



# **Ryan White HIV/AIDS Program Part D - Women, Infants, Children and Youth Grants Supplemental Funding Pre-Application Technical Assistance Conference Call HRSA-21-059**

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**HIV/AIDS Bureau (HAB)**

**Vision: Healthy Communities, Healthy People**



# Agenda

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- HAB Vision and Mission
- Purpose of Funding Opportunity
- Award Information
- Eligibility
- Application and Submission Information
- Application Review Information
- Application Submission Tips
- Question and Answer Session

# Acronyms

- **CQM – Clinical Quality Management**
- **DUNS – Data Universal Numbering System**
- **EHB – Electronic Handbooks**
- **GMS – Grants Management Specialist**
- **IPV – Intimate Partner Violence**
- **NOFO – Notice of Funding Opportunity (formerly FOA)**
- **HAB – HIV/AIDS Bureau**
- **RWHAP – Ryan White HIV/AIDS Program**
- **SAM – System for Award Management**
- **WICY – Women, Infants, Children, and Youth**



# HIV/AIDS Bureau Vision and Mission

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## Vision

Optimal HIV/AIDS care and treatment for all

## Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV and their families



# DCHAP Mission

## Mission

Provide leadership and resources to assure access to and retention in high quality, comprehensive HIV care and treatment services for vulnerable people with HIV, their families and providers within our nation's communities.

## Core Values

Communication · Integrity · Professionalism ·  
Accountability · Consistency · Respect



# Purpose

The purpose of this supplemental funding is to strengthen organizational capacity to respond to the changing health care landscape and increase access to high quality, family-centered HIV primary health care services for low income, uninsured, and underserved Women, Infants, Children, and Youth (WICY) with HIV.

Applicants may submit a proposal for **only one activity** under one of the following two categories:

- 1) HIV Care Innovation
- 2) Infrastructure Development



*Please refer to page 1 of the NOFO*



# Award Information

- Funding will be provided through a grant HRSA-21-059.
- Approximately \$3,000,000 is available to fund up to 25 applicants.
- Applicants may request funding amounts of up to \$150,000 for the project period of August 1, 2021 through July 31, 2022. Requests exceeding this amount will be deemed nonresponsive and will not be considered.

*Please refer to pages **i** and **6** of the NOFO*



# Eligibility Information

- Eligible applicants include currently funded RWHAP Part D WICY recipients.
- Foreign entities are not eligible to apply.
- Cost sharing/matching is not required.
- If applicant fails to meet the scope of the NOFO, HRSA will not consider it for review.
- HRSA will consider any application that exceeds the ceiling amount of \$150,000 non-responsive and will not consider it for funding under this notice.
- **NOTE: Multiple applications from an organization are not allowable.**

*Please refer to page 7 of the NOFO*



# Application and Submission Information

## Two Components of the NOFO:

- 1) HRSA-21-059 Ryan White HIV/AIDS Program Part D WICY Supplemental Funding, focuses on the program-specific content, including goals, expectations, and requirements of the program.
  
- 2) HRSA's General Instructions
  - [SF 424 Application Guide](#) (“Application Guide”)
  - Links are found throughout the NOFO



# Application Package

## Applicants must include the following:

- SF-424 Application for Federal Assistance
- Project Abstract (uploaded in box 15 of the SF-424)
- Project/Performance Site Location Form
- Project Narrative (uploaded to the Project Narrative Attachment Form)
- SF-424A Budget
- Budget Narrative (uploaded to the Budget Narrative Attachment Form)
- Attachments (Section IV 2. v. of NOFO)
- Grants.gov Lobbying Form
- SF-424B Assurances
- Key Contacts



# Project Abstract

Indicate the project title as **“FY 2021 RWHAP Part D Supplemental Funding”** and include the following:

- Identification of the category and the selected activity.
- A summary of the proposed activity and its intended impact.
- The funding amount requested for the one-year period of performance.

\* Note: Abstract must be single-spaced and no more than one page in length.

