

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

HIV AIDS Bureau  
AIDS Education and Training Centers (AETC) Program

***AETC Education for Nurse Practitioners and Physician Assistants***

**Announcement Type:** New  
**Announcement Number:** HRSA-13-253

**Catalog of Federal Domestic Assistance (CFDA) No. 93.145**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2013

*Modified on 2/7 to clarify that applicants should “Identify and enroll a minimum of 20 percent or 10 students, whichever is larger, of nurse practitioner or physician assistant students out of each class cohort who will participate in this specialized HIV primary care program.”*

*Modified on 2/ 21 – Summary of Funding, page 5. Addition of last sentence.*

**Application Due Date: March 22, 2013**

*Ensure your Grants.gov registration and passwords are current immediately!  
Deadline extensions are not granted for lack of registration.  
Registration may take up to one month to complete.*

**Release Date: January 23, 2013**

**Issuance Date: January 24, 2013**

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Authority: Sections 2692 and 2693 of the Public Health Service Act (42 U.S.C. §§ 300ff-111 and 121), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009

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# I. Funding Opportunity Description

## 1. Purpose

This funding opportunity announcement (FOA) solicits applications for the AIDS Education and Training Centers (AETC) *Education for Nurse Practitioners (NP) and Physician Assistants (PA)* program. The intention of this funding opportunity is to establish nurse practitioner and physician assistant HIV/AIDS primary care education programs designed to train nurse practitioners and physician assistants in HIV/AIDS care and treatment. Several important changes in the U.S. population will both increase future demand for health care and affect the adequacy of the future health care workforce to meet that demand. These demographic changes include: (1) growth in the general population, (2) increases in the racial/ethnic diversity of the population, (3) changes in the age distribution of the population through the aging of the 'baby boomer' generation, and (4) changes in the gender distribution of health care providers (Dill and Salsburg 2008; Salsberg and Grover 2006; Smalarz et al. 2007; Center for Workforce Studies 2005) The greatest growth in demand for nurse practitioners and physician assistants has been in primary care.

The demand for nurse practitioners and physician assistants is likely to continue to increase as clinical tasks are shifted from physicians to nurse practitioners and physician assistants.. The number of nurse practitioners and physician assistants is likely to grow in future years (Mathematica Policy Research, 2009) It is critically important that nurse practitioner and physician assistant students have the means and opportunity to receive HIV/AIDS training in order to graduate ready to provide HIV/AIDS primary care. There are several studies which suggest that the quality of HIV-related primary care provided by nurse practitioners and physician assistants is similar to that provided by physicians. One study (Wilson et al. 2005) suggested that, under appropriate conditions, nurse practitioners and physician assistants who focus on HIV care and have high HIV caseloads can function as lead HIV clinicians and provide care equal to or better than care provided by physicians. NOTE: Physician assistants always work in conjunction with and are supervised by a physician. Combined with the salary differential and shorter period of education and training for clinicians such as nurse practitioners and physician assistants, increasing their role in the delivery of health care services has the potential to reduce both physician workloads and costs without sacrificing outcomes. Nurse practitioners and physician assistants will be needed to fill gaps in geographic areas that experience difficulty recruiting and retaining physicians, such as rural areas and inner-city clinics serving predominantly underinsured and uninsured patient populations.

Additionally, health care workforce analyses project inadequate numbers of primary care providers to satisfy the nation's need for services. Between 2006 and 2025, the demand for physicians is projected to rise by 8%, from 228 to 246 physicians per 100,000 people, and the supply is projected to decline by 8%, from 228 to 210 full time physician equivalents per 100,000 people (Dall,Salsberg. "The Complexities of Physican Supply and Demand."

Association of American Medical Colleges: Center for Workforce Studies. November 2008; 25-26).

The purpose of this FOA, which ties directly to the shortage of primary health care providers in HIV/AIDS care in the U.S., is to fund accredited schools/programs to train faculty that teach HIV/AIDS and primary care services for patients with HIV/AIDS to nurse practitioner and physician assistant students. Section 2692 (42 U.S.C. §300ff-111, 1-B) of the Public Health Service Act gives the authority for this funding opportunity. The funds will support developmental work toward expanding existing accredited primary care nurse practitioner and

physician assistant programs to include HIV courses in the curriculum. Nurse practitioner students may be from accredited family, women's health/GYN, certified nurse midwife, psychiatric/mental health or adult-geriatric nurse practitioner programs. Physician assistant students must be from an academically affiliated physician assistant education program that is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). Note: Since the 1960s, academic institutions have offered PA education that has focused on primary care. While evidence shows that PAs are improving the geographic distribution of the health care workforce, there is also a steady trend toward care in urban settings (Henry, Hooker, Yates. "The role of physician assistants in rural health care: a systematic review of the literature". J Rural Health. 2011. Spring. 27 (2): 220-229). Reversal of this trend is complicated by the lack of a sufficient number of primary care and community based educators to train the next generation of PA students. A Physician Assistant Education Association (PAEA) 2006 survey identified limited clinical training sites (49.4% of respondents) and limited preceptors (48.7% of respondents) as the primary barriers to expansion of PA programs (Glick, Lane: "Results of the PAEA 2006 Survey of PA Program Expansion Plans". Journal of Physician Assistant Education. 18:1; 52-53).

