

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

HIV/AIDS Bureau
Special Projects of National Significance Program

HIT Capacity Building Initiative for Ryan White HIV/AIDS Program providers

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: May 2, 2012

*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.*

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I. Funding Opportunity Description

1. Purpose

This funding opportunity announcement solicits applications for the HIT Capacity Building Initiative for Ryan White HIV/AIDS Program providers. This program is intended to support organizations receiving funding under Ryan White HIV/AIDS program Parts A, B, C, or D, including grantees of record and sub-recipient service provider organizations, to promote the development of standard electronic client information data systems to facilitate Ryan White providers' ability to report client level data to the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA)'s HIV/AIDS Bureau (HAB).

Funding is limited to organizations that provide core or support services to HIV-infected individuals and are funded under Ryan White Parts A – D, who are in need of an adequate information technology (IT) infrastructure development for purposes of reporting client level data. This includes the acquisition and implementation of hardware and software components, stand alone, network, and other management health information systems that will facilitate the reporting of client level data. Applicant organizations must include a strategy for collaborating with their Part A, B, C, or D grantee of record or sub-provider organizations, as it relates to the interconnectivity, interoperability and compatibility of their proposed systems. Plans must demonstrate the capacity and procedures to electronically and physically protect the privacy and information of electronic client records. Applicants must also include plans for disseminating complete and accurate documentation of their system process development and implementation for the purpose of replication and integration. The period of support is one year.

Program Expectations

Successful applicants will utilize funds to improve and/or enhance HIT infrastructure capacity to implement a qualified health information technology system to collect and report client-level data. For purposes of this funding opportunity announcement (FOA), a qualified health information technology (HIT) system is defined as a commercial or non-commercial readily available product with an extensive proven record of functionality and reliability for purposes of collecting and reporting client-level data, preferably in the HIV/AIDS clinical and support services area. This system is intended to collect and report client-level data elements and information on services as required under the Ryan White Services Report (RSR). Funding is limited to organizations that can demonstrate a sound plan for sustaining the system beyond the one-year funding period. In addition, a sustainability factor will be set as a condition of award to successful applicants.

Funding will be limited to the acquisition and implementation of hardware, network operating system and software components, including stand alone, network, and other HIT systems that will facilitate the reporting of client-level data. In addition to increasing the organization's capacity to collect, compile, utilize, and report client-level data, applicants must present a sound plan for how they will promote and enhance the information technology capacity and their ability to report RSR data. Plans must include specific hardware and software configurations that are, at a minimum, responsive and compatible with the data reporting requirements specified by HAB. Further, plans must demonstrate the capacity and procedures to electronically and physically

protect the privacy and information when collecting and reporting of unduplicated standard data elements within the applicant organization.

Providers receiving federal funds from the Ryan White HIV/AIDS Program utilize many different types of hardware, software and network configurations in their electronic client-level data systems. The number of stand alone systems, typically found in small to medium sized single service providers using a personal computer (PC) connected to the internet, is declining. The use of Electronic Medical Record (EMR) or Electronic Health Record systems by hospitals and clinics is steadily increasing. Many organizations use a configuration of several PCs tied to a Local Area Network (LAN) storing data in a centralized server location. Some states and cities have their network of service providers connected through a Wide Area Network (WAN) such as a Regional Health Information Organization (RHIO). The degree of interconnectivity may also vary, from the ability to transmit data in real-time to a central repository, to storing data in a local system and forwarding it in batches on a regular basis to a central repository. A provider could also be on a real-time network with one grantee, and store and forward their data to another.

Grant funds must be utilized for the procurement and implementation of qualified HIT systems that ensure the efficiency and operability of the proposed system components. These systems may include, but are not limited to, configurations of clinical management and reporting systems currently used by Ryan White HIV/AIDS Programs. Such HIT systems should have wide acceptance and utilization among physicians, nurses, and ancillary staff for use in accessing laboratory, diagnosis, and medication data, as well as social services and referral data required for RSR reporting. Applicants are encouraged to learn more about these systems and functional requirements by contacting the vendors or Ryan White HIV/AIDS Program grantees with experience in implementing HIT systems.

