3.1. REGISTER – Applicant/Grantee Organizations Must Register With Grants.gov (if not already registered)

If an applicant/grantee organization has already completed Grants.gov registration for HRSA or another Federal agency, skip to the next section.

For those applicant organizations still needing to register with Grants.gov, detailed registration information can be found on the Grants.gov “Get Registered” Web site ([http://www.grants.gov/applicants/get\\_registered.jsp](http://www.grants.gov/applicants/get_registered.jsp)). These instructions will walk you through the following five basic registration steps:

**Step 1:** Obtain a Data Universal Number System (DUNS) number

A DUNS number is a unique number that identifies an organization. It has been adopted by the Federal government to help track how Federal grant money is distributed. Ask your grant administrator or chief financial officer to provide your organization’s DUNS number. If your organization does not have a DUNS number, you may request one online at <http://fedgov.dnb.com/webform> or call the special Dun & Bradstreet hotline at 1-800-705-5711 for the US and US Virgin Islands (1-800-234-3867 for Puerto Rico) to receive one **free of charge**. Note: A missing or incorrect DUNS number is the primary reason for applications being “Rejected for Errors” by Grants.gov.

**Step 2:** Register with the Central Contractor Registration (CCR)

The CCR is the central government repository for organizations working with the Federal government. Check to see if your organization is already registered at the CCR Web site. If your organization is not registered, identify the primary contact who should register your organization. Visit the CCR Web site at <http://www.ccr.gov> to register online or call 1-888-227-2423 to register by phone. CCR Registration must be renewed annually.

- Designate the organization’s E-Business Point of Contact (E-BIZ POC)
- Create the organization’s CCR “Marketing Partner ID Number (MPIN)” password. The E-BIZ POC will use the MPIN to designate Authorized Organization Representatives (AORs) through Grants.gov

The CCR Registration must become active before you can proceed to step 3.

**Step 3:** Creating a Username & Password

- AORs must create a short profile and obtain a username and password from the Grants.gov Credential Provider
- AORs will only be authorized for the DUNS number with which they registered in the Grants.gov profile

**Step 4:** AOR Authorization

- The E-Business POC uses the DUNS number and MPIN to authorize your AOR status
- Only the E-BIZ POC may authorize AORs


**Step 5:** Track AOR Status

- Using your username and password from Step 3, go to Grants.gov's 'Applicant Login' to check your AOR status at <https://apply07.grants.gov/apply/loginhome.jsp>.

In addition, allow for extra time if an applicant does not have a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN). The CCR validates the EIN against Internal Revenue Service records, a step that will take an additional one to five business days.

Additional assistance regarding the complete registration process is available at Grants.gov at [http://www.grants.gov/applicants/get\\_registered.jsp](http://www.grants.gov/applicants/get_registered.jsp). Grants.gov provides a variety of support options through online Help including Context-Sensitive Help, Online Tutorials, FAQs, Training Demonstrations, User Guides (<http://www.grants.gov/assets/ApplicantUserGuide.pdf>), and Quick Reference Guides.

Please direct questions regarding Grants.gov registration to the Grants.gov Call Center at: 1-800-518-4726. Call Center hours of operation are 24 hours a day, 7 days a week, excluding Federal holidays.


 NOTE: It is highly recommended that this registration process be completed at least two weeks prior to the submittal date of your organization's first Grants.gov submission.

## 3.2. APPLY - Apply through Grants.gov


The Grants.gov/Apply feature includes a simple, unified application process to enable applicants to apply for grants online. The information applicants need to understand and execute the steps can be found at Grants.gov Apply for Grants ([http://www.grants.gov/applicants/apply\\_for\\_grants.jsp](http://www.grants.gov/applicants/apply_for_grants.jsp)). Step 2 'Complete the Grant Application Package' includes a narrated online tutorial on how to complete a grant application package using Adobe. The site also contains an *Applicant User Guide* at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>.

### 3.2.1. Find Funding Opportunity

If you are submitting a new competing application, search for the announcement in Grants.gov **Find** Grant Opportunities ([http://www.grants.gov/applicants/find\\_grant\\_opportunities.jsp](http://www.grants.gov/applicants/find_grant_opportunities.jsp)) and select the announcement for which you wish to apply. Refer to the program guidance for eligibility criteria.

 NOTE: All new competing announcements should be available in Grants.gov FIND! When funding opportunities are released, announcements are made available in Grants.gov APPLY.


If you are submitting a competing continuation, competing supplement, or noncompeting continuation application, search for the announcement in **Apply** For Grants (<http://www.grants.gov/Apply>). Enter the announcement number communicated to you in the field *Funding Opportunity Number*. (Example announcement number: 5-S45-10-001)

 NOTE: Noncompeting continuations and announcements with restricted eligibility are not available under the Find Grant Opportunities function in Grants.gov.

### 3.2.2. Download Application Package


Download the application package and instructions. Application packages are posted in Adobe Reader format. To ensure that you can view the application package and instructions, you should download and install the Adobe Reader application.

For more information on using Adobe Reader, please refer to Section 7.1.2.