Funding preference will be given to applicants/organizations who request this and explain the basis for it as designated by 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, in making grants under paragraph (1), the Secretary shall give preference to qualified projects which will –

- (A) train, or result in the 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;
- (B) train, or result in the training of, minority health professionals and minority allied health professionals to provide treatment for individuals with such disease; and
- (C) train, or result in the training of, health professionals and allied health professionals to provide treatment for hepatitis B or C co-infected individuals.

With the development of antiretroviral therapies, HIV has become a chronic disease. There is a great demand and need for primary care providers with HIV-treatment expertise within outpatient settings, e.g., AIDS-service organizations (ASOs), university based clinics, health departments, etc., to deliver a broad range of services. Nurse practitioners (NPs) and physician assistants (PAs) are now two of the principal groups of clinicians delivering primary health care in these settings. Consequently, this FOA targets workforce development of culturally competent primary care HIV nurse practitioners and physician assistants.

### **Sustainability**

The primary goal of this funding opportunity is to expand the number of culturally competent nurse practitioners and physician assistants with capacity/capabilities to provide primary care to individuals living with HIV/AIDS. A subset of this goal is the development of training curricula with an expectation that developed curricula will be evaluated and successful strategies will be shared with other nurse practitioner or physician assistant programs. Applicants are encouraged, but not required to partner with Ryan White Part C and/or Part D programs and/or Federal Training Center programs (PTCs, ATTCs, etc.) that have in-place signed agreements for training interns, in order to maximize training resources and opportunities and to increase the quality and success of the proposed project. Applicants are also encouraged to partner with their regional

AETC to assist with these connections. Applicants that choose to partner must provide a memorandum of understanding (MOU) or letter of agreement for each partner (**Attachment 4**). Applicants can submit one memorandum signed by multiple partners if the entities share the same arrangement with the applicant. Partners with a Federal tax identification number unique from the applicant must provide a subaward budget, if applicable.

NOTE: There is a HRSA/HAB expectation that successful programs will be financially self-sustaining by the end of the fifth year in order to ensure that the curricula created with this FOA will continue beyond the funded project period.

### **National HIV/AIDS Strategy (NHAS)**

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

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

As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities that meet the three primary goals.

To the extent possible, programs should develop and implement an HIV/AIDS curriculum that encompasses the goals of the NHAS as stated above. AETC programs should comply with Federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>

## **2. Background**

This program is authorized by 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.

The AETC program has been a cornerstone of HRSA's HIV/AIDS program for well over a decade. For an overview, go to <http://www.aidsetc.org>. The objective of the AETC program is to both maintain and increase the number of health care providers who are competent and willing to counsel, diagnose, treat, and medically manage individuals with HIV infection and to help prevent high risk behaviors that lead to HIV transmission.

The evolution of the HIV epidemic and medical care to HIV-infected persons in the United States continue to present challenges and opportunities for clinical training. Several trends are particularly relevant to this guidance for application:

- 1) The increasing impact of HIV/AIDS on the underserved, minority, and disempowered segments of American society;
- 2) The apparent dramatic benefits of medical care, particularly highly active antiretroviral therapy (HAART) on health outcomes of people living with HIV infection (with the best

- outcomes associated with the highest quality care) and the ability of effective antiviral treatment to minimize the risk of HIV transmission;
- 3) The evidence that a majority of HIV-infected individuals in this country are not receiving regular medical care; and
  - 4) The 2006 CDC HIV testing recommendations stating that everyone ages 13-64 should be tested to find more infected, but unaware individuals, and bring them into care.<sup>1</sup>

The AETC program is a “safety net” training program for professional HIV/AIDS treatment education, just as the other components of the Ryan White HIV/AIDS Treatment Modernization Act of 2009 are the safety nets for HIV/AIDS care.

Existing accredited primary care nurse practitioner or physician assistant education programs who respond to this funding opportunity announcement are encouraged to collaborate with Federal Training Centers (FTC) and existing AETC grantees and/or their Local Performance Sites, in their region in order to secure any necessary clinical/faculty expertise for successful inclusion of HIV in the existing primary care nurse practitioner or physician assistant program.