SPNS will allow the use of grant funds for staffing and/or contract personnel to configure and install new hardware and software, or modify existing systems to meet the objectives described under this guidance. **However, Federal funds provided through this grant may not be used to run or maintain the HIT systems beyond the one-year project period and may not be used for service delivery or direct care.**

Data Requirements

Applicants must ensure that the acquisition of hardware, software and network systems are fully compatible with the requirements for the collection and reporting of RSR client-level data to HAB. One primary purpose of the data system will be to report client-level data in an XML format using HAB prescribed data specifications.¹ The types of data to be reported include but are not limited to:

- 1) **Client Demographics** such as gender, age, race/ethnicity, birth year, insurance type, housing status, poverty level;
- 2) **Service Utilization** including **core services**: Outpatient/ambulatory health services, Oral health care, Early intervention services (Parts C and D), Health Insurance Premium & Cost Sharing Assistance, Home health care, Home and community-based health services,

¹ For more information on the required data elements, see the RSR Data Dictionary at: http://www.careacttarget.org/library/RSR_Client_Level_Data_Dictionary.pdf

- Hospice services, Mental health services, Medical nutrition therapy, Medical case management (including treatment adherence), and Substance abuse services-outpatient;
- 3) **Support services:** Case management (non-medical), Child care services, Developmental assessment/early intervention services, Emergency financial assistance, Food bank/home-delivered meals, Health education/risk reduction, Housing services, Legal services, Linguistic services, Transportation services, Outreach services, Permanency planning, Psychosocial support services – other, Referral for health care/supportive services, Rehabilitation services, Respite care, Substance abuse services – residential, and treatment adherence counseling;
 - 4) **Health Indicators** such as CD4+ Counts, Viral Load counts and data of tests, STD screening and status, TB status, substance abuse and mental health history, medication history, preventive therapy, and pregnancy history.

In the spring of 2012, the Office of HIV/AIDS Policy (OHAP) of the Department of Health and Human Services will issue guidance requiring use of a standard set of metrics to assure consistent outcome evaluation for the National HIV/AIDS Strategy. To assure expeditious translation of research into practice, sites will be required to incorporate these data standards where appropriate for the project.

2. Background

The Special Projects of National Significance (SPNS) Program is authorized by Section 2691 of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87) (Ryan White HIV/AIDS Program).

National HIV/AIDS Strategy

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.² 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 and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to reducing HIV infection in high-risk communities and reducing stigma and discrimination against people living with HIV.

To ensure success, the NHAS requires the Federal government and State, tribal and local governments to increase collaboration, efficiency, and innovation. Therefore, to the extent possible, Ryan White program activities should strive to support the three primary goals of the National HIV/AIDS Strategy. SPNS funded demonstration projects are aligned with these goals in initiatives to improve engagement and retention in quality HIV primary care, care coordination at the systems level, and patient health outcomes among Ryan White grantees. SPNS also supports the collection of client-level data by Ryan White grantees and providers to

² Office of National AIDS Policy. National HIV/AIDS Strategy for the United States, July 2010. ONAP, The White House. See <http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>

document ongoing evaluation of the Ryan White Program and the NHAS through capacity building in health information technology.

Health Information Technology

The following section provides an overview on the current efforts toward the collection of client-level data within HAB and HHS as a whole.

In April 2004, the Office of the National Coordinator (ONC) for Health Information Technology (HIT) was established as chief advisor to the Secretary, U.S. Department of Health and Human Services, with the goal of defining uniform standards for an interoperable, nationwide health information network, and to improve the quality and efficiency of health care through the effective use of health information technology.³ HHS defines HIT as technology that allows comprehensive management of medical information and its secure exchange between health care consumers and providers.

In July 2010, the ONC released its final rule for stage one of meaningful use of electronic health records (EHR).⁴ The rule specifies protocols for the management and implementation of electronic health records among medical providers. These protocols may have an impact on any new HIT purchased with HHS funds and applicants are encouraged to keep abreast of new developments as these are constantly evolving. In particular, applicants may wish to review ONC's policies regarding interoperability specifications to determine its current applicability to the development of their organization's IT system.

HRSA developed the HIV/AIDS HIT Toolbox for the community of HRSA-funded providers seeking to implement HIT to improve quality of care and enhance efficiencies within their organizations. The Toolbox is designed to support the needs of stakeholders ranging from front line staff to senior management charged with implementing health information technology systems.⁵ SPNS-funded programs participating in HIT activities are encouraged to use the resources in the HIV/AIDS HIT Toolbox for technical guidance and sharing of information during the implementation of their IT projects.

