Rural HIV/AIDS Planning Program
(HRSA-20-105)
Technical Assistance Webinar

Thursday May 21, 2020
1:00 PM – 2:00 PM, ET
Dial-in: 1-888-989-6492
Participant Code: 3641731
Webinar URL: https://hrsa.connectsolutions.com/ending-hiv-erhndpp-nofo/

Vision: Healthy Communities, Healthy People

Webinar Recording

- Today's webinar is being recorded

- Webinar materials will be available on the FORHP website by next week
  - https://www.hrsa.gov/grants/find-funding/hrsa-20-105

- The PowerPoint Slides are available in the 'Download Pod'

- To hear the recorded call, dial 1-800-333-1825 ; passcode: 8435

Primary Resources

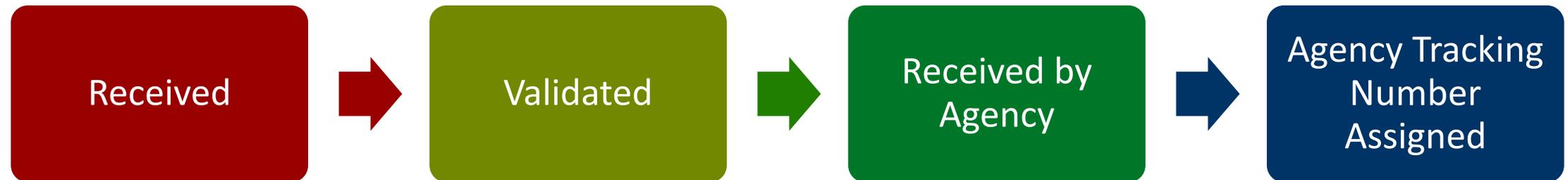- **Notice of Funding Opportunity (NOFO)**

- **HRSA's SF-424 Application Guide**

Applying for a HRSA Grant

System	Purpose	Website
Data Universal Number System (DUNS)	DUNS numbers are required to identify organizations and tracks how federal grant money is allocated	http://fedgov.dnb.com/webform/displayHomePage.do
System for Award Management (SAM)	Designating an e-business point of contact. Registering with SAM is required for organizations to use Grants.gov	http://sam.gov
Grants.gov	Submit online applications	https://grants.gov/web/grants/register.html

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Submitting your Application

Received → Validated → Received by Agency → Agency Tracking Number Assigned

Background

- Authorized by Section 330A(f) of the Public Health Service Act, as amended, 42. U.S.C. 254c(f); P.L. 116-94

- Accompanying regulations at 45 CFR part 75

- Administered by HRSA's Federal Office of Rural Health Policy

Purpose

To assist in the planning and development of an integrated rural HIV health network for HIV care and treatment, specifically with network participants who do not have a history of formal collaborative HIV efforts

Objectives

- Provides support to rural communities for the implementation of activities needed to plan and develop formal and integrated rural HIV health care networks

- Offers rural health care providers the opportunity to address community HIV needs, gaps and challenges with the goal of improving health outcomes among people with HIV and reducing the number of new HIV infections

Eligibility

- **To be eligible for this award, you must be:**

  - Located in a rural county or eligible rural census tract in the seven (7) states with a disproportionate number of HIV diagnoses in rural areas
    - ✓ **Only applicants from the following states are eligible to apply:**
      - o Alabama
      - o Arkansas
      - o Kentucky
      - o Mississippi
      - o Missouri
      - o Oklahoma
      - o South Carolina

  - Be a rural public or rural non-profit private entity
  - Represent a consortium composed of members
    - ✓ With at least two (2) additional health care providers
    - ✓ Members may be nonprofit or for-profit rural or urban

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Funding

- **Estimated number of awards:** up to 10

- **Estimated award amount:** up to $100,000

- **Project length:** 1 year

- **Project start date:** September 1, 2020

- **Project end date:** August 31, 2021

Ending the HIV Epidemic (EHE) Initiative

- 'Ending the HIV Epidemic: A Plan for America' (EHE) is a cross-agency, multi-year initiative to end the HIV epidemic in the United States by 2030

- The goal of the EHE initiative is to reduce the number of new HIV infections in the United States by 75 percent within five years, and then by at least 90 percent within 10 years

- The initiative is a three (3) phase approach, with the first phase focused on geographical areas with high HIV burden

EHE Key Strategies

Diagnose	Treat	Prevent	Response
• all people with HIV as early as possible	• people with HIV rapidly and effectively to reach sustained viral suppression	• new HIV transmission by using proven interventions, including PrEP and SSPs	• quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them

When requesting a key strategy(ies), please indicate which strategy(ies) you are requesting in the Project Abstract and the Introduction.