Additionally, important themes within the Ryan White HIV/AIDS Program legislation include the increased emphasis on:

- Improved access to care for HIV-infected individuals aware of their serostatus, but not in care;
- Provision of life extending HIV/AIDS drug therapies;
- Provision of health-related core services;
- Clinical Quality management of health services by Ryan White HIV/AIDS Program grantees;
- Capacity development based on identified gaps in the capacity and infrastructure of historically underserved communities unable to meet the needs of HIV-infected individuals;
- Targeting of resources to meet the needs of underserved communities and populations increasingly affected by the epidemic along with codification of the Minority AIDS Initiative; and
- Coordination among publicly-funded programs, including increased coordination among various Department of Health and Human Services (HHS) agencies.

## **II. Award Information:**

### **1. Type of Award**

Funding will be provided in the form of a grant.

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<sup>1</sup>CDC. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR September 22, 2006; 55(RR14); 1-17

## 2. Summary of Funding

This program will provide funding during Federal fiscal years 2013-2017. Approximately \$1,550,000 is expected to be available annually to fund at least five (5) grantees. Applicants may apply for a ceiling amount of up to \$350,000 per year. The period of support is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for AIDS Education and Training Centers (AETC) Education for Nurse Practitioners and Physician Assistants program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal government.

This funding opportunity announcement is subject to availability of appropriated funds. If associated funding is not available for the AIDS Education and Training Centers (AETC) Education for Nurse Practitioners (NP) and Physician Assistants (PA) Program, this announcement will be withdrawn and grants will not be awarded.

## III. Eligibility Information

### 1. Eligible Applicants

Eligible nurse practitioner training program applicants are collegiate schools of nursing centers, academic health centers, State or local governments, and other public or private nonprofit entities accredited by a national nurse education accrediting agency recognized by the Secretary of the U.S. Department of Education.

Eligible physician assistant training program applicants include accredited public or nonprofit private hospitals, schools of allopathic or osteopathic medicine, academically affiliated PA training programs, or a public or nonprofit private entity that the Secretary has determined is capable of carrying out such grants. A public entity is a governmental body, such as a state or local government.

A PA training program applicant must be an academically affiliated PA training program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). Academic affiliation is a formal relationship with an institution of higher education.

Eligible applicants include public and nonprofit entities. Faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply.

Applicants must have an HIV Primary Care focus for their nurse practitioner or physician assistant program.

All nurse practitioner and physician assistant programs that are associated with the project and conferring degrees or certifications must be accredited.

**As described in Section V**, a preference will be given to minority serving programs (per Section 2692 (42 U.S.C. §300ff-111) of the Public Health Service Act). This preference will be given to (1) those institutions that train or result in the training of minority nurse practitioners or physician assistants who will provide treatment for individuals living with HIV/AIDS or (2) those institutions that train or result in the training of nurse practitioners or physician assistants who will provide treatment for minority individuals living with HIV/AIDS.

## 2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

## 3. Other

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

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

**Proof of Accreditation: (Attachment 5)** Applicants must submit a certificate of accreditation that includes the expiration date from the accrediting agency with the application.

### **Accreditation for Newly Established Program of Nursing and Physician Assistants:**

Applicants will not be considered if they are not currently accredited, even if they are in the process of obtaining accreditation from an approved accrediting organization.

**Foreign and international organizations** are not eligible to receive HHS grants unless the program's authorizing legislation specifically authorizes awards to such entities. In addition to the States, only the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are eligible to apply under this funding opportunity announcement.

NOTE: Multiple applications from one NP program or one PA program are not allowable. Eligible applicants may **submit only one** application per NP or PA program. However, this does not include, for example, an organization with both an NP and a PA program. That organization could (1) submit an application for both programs separately, or (2) come in as one application with a combined program.

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. The registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting an application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from [DGPWaivers@hrsa.gov](mailto:DGPWaivers@hrsa.gov), and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is seeking relief; the organization's DUNS number; the name; address; and telephone number of the organization; the name and telephone number of the Project Director; as well as the

Grants.gov Tracking Number (GRANTXXXX) assigned to the submission along with a copy of the “Rejected with Errors” notification as received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

**IMPORTANT NOTICE: CCR moved to SAM**  
**Effective July 30, 2012**  
**(rev. 5/22/12)**

The Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012.

For any registrations in process during the transition period, the data that has been submitted to CCR will be migrated to SAM.

If a record was scheduled to expire between July 16, 2012 and October 15, 2012, CCR is extending the expiration date by 90 days. The registrant received an e-mail notification from CCR when the expiration date was extended. The registrant then will receive standard e-mail reminders to update their record based on the new expiration date. Those future e-mail notifications will come from SAM.

SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

**Active SAM registration is a pre-requisite to the successful submission of grant applications!**

Items to consider are:

- When does the account expire?
- Does the organization need to complete the annual renewal of registration?
- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about SAM, please visit <https://www.sam.gov>.