 NOTE: Please review the system requirements for Adobe Reader at [http://www.grants.gov/help/download\\_software.jsp](http://www.grants.gov/help/download_software.jsp).

### 3.2.3. Complete the Grant Application Package

Complete the application using both the built-in instructions and the instructions provided in the program guidance. Ensure that you save a copy of the application on your computer. For assistance with program guidance related questions, please contact the program officer listed on the program guidance.

 NOTE: Competing continuations, competing supplements, and noncompeting continuations should provide their 10-digit grant number (box 4b from NGA) in the Federal Award Identifier field (box 5b in SF424 or box 4 in SF424 R&R). **You may complete the application offline – you are not required to be connected to the Internet.**


### 3.2.4. Submit Application

Once you have downloaded the application package, completed all required forms, and attached all required documents—click the “Check Package for Errors” button and make any necessary corrections.

- In Adobe Reader, click on the ‘Save and Submit’ button when you have done all of the above and are ready to send your completed application to Grants.gov.

Review the provided application summary to confirm that the application will be submitted to the program for which you wish to apply. To submit, **the AOR** must login to Grants.gov and enter their user name and password. Note: the same DUNS number, AOR user name, and password must be used to complete and submit your application. Once you have logged in, your application package will automatically be uploaded to Grants.gov. A confirmation screen will appear once the upload is complete. Note that a Grants.gov Tracking Number will be provided on this screen (GRANTXXXXX). Please record this number so that you may refer to it for all subsequent help.

Please direct questions regarding application submission to the Grants.gov Call Center at: 1-800-518-4726. Call Center hours of operation are 24 hours a day, 7 days a week, excluding Federal holidays.

 NOTE: The AOR must be connected to the Internet and must have a Grants.gov username and password tied to the correct DUNS number in order to submit the application package.

### 3.2.5. Verify Status of Application in Grants.gov

Once Grants.gov has received your submission, Grants.gov will send email messages to the PD, AO, and the POC listed in the application advising of the progress of the application through the system. You should receive up to four emails. The first will confirm receipt of your application by the Grants.gov system (“Received”), and the second will indicate that the application has either been successfully validated (“Validated”) by the system prior to transmission to the grantor

agency or has been rejected due to errors (“Rejected with Errors”). An application for HRSA funding must be both received and validated by Grants.gov by the application deadline.

If your application has been rejected due to errors, you must correct the application and resubmit it to Grants.gov before the closing date. If you are unable to resubmit because the opportunity has since closed, you must **contact the Director of the Division of Grants Policy**, within five (5) business days from the closing date, via email at [DGPPWaivers@hrsa.gov](mailto:DGPPWaivers@hrsa.gov) and thoroughly explain the situation. Your email must include the HRSA Announcement Number, the name, address, and telephone number of your organization, and the name and telephone number of the project director, as well as the Grants.gov Tracking Number (GRANTXXXXXX) assigned to your submission, along with a copy of the “Rejected with Errors” notification you received from Grants.gov. HRSA is very strict in adhering to application deadlines and electronic submission requirements. Extensions for competitive funding opportunities are only granted in the rare event of a natural disaster or validated technical system problem on the side of either Grants.gov or the HRSA Electronic Handbooks (EHBS) that prevented a timely application submission.

You can check the status of your application(s) anytime after submission by logging into Grants.gov and clicking on the ‘Track My Application’ link on the left side of the page. This link will also be included in the confirmation email that you receive from Grants.gov.

If there are no errors, the application will be downloaded by HRSA. Upon successful download to HRSA, the status of the application will change to “Received by Agency” and the contacts listed in the application will receive a third email from Grants.gov. Once your application is received by HRSA, it will be processed to ensure that the application is submitted for the correct funding announcement, with the correct grant number (if applicable), and applicant/grantee organization. Upon this processing, which is expected to take up to two to three business days, 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.” You will receive the fourth email in which Grants.gov will relay the Agency Tracking Number. Note the HRSA tracking number and use it for all correspondence with HRSA.

## 4. Validating and/or Completing an Application in the HRSA Electronic Handbooks

Learn how to register, verify data, validate information, manage access to your application, fix errors, and complete your application in EHBs. For assistance in registering with, or using HRSA EHBs, call the HRSA Call Center at 1-877-464-4772 between 9:00 am to 5:30 p.m. ET or email [callcenter@hrsa.gov](mailto:callcenter@hrsa.gov).

### 4.1. Register - Project Director and Authorizing Official Must Register with HRSA EHBs (if not already registered)

In order to access a noncompeting continuation, a competitive continuation, or a competitive supplement in HRSA EHBs, existing grantee organizations must register within the EHBs. The purpose of the registration process is to collect consistent information from all users, avoid collection of redundant information, and allow for the unique identification of each system user.