*See pages 9 and 10 in the NOFO and page 34 in the SF424 Application Guide*



# Project Narrative

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## Sections:

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



*Please refer to pages **10** to **16** in the NOFO*



# Project Narrative - Introduction

- Clearly indicate the activity proposed; either HIV Care Innovation OR Infrastructure Development.
- Briefly describe the purpose of the proposed activity.
  - **HIV Care Innovation:**
    - Community Health Workers
    - Intimate Partner Violence Screening and Counseling
    - Rapid Antiretroviral Therapy (ART)
    - Transitioning Youth into Adult HIV Care
    - Youth Stable Housing Collaboration
  - **Infrastructure Development**
    - Telemedicine

*Please refer to pages 10 to 12 in the NOFO*



# HIV Care Innovation

- **Community Health Workers** - Applicants who select this activity will expand your organizational capacity to implement, enhance or expand community health worker services to serve the eligible populations identified in your needs assessment.
- **Intimate Partner Violence Screening and Counseling** - If you select this activity, you should implement IPV screening and counseling in the clinical setting and establish referral networks to community-based social service organizations taking into consideration the impact of COVID-19 in your communities.
- **Rapid ART** - Applicants who select this activity will enhance their organizational capacity to implement or expand Rapid ART services, defined as the provision of antiretroviral medication to eligible people with HIV within seven to ten days of identification (for out of care individuals) or diagnosis.

*Please refer to pages 10 to 12 in the NOFO*



# HIV Care Innovation (Continued)

- **Transitioning Youth Into Adult HIV Care** - If you select this activity, you must implement transition planning activities that include, but are not limited to, written policies, procedures, and staff training to assist youth in transitioning from pediatric to adult HIV medical care. Transition planning is a RWHAP Part D Program requirement; therefore, this activity should focus on innovative approaches that build organizational capacity to effectively implement and manage the transition for the youth population (ages 13-24) to adult care and minimize negative impacts of this transition.
- **Youth Stable Housing Collaboration** - If you select this activity, you must identify staff to coordinate services/referrals, and draft and implement a Youth Stable Housing Care Plan. You must include other partner organizations to help with this collaborative initiative and create a network of housing and HIV service programs that will employ strategies to reach, engage, support, and house homeless youth.

*Please refer to pages 10 to 12 in the NOFO*



# Infrastructure Development

- **Telemedicine** - If you select this activity, you must develop and acquire, through lease or purchase, computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and other equipment that furthers the objectives of the proposed telemedicine activity.

*Please refer to pages 10 to 12 in the NOFO*



# Project Narrative - Needs Assessment

## HIV Care Innovation Activities:

- Clearly describe and document the target population(s) and their unmet health care needs.
- Describe the service needs based on your evaluation of the gaps in HIV care continuum for your target population(s) with HIV
- Provide data on the five stages of the HIV care continuum for your target population(s) with HIV using the most recent three calendar years of available data.



*Please refer to page **13** in the NOFO*

# Project Narrative: Needs Assessment

## Infrastructure Development Activity

- Clearly describe the gaps in organizational capacity that exist due to current limitations in system infrastructure.
- Include alterations made to the current service delivery system and how lessons learned will be applied to this activity.
- Provide information specific to the telemedicine activities.
- Describe technology requirements.

*Please refer to page 14 in the NOFO*



# Project Narrative - Methodology

- **Involvement of People with HIV:** Describe how you will engage people with HIV and/or organizations that represent them in the implementation of this activity, including decision-making.
- **Collaboration and Coordination:** Outline the partners and/or collaborating entities needed for this proposed activity, if applicable. Identify the tasks each partner proposes to perform and the amount of funding, if any, you expect to allocate to the partner. Include letters of support or commitment as **Attachment 6**.
- **Sustainability:** Describe how you will maintain the efforts set forth in this activity after the period of federal funding ends. Describe how you intend to share or disseminate relevant information and/or products developed through the funded activity and lessons learned with other providers in the community and/or collaborators to this project.



*Please refer to pages 14 to 15 of the NOFO*



# Project Narrative - Work Plan

- Describe the activity's goal, specify the objectives, and identify the key action steps that will be used to achieve the proposed goal for the 12-month period of performance of August 1, 2021-July 31,2022.
- Use a timeline that includes each step of the proposed activity and target date for each step's completion, and identifies staff responsible for the activities.
- Identify the measures you will use to evaluate success.
- Identify meaningful support and collaboration with key partners in planning, designing, and implementing all activities.
- Provide the information in table format.
- Submit the work plan as **Attachment 5**.