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register in SAM. According to the SAM Quick Guide for Grantees ([https://www.sam.gov/sam/transcript/SAM\\_Quick\\_Guide\\_Grants\\_Registrations-v1.6.pdf](https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf)), an entity’s registration will become active after 3-5 days. Therefore, ***check for active registration well before the application deadline.***

Applicants that fail to allow ample time to complete registration with CCR (prior to late July 2012) / SAM (starting late July 2012) and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

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

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

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

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

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

## **2. Content and Form of Application Submission**

### **Application Format Requirements**

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **HRSA strongly urges applicants to print their application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the *Electronic Submission User Guide* referenced above.**

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

### **Application Format**

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

## SF-424 R&R – Table of Contents

 **It is mandatory to follow the instructions provided in this section to ensure that the application can be printed efficiently and consistently for review.**

 **Failure to follow the instructions may make the application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.**

 For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.

 For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424 R&R Cover Page	Form	Pages 1 & 2.	Not counted in the page limit.
Pre-application	Attachment	Can be uploaded on page 2 of SF-424 R&R - Box 20.	Not Applicable to HRSA; Do not use.
SF-424 R&R Senior/Key Person Profile	Form	Supports 8 structured profiles (PD + 7 additional)	Not counted in the page limit.
Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. One per each senior/key person. The PD/PI biographical sketch should be the first biographical sketch. Up to 8 allowed.	Counted in the page limit.
Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Additional Senior/Key Person Profiles	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. Single document with all additional profiles.	Counted in the page limit.
Additional Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches.	Counted in the page limit.
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in the Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Location(s) form. Single document with all additional site location(s).	Counted in the page limit.

<b>Application Section</b>	<b>Form Type</b>	<b>Instruction</b>	<b>HRSA/Program Guidelines</b>
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 6.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. If necessary provide table of contents specific to this document only as the first page. Table of contents is not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Optional. Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Optional. Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Optional. Counted in the page limit.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple.	Not Applicable to HRSA; Do not use.
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, End of Section A. One for each budget period.	Counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) - Section C – E, End of Section C. One for each budget period.	Counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget.	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - K form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this

Application Section	Form Type	Instruction	HRSA/Program Guidelines
			document only as the first page.
SF-424 R&R Sub-award Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.
Sub-award Budget Attachment 1-10	Extracted Form to be attached	Can be uploaded in SF-424 R&R Sub-award Budget form, Box 1 through 10. Extracted form to be attached from the SF-424 R&R Sub-award Budget form and use it for each consortium/ contractual/sub-award budget as required by the program funding opportunity announcement. Supports up to 10.	Filename should be the name of the organization and unique. Not counted in the page limit.
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package.	Not counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
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 funding opportunity announcement.
  -  Merge similar documents into a single document. Where several documents are expected in one attachment, ensure that a table of contents cover page is included specific to the attachment. Table of Contents page will not be counted in the page limit.
  -  Please use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (\_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing.

<b>Attachment Number</b>	<b>Attachment Description (Program Guidelines)</b>
Attachment 1	Work Plan- Table format
Attachment 2	Staffing Plan
Attachment 3	Project Organizational Chart
Attachment 4	MOU/letter of agreement: Applicants who are going to utilize a non-affiliated agency for intern/practicum clinical setting placement, must submit an MOU or a letter of agreement, ensuring practicum placement(s) meet all practicum/education criteria denoted in this FOA, and that a partnership exists between the educational institution and the practicum placement.
Attachment 5	Documentation of Accreditation- A letter of accreditation, a copy of the certificate of accreditation; or letter from the United States Department of Education providing "reasonable assurance of accreditation"
Attachments 6	Explanation of Federal debt
Attachments 7-15	Other relevant documents, as necessary

## **Application Format**

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

Complete Standard Form 424 Research and Related (SF-424 R&R) 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 CFDA Number is 93.145.

#### **DUNS Number**

All applicant organizations (and sub-recipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 5 on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any sub-recipient of HRSA award funds) is required to register annually with the System for Award Management (SAM) in order to conduct electronic business with the Federal Government. SAM registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that the applicant organization SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with the SAM can be found at <http://www.sam.gov>. Please see Section IV of this funding opportunity announcement for SAM registration requirements.

### **ii. *Table of Contents***

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

### **iii. *Budget***

Please complete the Research & Related Budget form included with the application kit (Sections A – J and the Cumulative Budget) for each budget period. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, click on the “NEXT PERIOD” button on the final page to allow for completion of Budget Period 2. Repeat this instruction to complete Budget Periods 3, 4, and 5.

The Cumulative Budget is automatically generated and provides the total budget information for the five-year grant request. Errors found in the Cumulative Budget must be corrected within the incorrect field(s) in Budget Period 1, 2, or 3; corrections cannot be made to the Cumulative Budget itself.