- *Note that registration within HRSA EHBs is required only once for each user.*
- *Note that HRSA EHBs now allow the user to use his/her single username and associate it with more than one organization.*

Registration within HRSA EHBs is a two-step process. In the first step, individual users from an organization who participate in the grants process must create **individual** system accounts. In the second step, the users must associate themselves with the appropriate grantee organization. **To find your organization record, use the 10-digit grant number from the Notice of Grant**

**Award (NGA) belonging to your grant.** Note that since all existing grantee organization records are already in EHBs, there is no need to create a new one.

To complete the registration quickly and efficiently we recommend that you have the following information readily available:

1. Identify your role in the grants management process. HRSA EHBs offer the following three functional roles for individuals from applicant/grantee organizations:
  - Authorizing Official (AO),
  - Business Official (BO), and
  - Other Employee (for Project Directors, assistant staff, AO designees and others).

For more information on functional responsibilities, refer to the HRSA EHBs online help.

2. Ensure you have the 10-digit grant number from the latest NGA belonging to your grant (Box 4b on NGA). You must use the grant number to find your organization during registration. All individuals from the organization working on the grant must use the same grant number to ensure correct registration.


In order to access a noncompeting continuation, competitive continuation, or a competitive supplement application, the Project Director and other participants must register the specific grant and add it to their respective portfolios. This step is required to ensure that only authorized individuals from the organization have access to grant data. **Project Directors will need the latest Notice of Grant Award (NGA) in order to complete this additional step.** Again, note that this is a one-time requirement.

The Project Director must give the necessary privileges to the AO and other individuals who will assist in the submission of grant applications using the administer feature in the grant handbook. The Project Director should also delegate the “Administer Grant Users” privilege to the AO.

Once you have access to your grant handbook, use the appropriate link under the deliverables section to access your application.


Note that registration with HRSA EHBs is independent of Grants.gov registration.

For assistance in registering with HRSA EHBs, call the HRSA Call Center at 1-877-464-4772 between 9:00 am to 5:30 p.m. ET or email [callcenter@hrsa.gov](mailto:callcenter@hrsa.gov).

 **IMPORTANT:** You must use your HRSA EHBs Tracking Number or your 10-digit grant number (box 4b from NGA) to identify your organization.

## 4.2. Verify Status of Application

HRSA will send an email to the PD, AO, POC, and the BO – all listed on the submitted application, to confirm that the application was successfully received. The PD listed on the most recent NGA, if different from the PD listed on the application will also receive an email notification. Therefore, it is important to ensure that email addresses are correct.

 **NOTE:** Grantees should check HRSA EHBs within two to three business days from submission within Grants.gov for availability of your application.

## 4.3. Validate Grants.gov Application in the HRSA EHBs




The HRSA EHBs include a validation process to ensure that only authorized individuals from an organization are able to access the organization’s competing applications. The first user who seeks access to any competing application needs to provide the following information:

Data Element	Source	Example
Announcement Number	From submitted Grants.gov application	HRSA-10-061 or 10-016
Grants.gov Tracking Number	From submitted Grants.gov application	GRANT00059900
HRSA EHBs Application Tracking Number	From email notification sent to PD, AO, BO, and POC listed on application.	25328

Note that the source of each data element is different and knowledge of the three numbers together is considered sufficient to provide that individual access to the application.

To validate the grants.gov application, log in to the EHBs and click on the ‘View Applications’ link, then click on the ‘Add Grants.Gov Application’ link (this is only visible for grant applications that require supplemental forms).

At this point, you will be presented with a form, which will require the numbers specified in the table above in order to validate your grants.gov application.

 NOTE: The first individual who completes this step should use the ‘Peer Access’ feature to share the application with other individuals from the organization. It is recommended that the AO complete this step.

#### 4.4. Manage Access to the Application

You must be registered in HRSA EHBs in order to access the application. To ensure that only authorized individuals from the organization gain access to the application, you must follow the process described earlier.

The PD, using the Administer Users feature in the grant handbook, must give the necessary privileges to the AO and other individuals who will assist in the submission of applications. Project Directors must also delegate the ‘Administer Grant Users’ privilege to the AO so that future administration can be managed by the AO.

The individual who validated the application must use the ‘Peer Access’ feature to share this application with other individuals from the organization. This is required if you wish to allow multiple individuals to work on the application in HRSA EHBs.

Once you have access to your grant handbook, use the appropriate link under the deliverables section to access your grant application.

#### 4.5. Check Validation Errors

HRSA EHBs will validate the application received through Grants.gov. All validation errors are recorded and displayed to the applicant. To view the validation errors use the ‘Grants.gov Data Validation Comments’ link on the application status page in HRSA EHBs.


#### 4.6. Fix Errors and Complete Application

Applicants must review the errors in HRSA EHBs and make necessary corrections. If so noted in the funding opportunity announcement, applicants must also complete the detailed budget and other required forms in HRSA EHBs and assign an AO who must be a registered user in the HRSA EHBs. HRSA EHBs will show the status of each form in the application package and the

status of all forms must be “Complete” in the summary page before the HRSA EHBs will allow the application to be submitted.


## 4.7. Submit Application in HRSA EHBs

**4.7.1. Noncompeting Continuations** - When completing and submitting a Noncompeting continuation, you must have the ‘Submit Noncompeting Continuation’ privilege. The Project Director must give this privilege to the AO or a designee. Once all forms are complete, the application must be submitted to HRSA.