*Please refer to page 15 of the NOFO*



# Project Narrative - Work Plan

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Your work plan should include objectives and key action steps that are:

**S**PECIFIC

**M**EASURABLE

**A**CHIEVABLE

**R**EALISTIC &

**T**IME FRAMED!

# Project Narrative - Resolution of Challenges

- Discuss challenges you are likely to encounter in the planning and implementation of your proposed HIV Care Innovation or Infrastructure Development project including the impact of COVID-19 on organizational operations and proposed activities.
- Describe the specific activities or strategies you will use to mitigate or resolve anticipated challenges.

*Please refer to page 15 of the NOFO*



# Project Narrative - Evaluation and Technical Support Capacity

- **Data Collection and Management:**
  - Describe the systems and processes that will support your organization's monitoring of the proposed activity.
  - Include a description of how your organization will collect, manage, and analyze data.

*Please refer to page 15 of the NOFO*



# Project Narrative - Evaluation and Technical Support Capacity

- **Project Evaluation:**
  - Describe the evaluation plan that will monitor ongoing processes and progress toward the goals and objectives of the proposed activity.
  - Describe the plan for the program performance evaluation that will contribute to continuous quality improvement.
  - Describe how you will share evaluation results internally with program staff and externally with key stakeholders to improve program implementation and outcomes.

*Please refer to pages 15 to 16 of the NOFO*



# Project Narrative - Organizational Information

- Describe the organizational skills, capabilities, and resources, including staff that will contribute to your organization's ability to carry out the proposed activity.
- Describe the organizational resources that will be used to sustain, without additional funds, the project activities and/or enhancements supported by this award beyond the one year period of performance.
- Describe your experience with fiscal management of grants and contracts. Include information on your organization's past experience managing multiple federal grants.

*Please refer to page 16 of the NOFO*



# Staffing Plan

- The organizational information must align with the Staffing Plan to be submitted as **Attachment 3**.
- The staffing plan should include key personnel.
- Include the role, responsibilities, and qualifications of proposed project staff and the FTE associated with the position(s).
- It may be helpful to supply this information in a table.
- Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

*Please refer to page 18 of the NOFO and page 31 of the SF-424 Application Guide*



# Budget Requirements

Budget information consists of three parts:

1. SF-424A Budget Information for Non-Construction Programs (included in the application package)
2. Program-specific line item budget (***Attachment 1***)
3. Budget narrative

See pages **16** to **18** in the NOFO, and **17** to **31** in the SF424 Application Guide



# Budget Requirements: SF-424A

[View Burden Statement](#)

## BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006  
Expiration Date: 01/31/2019

### SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						



# Budget Requirements: SF-424A

## SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
b. Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Contractual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Total Direct Charges (sum of 6a-6h)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
j. Indirect Charges	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
k. TOTALS (sum of 6i and 6j)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
7. Program Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

# Budget Requirements: SF-424A

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS	
8. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
12. TOTAL (sum of lines 8-11)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
14. Non-Federal	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b)First	(c) Second	(d) Third	(e) Fourth	
16. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
17. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
18. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
19. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
20. TOTAL (sum of lines 16 - 19)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:	<input type="text"/>		22. Indirect Charges:	<input type="text"/>	
23. Remarks:	<input type="text"/>				



# Salary Limitation

Please note that effective January 2020, the salary rate limitation applicable to RWHAP domestic grants and cooperative agreements increased from \$192,300 to \$197,300.

- The Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.”
- As a reminder, RWHAP funds and program income generated by RWHAP awards may not be used to pay salaries in excess of the rate limitation.

*See page 18 of the SF424 Application Guide*



# Salary Rate Limitation Example

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

50% of time will be devoted to the project	
Direct salary	\$127,500
Fringe (25% of salary)	\$31,875
Total amount	\$159,375

- Amount that may be claimed on the federal RWHAP award due to the legislative salary limitation:
  - Individual's base full time salary *adjusted* to Executive Level II: \$197,300

50% of time will be devoted to the project	
Direct salary	\$98,650
Fringe (25% of salary)	\$24,662.50
Total amount	\$123,312.50



# Funding Restrictions

- Charges that are billable to third party payors
- Directly provide health care services that duplicate existing services
- Clinical research
- Nursing home care
- Cash payments to intended recipients of RWHAP services
- Purchase or improvement to land
- Purchase, construction, or major alterations or renovations on any building or other facility
- PrEP medications and related medical services
- Purchase of sterile needles or syringes for the purposes of hypodermic injection of any illegal drug
- Development of materials designed to promote or encourage intravenous drug use or sexual activity
- Research
- International travel
- Long-term activities

*Please refer to pages 20 to 21 of the NOFO*



# Attachments

- **List of Attachments can be found on page 18-19 of the NOFO**
  - Upload attachments in the order specified to the Attachments Form in the application package.
  - Label each attachment clearly, pay close attention to the content of each attachment, and ensure all applicable attachments are submitted.
  - Unless otherwise noted, attachments count toward the page limit.