**Salary Limitation:**

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

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

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

**iv. Budget Justification**

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

**Budget for Multi-Year Award -**

This announcement is inviting applications for project periods up to five (5) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be up to five (5) years. Submission and HRSA approval of the Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the five-year

project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

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

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

\*Actual annual salary = \$350,000

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

*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 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 that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years).

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

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

recipients that entities receiving sub-awards must be registered in SAM and provide the recipient with their DUNS number.

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

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

*Indirect Costs:* Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. The indirect cost rate agreement will not count toward the page limit.

**Indirect costs under training grants 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 and capital expenditures, tuition and fees, and sub-grants and contracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation. Training grant applications from State, local, or Indian tribal governmental agencies may request full indirect cost reimbursement. **State universities and hospitals are subject to the 8% cap.**

**v. *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 in **Attachment 2**. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in the appropriate attachment in Form SF 424 R & R. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

Each program must have a Program Director/Administrator/Dean, etc., who must demonstrate educational and administrative experience and current clinical licensure. Applicants must demonstrate that there will be sufficient licensed preceptors with pertinent HIV expertise to oversee planned number of nurse practitioner or physician assistant students' practicums.

**vi. Assurances**

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

**vii. Certifications**

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a Federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on Federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on Federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as **Attachment 6**.

**viii. Project Abstract**

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

Please place the following at the top of the abstract:

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

The project abstract must be single-spaced and limited to one page in length. **If preferences are requested, this must be stated in abstract.**

**ix. Project Narrative**

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

Use the following section headers for the Narrative:

▪ **INTRODUCTION**

This section should briefly describe the purpose of the proposed project. Describe the demographic diversity and project the number of students which will be enrolled in this nurse practitioner/physician assistant HIV/AIDS primary care program. Describe where and how you propose to conduct nurse practitioner HIV education and training in order to produce nurse practitioners and physician assistants from accredited education/program institutions. These data and information should tie into the evaluation of your nurse

practitioner/physician assistant HIV/AIDS primary care program. You should discuss why your organization is in need of AETC funding and why you are the appropriate entity to receive funds. Indicate whether you are requesting funding preferences in both the Abstract and the Review and Selection Process Section of this funding opportunity announcement. If requesting a funding preference, describe here (*Introduction*) how your organization meets all three (3) funding preference criteria as defined in the *Review and Selection Process* section.

▪ ***NEEDS ASSESSMENT***

Describe the need for an adequate HIV workforce in your community, and beyond, both in terms of current clinician shortages and, specifically, availability of those trained to provide high-quality HIV care and treatment. The target population and its unmet HIV health care and treatment needs must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the HIV affected population and/or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to address. This section should help reviewers understand the community and/or organization that will be served by the proposed project and its responsiveness to nurse practitioner and physician assistant development for HIV care and treatment needs.

Additionally, in preparation for this application, your institution must conduct an assessment to determine the desirability and acceptance from existing and potential students in a nurse practitioner or physician assistant program with a focus on HIV primary care. This will include describing how you determine how many students will be enrolled in this type of program. Documentation of this needs assessment is mandatory.

▪ ***METHODOLOGY***

Propose methods that will be used to implement the proposed program requirements and respond to expectations in this funding opportunity announcement. As appropriate, include development of effective tools and strategies for nurse practitioner and physician assistant education and training and graduation in order to provide HIV/AIDS care.

Under this program announcement the following activities will include an HIV focus within existing accredited nurse practitioner or physician assistant programs, to a prescribed number of students. This is a five-year project with the intention of the first year allocated for the development and marketing of curricula.

**First Year of Funding – Planning Phase and Curricula Development**

1. Develop an HIV/AIDS primary care specialty program with necessary infrastructure that includes: financial, IT and data, program staff, resources, legal, administrative staff, medical information access for nurse practitioner or physician assistant students. This should also include the recruitment of HIV expert faculty and clinical preceptors, if not already in place.
2. Design the program including curriculum development that defines the types of courses and learning experiences that will be included or expanded in the nurse practitioner or physician assistant HIV/AIDS primary care specialty program, along with establishment of the goals and learning objectives. At a minimum, this will incorporate HIV didactic learning opportunities as well as practicums. Practicums should ensure

that the nurse practitioner or physician assistant student will provide continuity primary medical care to a significant percentage of patients with HIV/AIDS.