 NOTE: You will have two weeks from the date the application was due in Grants.gov for submission of the remaining information in HRSA EHBs. The new due date will be listed in HRSA EHBs.

**Performance Measures for Noncompeting Continuation Applications** – For applications that require submittal of performance measures electronically through the completion of program specific data forms, instructions will be provided both in the program guidance and through an email notifying grantees of their responsibility to provide this information; and providing instruction on how to do so.

**4.7.2. New Competing, Competing Continuation, and Competing Supplement Applications Submitted Using Both Grants.gov and HRSA EHBs** - After the Grants.gov application is pulled into EHBs and validated, the AO verifies the pending application in HRSA EHBs, fixes any validation errors, and makes necessary corrections. Supplemental forms are completed. The application must then be submitted by the AO assigned to the application within HRSA EHBs. (The designee of the AO can also submit the application.) The completed application must be submitted to HRSA by the due dates listed within the program guidance.

 NOTE: You must submit the application by the due date listed within the program guidance. There are two deadlines within the guidance – one for submission within Grants.gov and the second for submission within HRSA EHBs.

**Performance Measures for All Competitive Applications** - Many HRSA guidances include specific data forms and require performance measure reporting. If the completion of performance measure information is indicated in this guidance, successful applicants receiving grant funds will be required, within 30 days of the Notice of Grant Award (NGA), to register in HRSA’s Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear in this guidance. This requires the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data, and objectives for the performance measures.

## 5. General Instructions for Application Submission

The following guidelines are applicable to all submissions unless otherwise noted. Failure to follow the instructions may make your application non-compliant. Non-compliant applications will not be given any consideration and the particular applicants will be notified. It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.

### 5.1. Narrative Attachment Guidelines

#### 5.1.1. Font

Please use an easily readable typeface, such as Times Roman, Arial, Courier, or CG Times. The text and table portions of the application must be submitted in not less than 12- point and 1.0 line spacing. Applications not adhering to 12-point font requirements may be returned. For charts, graphs, footnotes, and budget tables, applicants may use a different pitch or size font, not less than 10 pitch or size font. However, it is vital that when scanned and/or reproduced, the charts are still clear and readable.

Please do not submit organizational brochures or other promotional materials, slides, films, clips, etc.

### 5.1.2. Paper Size and Margins

For duplication and scanning purposes, please ensure that the application can be printed on 8 ½” x 11” white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.

### 5.1.3. Names

Please include the name of the applicant and 10-digit grant number (if competing continuation, competing supplement, or noncompeting continuation) on each page.

### 5.1.4. Section Headings

Please put all section headings flush left in bold type.

### 5.1.5. Page Numbering

Do not number the standard OMB approved forms. Please number each attachment page sequentially. Reset the numbering for each attachment. (Treat each attachment/document as a separate section.)

### 5.1.6. Allowable Attachment or Document Types

The following attachment types are supported in HRSA EHBs. Even though grants.gov may allow you to upload various types of attachments, **it is important to note that HRSA only accepts the following types of attachments. Files with unrecognizable extensions may not be accepted or may be corrupted, and will not be considered as part of the application:**

.DOC - Microsoft Word  
.RTF - Rich Text Format  
.TXT - Text  
.WPD - Word Perfect Document  
.PDF - Adobe Portable Document Format  
.XLS - Microsoft Excel

#### File Attachment Names

- o Limit File Attachment Name to Under 50 Characters
  - o Do not use any Special Characters (e.g., -, %, /, #, ) or Spacing in the File Name or for Word Separation
    - The Exception is Underscore ( \_ )
- Note-** your application will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters

## 5.2. Application Content Order (Table of Contents)

HRSA uses an automatic numbering approach that will ensure that all applications will look the same when printed for objective review.

HRSA uses two standard packages from Grants.gov.

- SF 424 (otherwise known as 5161) – For service delivery programs


- SF 424 R&R – For research and training programs

For each package, HRSA has defined a standard order of forms and that order is available within the program guidance. The program guidance also provides applicants with explicit instructions on where to upload specific documents.

### 5.3. Page Limit

When your application is printed, the narrative documents may not exceed 80 pages in length unless otherwise stated in the funding opportunity announcement. These narrative documents include the abstract, project and budget narratives, and any other attachments such as letters of support required as a part of the guidance. This 80 page limit **does not** include the OMB approved forms. Note that some program guidances may require submission of OMB approved program specific forms as attachments. These attachments will not be included in the 80 page limit.

Applicants must follow the instructions provided in this section and ensure that they print out all attachments on paper and count the number of pages before submission.

 NOTE: Applications that exceed the specified limits will be deemed non-compliant. Non-compliant competing applications will not be given any consideration and the particular applicants will be notified. Non-compliant noncompeting applications will have to be resubmitted in order to comply with the page limits.