Legislative Aims

- You **must** describe planning activities that support **at least one (1)** of the three legislative aims:

  - Aim #1: Achieve efficiencies
  - Aim #2: Expand access to, coordinate, and improve the quality of essential health care services
  - Aim #3: Strengthen the rural health care system as a whole

  When requesting a legislative aim, please indicate which aim(s) are being met in the Project Abstract and the Introduction.

Funding Preference

- **Qualification 1:** Health Professional Shortage Area (HPSA)
- **Qualification 2:** Medically Underserved Community/Populations (MUC/MUPs)
- **Qualification 3:** Focus on primary care and wellness and prevention strategies

If requesting a funding preference, please indicate which qualification is being met in the <u>Project Abstract</u> and supporting documentation in <u>Attachment 12.</u> See page 41 of the HRSA SF-424 Application Guide. FORHP highly recommends that the applicant include this language:

"(Your organization's name) is requesting a funding preference based on qualification X. County Y is in a designated Health Professional Shortage Area."

Funding Restrictions

- **Funds under this notice may not be used for the following purposes:**

    - To build or acquire real property
    - For construction or major renovations, or alteration of any space
    - To pay for the direct provision of clinical health services

The purpose of this grant is to fund <u>planning</u> activities

Application Components

1. Project Abstract

2. Project Narrative

3. Budget

4. Budget Narrative

5. Attachments

Project Abstract

- One-page, **table-format** standalone summary of application
  - Page 10 of the NOFO

- Often used to provide information to the public and Congress

- Project Abstract should include:
  - Applicant Organization Information
  - Designated Project Director Information
  - Rural HIV/AIDS Planning Project Network Name
  - Proposed Service Region
  - Target Population
  - EHE Key Strategies – no more than two strategies
    - ✓ Diagnose, Treat, Prevent, Respond
  - Network Partners
    - ✓ HRSA **strongly encourages** partnerships with local AETCs and FQHCs
  - Legislative Aims
  - Funding Preference

- See Section 4.1.ix of HRSA's SF-424 Application Guide for further instructions

i. **Project Abstract**

ABSTRACT HEADING CONTENT

Applicant Organization Information
Organization Name, Address (street, city, state, zip code), Facility/Entity Type (e.g., CAH, FQHC, RHC, public health department, etc.), and Website Address (if applicable)

Designated Project Director Information
Project Director Name & Title, Contact Phone Numbers, and E-Mail Address

Rural HIV Planning Project
Network name

Proposed Service Region
Identify the eligible state you propose to serve (e.g., Mississippi)

ABSTRACT BODY CONTENT

Target Population
Briefly describe the target population group(s) to be served and target service area(s)

EHE Key Strategies – no more than two
(e.g., project will focus on the diagnose and prevent strategies).

Network/Consortium Partnerships
• Please indicate if consortium partnerships include a Ryan White HIV/AIDS Program (RWHAP) site or a Federally Qualified Health Center (FQHC). If not, please explain. Applicants are highly encouraged to collaborate with an approved RWHAP site or FQHC.
• For all partners comprising the network/consortium who have signed a Memorandum of Understanding/Agreement, provide the organization name and facility/entity type.

Legislative Aims
Identify the legislative aim that will be addressed (e.g., legislative aim #1)

Funding Preference
Please place request for funding preference at the bottom of the abstract. You must explicitly request a qualifying funding preference and cite the qualification that is being met (see 42 U.S.C. 254c(h)(3)); additional information can be found in Section V.2. Funding Preference. FORHP highly recommends that you include this language: "(Your organization's name) is requesting a funding preference based on qualification X. County Y is in a designated Health Professional Shortage Area."
If applicable, you need to provide supporting documentation in **Attachment 12**. Refer to Section V.2 for further information.