3. Planned training methods should be addressed, e.g., case based, competency based, etc. Plan and implement regular didactic and other sessions to enhance knowledge of HIV/AIDS and co-morbidities such as Hepatitis C (e.g, on-line training modules,, directed discussions, conference, journal clubs, lectures, etc.).
4. As part of a their practicum, students in a nurse practitioner or physician assistant program will be able to function, upon graduation, as part of an interprofessional team, including physicians, pharmacists, nurses, social workers, etc. During training they must be provided with opportunities to interact with such an interprofessional team. *This is a requirement to be considered for funding.* NOTE: Applicants who are going to utilize an on-line curriculum, must submit an MOU or letter of agreement with clinical settings, ensuring practicum placement(s) meet all practicum/education criteria denoted in this FOA, and that a partnership exists between the educational institution and the practicum placement (**Attachment 4**). All applicants who utilize another agency for intern/practicum placements must submit an MOU or letter of agreement.
5. Develop a Program Evaluation and Improvement Plan in order to analyze and track data to measure process and impact/outcomes (See *Evaluation and Technical Support-Capacity* section of this FOA). NOTE: Program Evaluation and Improvement is expected throughout the project period (for each year of the project). Although program outcomes must be tracked and evaluated, continuous quality improvement is also a staple of all HRSA/HAB programs and must also be a component of the evaluation plan.
6. Design and develop a marketing and recruitment plan in preparation for the establishment of the expanded program to include the HIV component. Recruitment of current HIV nurse practitioner or physician assistant students must begin early in the planning process. Eligibility criteria, along with the number of nurse practitioner or physician assistant students proposed to be served by the institution should be addressed. The applicant must provide evidence of ‘demand’ for this type of program. For example, the applicant could conduct surveys of current or prospective nurse practitioner or physician assistant candidates interested in this endeavor. It is important to define the proportion of nurse practitioner or physician assistant students (current) that are expected to be included in the expanded HIV-training program.
7. Identify clinical centers providing clinical care to significant numbers of persons living with HIV/AIDS (PLWHA) to assure continuity of clinic practicums for nurse practitioner or physician assistant candidates. The applicant’s regional AETC can assist with identification of these resources. Provide estimated number of PLWHA that NP or PA candidates will follow in practicum continuity clinics, as well as the diversity of populations to be served.

**Years two through five (2-5) of Funding – Conducting HIV-Clinical Training with Primary Care Nurse Practitioner or Physician Assistant Students**

1. Identify and enroll a minimum of 20 percent or 10 students, whichever is larger, of nurse practitioner or physician assistant students out of each class cohort who will participate in this specialized HIV primary care program.
2. Implement the curriculum, providing nurse practitioner or physician assistant students with HIV competency-based goals and objective-based assignments along with sufficient clinical exposure to the diagnosis and treatment of HIV/AIDS patients. It is critical that the proposed project addresses the availability and quality of practicum

clinical settings in which nurse practitioner or physician assistant candidates are to be trained.

3. Maintain up-to-date documentation of faculty's licensure, skills and HIV expertise to teach and supervise nurse practitioners or physician assistants. If not certified, faculty will have to become certified.
4. As described in Year 1, an on-going program evaluation and improvement plan to measure nurse practitioner or physician assistant students' performance, program improvement, etc., must be maintained each year of the project. A revised action plan for future years will be based on this assessment.

▪ ***WORK PLAN***

The work plan should include goals, objectives and outcomes that are SMART (specific, measurable, achievable, realistic, and time measurable). 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

Please provide a work plan, in a table format with all five years included.

▪ ***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 respond to and resolve such challenges. Discuss strategies to achieve sustainability of the expanded project.

▪ ***EVALUATION AND TECHNICAL SUPPORT CAPACITY***

Describe organizational capacity, including infrastructure, resources and current HIV treatment expertise, skills, and knowledge, including individuals on staff/faculty, materials published, and previous work of a similar nature. Describe the marketing and recruitment plan for HIV nurse practitioner or physician assistant students. Describe the demographic diversity and number of students which you project will be enrolled in the nurse practitioner or physician assistant HIV/AIDS primary care program. NOTE: a minimum of 20 percent or 10 students, whichever is larger, of nurse practitioner or physician assistant students out of each class cohort, must be enrolled in the program. Describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes. Explain how data will be used to inform program development and service delivery. Specifically present an evaluation plan that describes how an increase in HIV nurse practitioners or physician assistants will be assessed. Also assess the sustainability of program efforts.

NOTE: For the first year of this project the applicant will describe their plan for the foundation (Planning Phase) of the program and what is needed to go forward. A comprehensive evaluation plan for years 2-5 of the project must also be submitted.

▪ **ORGANIZATIONAL INFORMATION**

- 1) Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet pilot program expectations.
- 2) Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate education services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.
- 3) Describe the organization's plans to expand its nurse practitioner or physician assistant training capacity incorporating an HIV focus.
- 4) Describe the current ambulatory care and community-based training setting and patient population with a focus on HIV patients/community.
- 5) Describe, if applicable, affiliations to other academic health centers or other academic institutions and their contribution to the quality of education and training.