## 6. Customer Support Information

### 6.1. Grants.gov Customer Support

Please direct ALL questions regarding Grants.gov to Grants.gov Call Center at: 1-800-518-4726. Call Center hours of operation are 24 hours a day, 7 days a week, excluding Federal holidays.

Please visit the following URL for additional support on the Grants.gov Web site:

<http://www.grants.gov/help/help.jsp>.

### 6.2. HRSA Call Center

For assistance with or using HRSA EHBs, call 1-877-464-4772 between 9:00 am to 5:30 p.m. ET or email [callcenter@hrsa.gov](mailto:callcenter@hrsa.gov).

Please visit HRSA EHBs for online help. Go to: <https://grants.hrsa.gov/webexternal/home.asp> and click on 'Help'

### 6.3. HRSA Program Support

For assistance with program guidance related questions, please contact the program contact listed on the program guidance. Do not call the program contact for technical questions related to either Grants.gov or HRSA EHBs.

## 7. FAQs

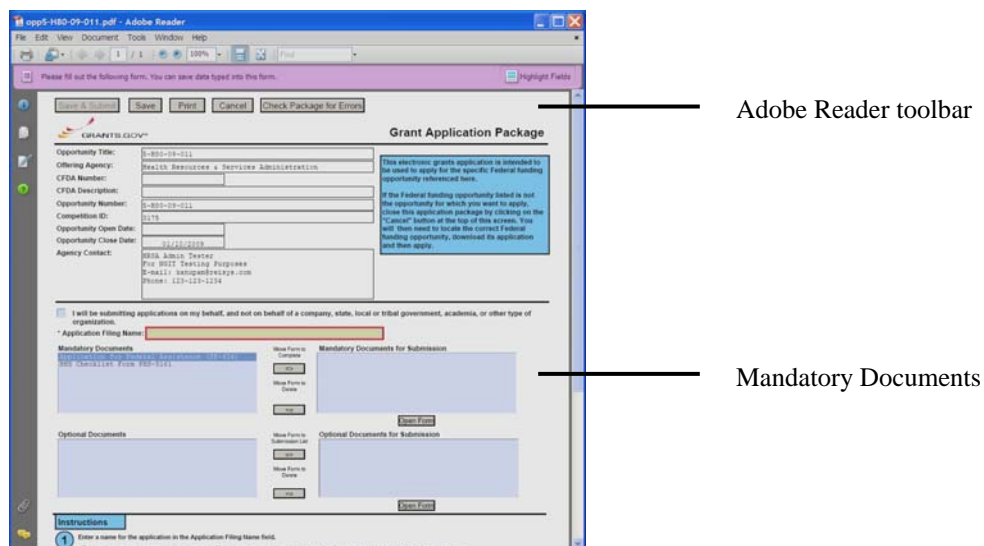
### 7.1. Software

#### 7.1.1. What are the software requirements for using Grants.gov?

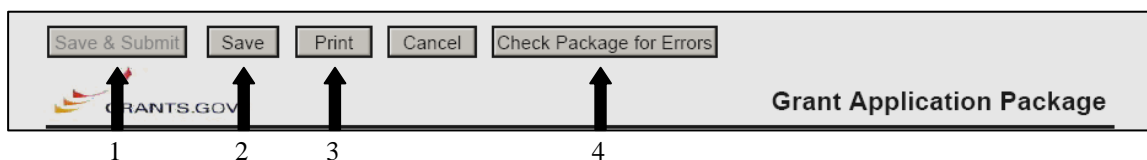
Applicants will need to download Adobe Reader. For information on Adobe Reader, go to [http://www.grants.gov/help/download\\_software.jsp#adobe811](http://www.grants.gov/help/download_software.jsp#adobe811).

### 7.1.2. Adobe Reader

The Adobe Reader screen is shown in Figure 1 below.



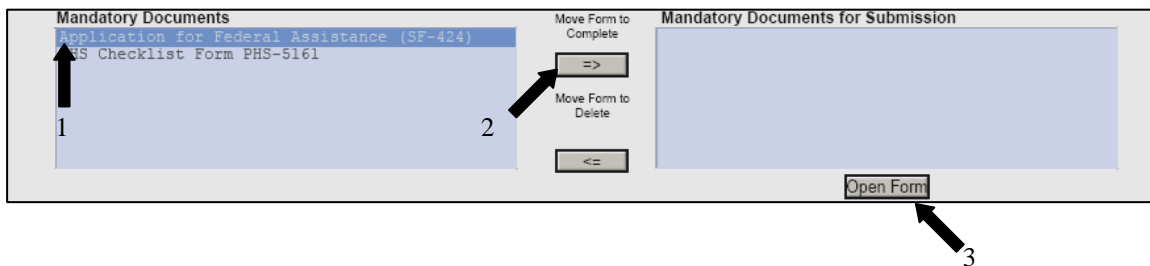
**Figure 1: Adobe Reader Screen**



**Figure 2: The Adobe Reader Toolbar**

1. Submit – Click to submit the application package to Grants.gov (not available until all mandatory documents have been completed and the application has been saved).
2. Save – Click to save the application package to your local computer.
3. Print – Click to print the application package.
4. Check Package for Errors – Click prior to submitting the application package to ensure there are no errors.