*Please refer to pages **18** to **19** of the NOFO*



# Application Review Information

- Review Criteria are used to review and rank applications. For this opportunity, there are 6 review criteria:

Criteria	Points
Criterion 1: Need	20
Criterion 2: Response	25
Criterion 3: Evaluative Measures	10
Criterion 4: Impact	15
Criterion 5: Resources/Capabilities	10
Criterion 6: Support Requested	20
<b>Total Points</b>	<b>100</b>



*Please refer to pages 22 to 24 of the NOFO*



# Application Review Crosswalk

- Review Criteria correspond to the applicant's written response to the Project Narrative and required attachments:

Project Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Organizational Information	(2) Response and (4) Impact and (5) Resources/Capabilities
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

*Please refer to pages 17 to 18 of the NOFO*



# Application Package: Where is it?

- At [www.grants.gov](http://www.grants.gov)
  - Search by opportunity number **HRSA-21-059**, or **CFDA # 93.153**
- The Application Guide is available at <https://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf> or click the links in the NOFO
- Grants.gov “Workspace” instructional information and videos are available online at <https://www.grants.gov/web/grants/applicants/workspace-overview.html>



# Application Submission Tips

- Read the NOFO and the SF-424 Application Guide carefully and follow instructions.
- Include your agency name and the name of this program on all pages (**RWHAP Part D WICY Supplemental Funding**).
- Refer to section 4.7 of the Application Guide for additional Tips for Writing a Strong Application.
- Apply early; do not wait until the last minute in case you run into challenges!
- Make sure the person who can submit for your organization will be available.
- Ensure SAM.gov and Grants.gov registration and passwords are current immediately!



**Have all your PIN numbers and passwords handy!**



# Grants.gov Contact Information

- **When to contact Grants.gov Helpdesk**
  - Error messages
  - Other technical issues
  - Application did NOT transmit to HRSA
  - **If you have any submission problems, please contact Grants.gov immediately!**
- **Grants.gov Contact Center (24/7 except Federal holidays):**
  - 1-800-518-4726, or
  - [support@grants.gov](mailto:support@grants.gov), or
  - <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>



# Tracking Grants.gov Submissions

Submission Type	E-mail	Subject	Time Frame	Sent By	Recipient
Competing Application	1 <sup>st</sup> e-mail	Submission Receipt	Within 48 hours	Grants.gov	AOR
	2 <sup>nd</sup> e-mail Most Crucial	Submission Validation Receipt OR Rejected with Errors	Within 48 hours	Grants.gov	AOR
	3 <sup>rd</sup> e-mail	Grantor Agency Retrieval Receipt	Within Hours of second e-mail	Grants.gov	AOR
	4 <sup>th</sup> e-mail	Agency Tracking number assignment	Within 3 business days	Grants.gov	AOR

## SF424 Application Guide, section 8.2.5



# Reminders

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- Your application must be electronically submitted through and successfully validated by Grants.gov no later than **January 12, 2021, 11:59 pm ET.**
- We recommend submission of the application at least four business days before the due date.



# HRSA Contacts

Applicants who need additional information may contact:

Program Contact	Grants Contact
<p><b>Monique Hitch</b> Chief, Central Branch HRSA HIV/AIDS Bureau <a href="mailto:MHitch@hrsa.gov">MHitch@hrsa.gov</a> (301) 443-1839</p>	<p><b>Adejumoke Oladele</b> Grants Management Specialist HRSA Office of Federal Assistance Management <a href="mailto:AOladele@hrsa.gov">AOladele@hrsa.gov</a> (301) 443-9810</p>



# Q&A - Your Questions are Welcome!



HAB TargetHIV Website:  
<https://targethiv.org/library/nofos>



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