**x. Attachments**

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

**Attachment 1: Work Plan-** Provide, in table format, a work plan showing the scope of work/education to be provided in order to train nurse practitioner or physician assistant students to be able to successfully provide HIV primary clinical care. Show all five years of the Project Period.

**Attachment 2: Staffing Plan-** 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 person. This may be in table format

**Attachment 3: Project Organizational Chart-** Provide a one-page chart that depicts the organizational structure of the project, including contractors and any other significant collaboration.

**Attachment 4: MOU/Letter of Agreement -** Applicants who are going to utilize a non-affiliated agency for intern/practicum clinical setting placement, must submit an MOU or Letter of Agreement, ensuring practicum placement(s) meet all practicum/education criteria denoted in this FOA, and that a partnership exists between the educational institution and the practicum.

**Attachment 5: Documentation of Accreditation-** Provide an accreditation letter or a copy of the certificate of accreditation as noted under Section III Eligibility Information

**Attachment 6: Explanation of delinquency of Federal debt-** when applicable

**Attachments 7-15: Other Relevant Documents-** Provide any other documents that are relevant to the proposed project.

### **3. Submission Dates and Times**

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is *March 22, 2013 at 11:59 P.M. Eastern Time*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by the organization's Authorized Organization Representative (AOR) through Grants.gov and validated by Grants.gov on or before the deadline date and time.

**Receipt acknowledgement:** Upon receipt of an application, Grants.gov will send a series of email messages to document the progress of an application through the system.

1. The first will confirm receipt in the system;
2. The second will indicate whether the application has been successfully validated or has been rejected due to errors;
3. The third will be sent when the application has been successfully downloaded at HRSA; and
4. The fourth will notify the applicant of the Agency Tracking Number assigned to the application.

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

#### **Late applications:**

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

### **4. Intergovernmental Review**

The AIDS Education and Training Center's Education for Nurse Practitioners and Physician Assistants, is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Application packages made available under this funding opportunity will contain a listing of States which have chosen to set up such a review system, and will provide a State Single Point of Contact (SPOC) for the review. Information on States affected by this program and State Points of Contact may also be obtained from the Grants Management Specialist listed in the Agency Contact(s) section, as well as from the following Web site:

[http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc).

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

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

## 5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years, at no more than \$350,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Indirect costs awarded to grantees other than State, local or Indian tribal governments are limited to no more than eight percent (8 %) of the approved federal grant funds. This cap applies to all grantees regardless of the applicant's negotiated cost rate approved by a recognized federal agency. Indirect costs paid to the grantee on subcontracts are limited to the first \$25,000 of each contract over the entire three year grant period.

The project budget cannot include overlapping project costs with any other Federal award (e.g., HRSA's Teaching Health Center Graduate Medical Education Program, graduate medical education funding from Medicare, etc.).

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

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

## 6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov, applicants 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 organizations **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. Applicants that do not complete the registration process will be unable to submit an application. The registration process can take up to one month.

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

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

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

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

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

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

## V. Application Review Information

### 1. Review Criteria

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

Review Criteria are used to review and rank applications. The AETC Graduate Education for Nurse Practitioners Program has six (6) review criteria:

*Criterion 1: NEED (10 points)*

- The extent to which the application demonstrates the problem and associated contributing factors to the problem.
- The extent to which the applicant demonstrates an understanding of the purpose and program priorities, including the incidence of HIV within the applicant’s community and the need to develop nurse practitioners or physician assistants to address primary caregiver shortages and overall expertise. The extent to which the need described and subsequent proposed program is consistent with Program expectations.

*Criterion 2: RESPONSE (20 points)*

- The extent to which the proposed project responds to the “Purpose” included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project.
- The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.
- The extent to which the applicant demonstrates the relationship between needs assessment, program expectations and program plan.
- The extent to which work plan goals and objectives reflect the needs identified.
- The extent to which the work plan is realistic and has measurable and time-framed objectives that delineate the steps to be taken to implement the proposed project.
- Programs with larger student enrollments will be given priority consideration as demonstrated by likely enrollment of greater than a minimum of 20 percent or 10 students of nurse practitioner or physician assistant students out of each class cohort. (3 points if demonstrated)

*Criterion 3: EVALUATIVE MEASURES (20 points)*

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess:

- To what extent these objectives can be attributed to the project.
- A program evaluation plan to assess attainment of program goals and objectives and the impact of the program.
- Capacity to document project’s activities to meet federal program expectations/requirements.
- Continuous quality improvement activities to evaluate the quality of project activities and services

*Criterion 4: IMPACT (15 points)*

- The feasibility and effectiveness of plans for dissemination of project results.
- The extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability of the program beyond the Federal funding.
- The extent to which the proposed plan will likely succeed in reflecting an increase of nurse practitioners or physician assistants able to diagnose, treat, and care for HIV/AIDS patients.