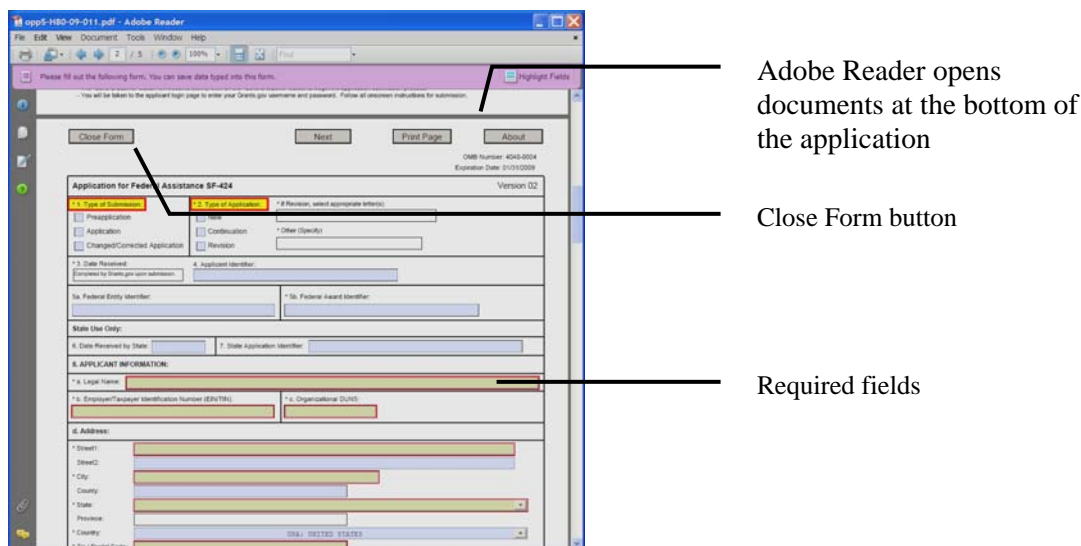
Documents that you must include in your application package are listed under Mandatory Documents. Refer to Figure 3 below.



**Figure 3: Working with Mandatory Documents (Adobe Reader)**

1. Under Mandatory Documents, select the document you want to work on.
2. Click on the 'Move Form to Complete' button.
3. Select the document under Mandatory Documents for Submission and click on the 'Open Form' button. (Note: depending on your version of Adobe Reader, the forms may open automatically when you click on the document name.)

When you open a document for viewing or editing, Adobe Reader opens the document at the bottom of the main application page. Refer to Figure 4 below.



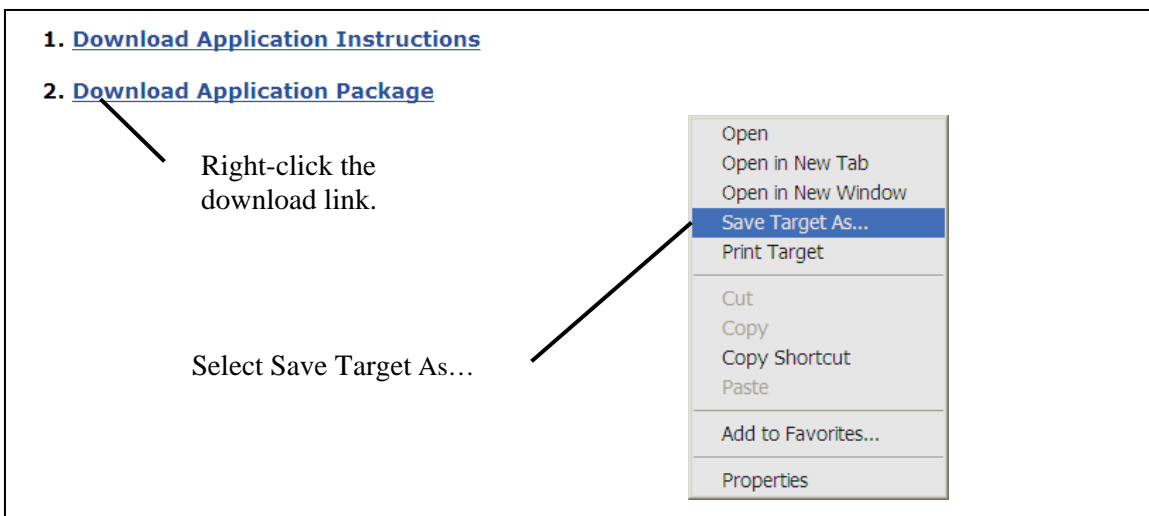
**Figure 4: An Open Form in Adobe Reader**

Note that the buttons are attached to the top of the page and move with the page. Click on the 'Close Form' button to save and close the form.