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Project Narrative

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

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Budget/Budget Narrative

- Please submit a proposed budget and budget narrative for one-year funding
  - *Equipment costs that **exceed 5%** of the total award amount may be considered unreasonable and unallowable*
  - *Legal costs that **exceed 20%** of the total award amount may be considered unreasonable and unallowable*

- Budget requests should not exceed the amount you are applying for

- Budgets must adhere to the guidance outlined in HRSA's SF-424 Application Guide

- Budget narratives should clearly describe each cost element and explain how each aligns with the proposed scope of work and program goals

Attachments

- **Attachment 1:** Proof of Nonprofit Status
- **Attachment 2:** Required documentation from State Office of Rural Health
- **Attachment 3:** Areas of Impact
- **Attachment 4:** Map of Service Area
- **Attachment 5:** Work Plan
- **Attachment 6:** Staffing Plan and Job Descriptions for Key Personnel
- **Attachment 7:** Biographical Sketches of Key Personnel
- **Attachment 8:** Network Organizational Chart and Network Member Information
- **Attachment 9:** Letters of Commitment
- **Attachment 10:** Letter from Urban Parent Organization *if applicable*
- **Attachment 11:** Previous Grants *if applicable*
- **Attachment 12:** Request for a Funding Preference *if applicable*
- **Attachment 13:** Letters of Support
- **Attachment 14:** Exception Request *if applicable*
- **Attachment 15:** Other Related Documents *if applicable*

Review Criteria

Review Criteria	Project Narrative	Number of Points
Criterion #1: Need	Introduction Needs Assessment	25
Criterion #2: Response	Methodology	20
Criterion #3: Evaluative Measures	Evaluation and Technical Support Capacity	10
Criterion #4: Impact	Resolution of Challenges Work Plan	15
Criterion #5: Resources/Capabilities	Organizational Information	20
Criterion #6: Support Requested	Budget and Budget Narrative	10

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Review Process

- **HRSA Division of Independent Review will:**

  - Convene panel(s) of expert reviewers

  - Ensure fair and ethical review is conducted on each application

  - Provide a summary of strengths and weaknesses comments from the panel(s) deliberations and scoring of the applications

Application Logistics

- **For additional guidance, see:**
  - [HRSA SF-424 Application Guide](#) as referenced throughout the NOFO
  - Ending the HIV Epidemic [webpage](#)

- **Application page limit: 80 pages**
  - Inclusive of Project Abstract, Project and Budget Narratives, select Attachments, and any Letters of Support and Commitment

- **Formatting guidance available in the [HRSA SF-424 Application Guide](#)**

- **Application deadline: July 10, 2020 at 11:59 p.m. ET in grants.gov**

- **Award Issuance/announcement anticipated prior to the program start date of September 1, 2020**

Additional Resources

- **Centers for Disease Control and Prevention (CDC)**
  - **CDC-supported Interventions & Strategies**
    - Provides capacity building assistance resources for CDC-supported interventions and strategies categorized by one or more of the four key strategies for the EHE initiative.
    - Website: https://www.cdc.gov/hiv/effective-interventions/index.html

  - **Expanding HIV Self-Testing & TelePrEP**
    - Provide recently released CDC guidance provided to state and local health departments on maximizing HIV self-testing and PrEP (including TelePrEP)
    - Website: https://www.hiv.gov/blog/hiv-self-testing-guidance?utm_source=email&utm_medium=email&utm_campaign=daily20200429&utm_content=federalresponse

  - **Community Collaboratives**
    - Resources from the CDC-funded THRIVE project, which supports state and local health department to develop community collaboratives that provide comprehensive HIV prevention and care services for MSM of color.
    - Website: http://www.transformhiv.org/

  - **Strengthening Health Department and Clinical Provider Partnerships**
    - The Partnership-for-Care toolkit developed from the CDC/HRSA Partnerships for Care Project is an excellent resource that highlights several key health department delivered public health strategies that are complementary to the integration of HIV care into primary care.
    - Website: https://bphc.hrsa.gov/qualityimprovement/clinicalquality/hivprimarycare.html#p4c

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Additional Resources continued

- **HRSA's HIV/AIDS Bureau**
  - Federal Government Response to EHE
    - Provides a comprehensive background on the federal response to EHE, including key players and their role in the initiative
    - Website: https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/learn-more

  - Community Health Workers (CHW)
    - CHWs are shown to be a promising approach to increase adherence to medication and retention in care. Also include a link to the CHW resource: *Guide for Implementation*
    - Website: https://targethiv.org/chw

  - EHE Award Recipients
    - A comprehensive list of EHE award recipients and their funding amounts:
    - Website: https://www.hhs.gov/about/news/2020/02/26/hhs-awards-117-million-to-end-hiv-epidemic-in-the-united-states.html

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