*Criterion 5: RESOURCES/CAPABILITIES (20 points)*

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project.

- The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- Overall capability and experience of the applicant organization to carry out the proposed project.
- The description of the organizational structure of the applicant organization and the proposed project.
- The proposed plan to have instructors that reflects multi-disciplinary HIV clinical expertise.
- Technical resources and expertise to achieve the goals of the project.
- Feasibility of accomplishing the project in terms of 1) time frames; 2) adequacy, equity, and availability of resources (e.g., staffing, consultants, facilities, equipment), and 3) a management plan.
- Proposed plan to operate through cost effective and efficient means.
- Proposed collaborative relationships and linkages to achieve the goals of the project

*Criterion 6: SUPPORT REQUESTED (15 points)*

- The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

## **2. Review and Selection Process**

The Division of Independent Review (DIR) 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 Section V.1. Review Criteria of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

### **Funding Preferences**

The authorizing legislation provides a funding preference for some applicants. 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 be given full and equitable consideration during the review process. The law provides that a funding preference

be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference as follows;

- (A) train, or result in the training of health professionals (nurse practitioners or physician assistants) who will provide treatment for minority individuals with HIV disease and other individuals who are at high risk of contracting such disease;
- (B) train, or result in the training of minority health professionals (nurse practitioners or physician assistants) to provide treatment for individuals with such disease; and
- (C) train or result in the training of health professionals (nurse practitioners or physician assistants) to provide treatment for hepatitis B or C co-infected individuals.

**NOTE:** Request for preference must be stated in the Abstract *and* all three criteria must be met in order to be granted preference

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

It is anticipated that awards will be announced prior to the start date of July 1, 2013.

## **VI. Award Administration Information**

### **1. Award Notices**

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

The NoA sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of July 1, 2013

### **2. Administrative and National Policy Requirements**

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

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes 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/hhsgrantspolicy.pdf>. 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 NoA).

### **Non-Discrimination Requirements**

To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

### **Trafficking in Persons**

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>.

### **Smoke-Free Workplace**

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

### **Cultural and Linguistic Competence**

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA-funded programs embrace a broader definition to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural

competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

### **Healthy People 2020**

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

### **National HIV/AIDS Strategy (NHAS)**

The National HIV/AIDS Strategy (NHAS) has three primary goals: (1) reducing the number of people who become infected with HIV; (2) increasing access to care and optimizing health outcomes for people living with HIV; and (3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

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

### **Health IT**

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

### **Related Health IT Resources:**

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

### 3. Reporting

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

a. **Audit Requirements**

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

b. **Payment Management Requirements**

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

c. **Status Reports**

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the following schedule: <http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf>. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the NoA.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on a semi-annual basis as part of the non-competing continuation application, i.e., submission and HRSA approval of grantee Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the NoA.

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

4) **Tangible Personal Property Report.** If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all federally-owned property and acquired equipment with an acquisition cost of \$5,000 or more per unit. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. Property may

be provided by HRSA or acquired by the recipient with award funds. Federally-owned property consists of items that were furnished by the Federal Government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the NoA

**d. Transparency Act Reporting Requirements**

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

## VII. Agency Contacts

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

Adejumoke Oladele  
Attn: HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 12A-07  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-2441  
Email: [AOladele@hrsa.gov](mailto:AOladele@hrsa.gov)

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

Diana Travieso Palow, MPH, MS, RN  
Branch Chief, HIV Education Branch  
Division of Training and Capacity Development, HIV/AIDS Bureau, HRSA  
Attn: Funding Program  
Parklawn Building, Room 7-89  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-4405  
Fax: (301) 443-9645  
Email: [DPalow@hrsa.gov](mailto:DPalow@hrsa.gov)

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

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

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center  
Telephone: (877) 464-4772  
TTY: (877) 897-9910  
E-mail: [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV)

### **VIII. Other Information**

HIV/AIDS Bureau/Division of Training and Capacity Development/HIV Education Branch (HAB/DTC/HEB) is sponsoring a 90 minute pre-application webinar/conference call on Thursday, January 31, 2013 from 1-3 PM Eastern Time to assist potential applicants in preparing applications that address the requirements of this funding announcement. The call-in number is 866-700-0701 and the participant code is 345123. Participation in a pre-application conference call is optional.

For more information on the conference call and to register for the webinar/call please go to: <http://targethiv.org/events>. Applicants will register for the call/webinar on this website and be given a direct link to join the webinar.

### **IX. Tips for Writing a Strong Application**

HRSA has designed a technical assistance webpage to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which applicants will find relevant. The website can be accessed online at: <http://www.hrsa.gov/grants/apply/index.html>.

In addition, a concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: <http://dhhs.gov/asfr/ogapa/grantinformation/apptips.html>.