**Special Note: Working with Earlier Versions of Adobe Reader**

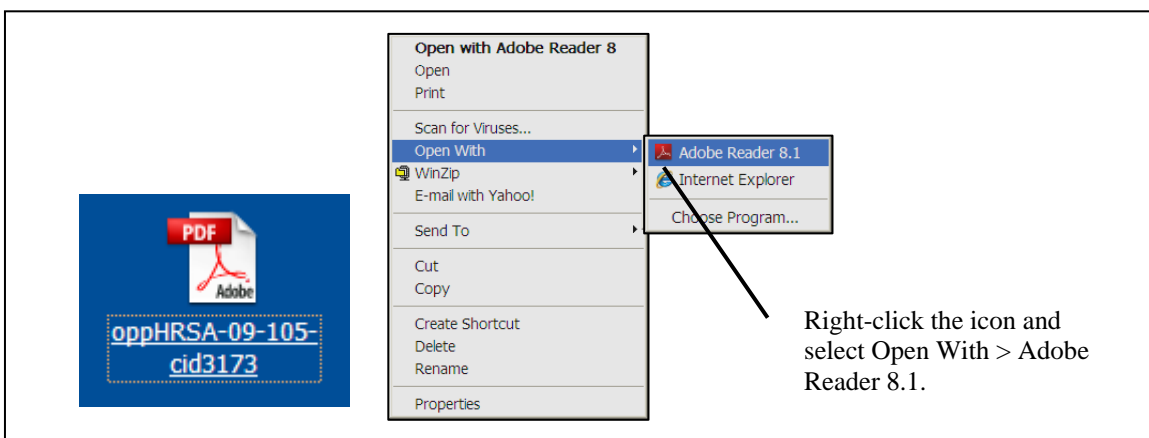
It is highly recommended that you remove all earlier versions of Adobe Reader prior to installing the latest version of Adobe Reader. Do this by using 'Add or Remove Programs' from Control Panel in Windows.

If it is necessary that you keep older versions of Adobe Reader on your computer, you should be aware that the program will unsuccessfully attempt to open application packages with the earlier, incompatible version. Use the following workaround to avoid this problem.



**Figure 5: Downloading from Grants.gov**

1. From the Grants.gov download page, right-click on the Download Application Package link and select 'Save Target As...'
2. Save the target on your computer (preferably to the Desktop) as an Adobe Acrobat Document.



**Figure 6: Selecting Open with Adobe Reader**

3. Right-click the icon.
4. Select 'Open With' > 'Adobe Reader 8.1' from the menu.

### 7.1.3 Can I download Adobe Reader onto my computer?

There are software applications that allow you to successfully navigate the Grants.gov pages and complete your application. These applications can be found at: [http://www.grants.gov/help/download\\_software.jsp#811#adobe811](http://www.grants.gov/help/download_software.jsp#811#adobe811). However, depending on your organization's computer network and security protocols you may **not** have the necessary permissions to download software onto your workstation. Contact your IT department or system administrator to download the software for you or give you access to this function.

### 7.1.4. Is Grants.gov Macintosh compatible?

Yes. For details, please visit [http://www.grants.gov/help/general\\_fags.jsp](http://www.grants.gov/help/general_fags.jsp).

### **7.1.5. What are the software requirements for HRSA EHBs?**

HRSA EHBs can be accessed over the Internet using Internet Explorer (IE) v5.0 and above and Netscape 4.72 and above. IE 6.0 and above is the recommended browser. HRSA EHBs are 508 compliant.

HRSA EHBs use pop-up screens to allow users to view or work on multiple screens. Ensure that your browser settings allow for pop-ups.

In addition, to view attachments such as Word and PDF, you will need the appropriate viewers.

### **7.1.6. What are the system requirements for using HRSA EHBs on a Macintosh computer?**

Mac users are requested to download the latest version of Netscape for their OS version. It is recommended that Safari v1.2.4 and above or Netscape v7.2 and above be used.

Note that Internet Explorer (IE) for Mac has known issues with SSL and Microsoft is no longer supporting IE for Mac. HRSA EHBs do not work on IE for Mac.

## **7.2. Application Receipt**

### **7.2.1. When do I need to submit my application?**

#### **Competing Submissions:**

Applications must be submitted to Grants.gov by 8:00 p.m. ET on the due date. An application for HRSA funding must be both received and validated by Grants.gov by the application deadline.

For applications that require verification in HRSA EHBs (refer to program guidance), Verification must be completed and applications submitted in HRSA EHBs by 5:00 p.m. ET on the due date mentioned in the guidance. This supplemental due date is different from the Grants.gov due date.

#### **Noncompeting Submissions:**

Applications must be submitted to Grants.gov by 8:00 p.m. ET on the due date. An application for HRSA funding must be both received and validated by Grants.gov by the application deadline.

### **7.2.2. What is the receipt date (the date the application is electronically received by Grants.gov or the date the data is received by HRSA)?**

#### **Competing Submissions:**

The submission/receipt date is the date the application is electronically received by Grants.gov. An application for HRSA funding must be both received and validated by Grants.gov by the application deadline.

For applications that require verification in HRSA EHBs (refer to program guidance), the submission/receipt date will be the date the application is submitted in HRSA EHBs.

#### **Noncompeting Submissions:**

The submission/receipt date will be the date the application is submitted in HRSA EHBs.



Applications must be verified and submitted in HRSA EHBs by 5:00 p.m. ET on the due date. (Two (2) weeks after the due date in Grants.gov.) Refer to the program guidance for specific dates.

### **7.2.3 Once my application is submitted, how can I track my application and what emails can I expect from Grants.gov and HRSA?**

You can check the status of your application(s) anytime after submission by logging into Grants.gov and clicking on the 'Track My Application' link on the left side of the page. This link will also be included in the confirmation email that you receive from Grants.gov.

When you submit your competing application in Grants.gov, it is first received and then validated by Grants.gov. Typically, this takes a few hours but it may take up to 48 hours during peak volumes. You should receive four emails from Grants.gov.


The first will confirm receipt of your application by the Grants.gov system ("Received"), and the second will indicate that the application has either been successfully validated ("Validated") by the system prior to transmission to the grantor agency or has been rejected due to errors ("Rejected with Errors"). An application for HRSA funding must be both received and validated by Grants.gov by the application deadline.

Subsequently, the application will be downloaded by HRSA. This happens within minutes of when your application is successfully validated by Grants.gov and made available for HRSA to download. On successful download at HRSA, the status of the application will change to "Received by Agency" and you will receive a third email from Grants.gov.

After this, HRSA processes the application to ensure that it has been submitted for the correct funding announcement, with the correct grant number (if applicable) and grantee/applicant organization. This may take up to 3 business days. Upon this processing 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;" you will receive a fourth email from Grants.gov.

For applications that require verification in HRSA EHBs, you will also receive an email from HRSA confirming the successful receipt of your application and asking the PD and AO to review and resubmit the application in HRSA EHBs.

It is suggested that you check the respective systems if you do not receive any emails within the specified timeframes.

 NOTE: Refer to FAQ 7.2.5 below for a summary of emails.

### **7.2.4. If a resubmission is required due to technological problems encountered using the Grants.gov system and the closing date has passed, what should I do?**

You must **contact the Director of the Division of Grants Policy**, within five (5) business days from the closing date, via email at [DGPWaivers@hrsa.gov](mailto:DGPWaivers@hrsa.gov) and thoroughly explain the situation. Your email must include the HRSA Announcement 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 (GRANTXXXXXXXX) assigned to your submission, along with a copy of the "Rejected with Errors" notification you received from Grants.gov. Extensions for competitive funding opportunities are only granted in the rare event of a natural disaster or validated technical system problem on the side of either Grants.gov or the HRSA Electronic Handbooks (EHBS) that prevented a timely application submission. An application for HRSA funding must be both received and validated by the application deadline.

## 7.2.5 Can you summarize the emails received from Grants.gov and HRSA EHBs and identify who will receive the emails?

Submission Type	Subject	Timeframe	Sent By	Recipient
Noncompeting Continuation	"Submission Receipt"	Within 48 hours	Grants.gov	AOR
	"Submission Validation Receipt" OR "Rejected with Errors"	Within 48 hours	Grants.gov	AOR
	"Grantor Agency Retrieval Receipt"	Within hours of second email	Grants.gov	AOR
	"Agency Tracking Number Assignment"	Within 3 business days	Grants.gov	AOR
	"Application Ready for Verification"	Within 3 business days	HRSA	AO, BO, SPOC, PD
Competing Application (without verification in HRSA EHBs)	"Submission Receipt"	Within 48 hours	Grants.gov	AOR
	"Submission Validation Receipt" OR "Rejected with Errors"	Within 48 hours	Grants.gov	AOR
	"Grantor Agency Retrieval Receipt"	Within hours of second email	Grants.gov	AOR
	"Agency Tracking Number Assignment"	Within 3 business days	Grants.gov	AOR
Competing Application (with verification in HRSA EHBs)	"Submission Receipt"	Within 48 hours	Grants.gov	AOR
	"Submission Validation Receipt" OR "Rejected with Errors"	Within 48 hours	Grants.gov	AOR
	"Grantor Agency Retrieval Receipt"	Within hours of second email	Grants.gov	AOR
	"Agency Tracking Number Assignment"	Within 3 business days	Grants.gov	AOR
	"Application Ready for Verification"	Within 3 business days	HRSA	AO, BO, SPOC, PD

### 7.3. Application Submission

#### 7.3.1 How can I make sure that my electronic application is presented in the correct order for objective review?

Follow the instructions provided in Section 5 to ensure that your application is presented in the correct order and is compliant with all the requirements.

#### **7.4 Grants.gov**

For a list of frequently asked questions and answers maintained by Grants.gov, please visit the following URL: [http://www.grants.gov/applicants/applicant\\_faq.jsp](http://www.grants.gov/applicants/applicant_faq.jsp).

Grants.gov offers several tools and numerous user guides to assist applicants that are interested in applying for grant funds. To view the many applicant resources available through grants.gov please visit the following URL: [http://www.grants.gov/applicants/app\\_help\\_reso.jsp](http://www.grants.gov/applicants/app_help_reso.jsp).