Under the 2006 and 2009 reauthorizations of the Ryan White HIV/AIDS Program, the SPNS Program was given authority to promote the development of standard electronic client information data systems by providing Ryan White grantees with HIT capacity building funds to report client-level data. One of the underlying principles of the reauthorization of the Ryan White HIV/AIDS Program was supporting the development of client-level data systems for reporting client-level outcomes. Continued emphasis has been placed on obtaining accurate unduplicated client counts, monitoring care, and assessing outcomes associated with services funded by the Ryan White HIV/AIDS Program. This can only be accomplished by obtaining accurate client-specific data.

³ Department of Health and Human Services (2010) Office of the National Coordinator for Health Information Technology. ONC, HHS. Accessed October 11, 2011 from:

http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_onc/1200

⁴ See Office of the National Coordinator for Health Information Technology's Electronic Health Records and Meaningful Use at: <http://healthit.hhs.gov/portal/server.pt?open=512&objID=2996&mode=2>

⁵ See: <http://www.hrsa.gov/healthit/toolbox/HIVAIDSCaretoolbox/index.html>

Client-level records are essential for evaluating the performance of the Ryan White funded programs and assessing their impact on the delivery of quality care and patient outcomes. In the past few years, HAB has proactively coordinated efforts among the community of Ryan White grantees and providers for the collection of client-level data. In 2009, Ryan White Program grantees and service providers began implementing the new Ryan White Services Report (RSR) to collect and report data information on their programs, services and the clients they serve to the HIV/AIDS Bureau. This RSR is the main source of standardized data for the Ryan White HIV/AIDS Program (RWHAP) for monitoring and evaluating services. The RSR includes three components: the Grantee Report, the Service Provider Report, and the Client Report.

- The Grantee Report collects basic information about the grantee organization and the service provider contracts it funded during the reporting period. This report is completed by all RWHAP Parts A, B, C, and D grantees.
- The Service Provider Report collects basic information about both the service provider agency and the services it delivered under each of its RWHAP contracts. All RWHAP service providers complete this report.
- The Client Report (for client-level data) collects one record for each RWHAP client served. Each record includes the client's encrypted unique identifier and basic demographic data. A client's record may also include HIV clinical information and data about the HIV-care medical and support services received at the service provider. As of 2010, all Ryan White funded providers delivering core or support services were required to submit a Client Report.⁶

The RSR Data Dictionary provides structural information to grantees, providers and software vendors regarding the RSR reporting systems and data elements gathered in the process.⁷ Disclosure to HRSA of client level data is mandated under the authorizing legislation, and permissible as public health evaluation under the HIPAA Privacy Rule. HAB has taken every measure possible, including the implementation and use of an encrypted Unique Client Identifier, to limit data collection to only information reasonably necessary to accomplish the purpose of the Ryan White Services Report.

All applicants are strongly encouraged to first complete the Data System Readiness Survey⁸ to assist them in a thorough assessment of their current capabilities to report the RSR. Applicants are offered the latitude to adopt any type of HIT tools, including open source systems and public domain systems created by Federal agencies, but must fully describe how they will implement these systems successfully.

Ryan White grantees and providers have used a variety of systems to report their RSRs since 2009. For a complete list of "RSR-ready systems," (current or upcoming releases will incorporate all of the RSR data elements as well as functions to create encrypted Unique Client Identifiers (eUCI) and generate the XML data for upload) please visit: http://www.careacttarget.org/library/Vendor_Status_and_Contact_Information.pdf.

⁶ For more information go to <http://hab.hrsa.gov/manageyourgrant/files/rsrinstructionmanual2010.pdf> See the "Who is the Service Provider" and the "RSR Reporting Requirements for Service Providers" sections of this manual for more information about service providers required to submit a Service Provider Report.

⁷ The RSR Data Dictionary is available online at:

<http://hab.hrsa.gov/manageyourgrant/files/rsrdatadictionaryjune2010.pdf>

⁸ See <https://performance.hrsa.gov/HAB/RSRFiles/FileDownload.aspx>

If grantee organizations do not rely on any “RSR-ready systems,” other alternatives are worth consideration when determining the proper venue for collection and reporting the RSR, including modification of existing systems. HRSA is vendor neutral, but purchase of RSR-ready software, as well as modification of existing non-RSR-ready EMR and EHR systems, are allowable expenditures under this funding opportunity. The best option often depends on the flexibility of the current software and hardware systems and the amount of programming expertise available to applicant organizations.⁹

HIT systems can be difficult to build and expensive to maintain. Organizations interested in implementing such systems must grapple with complex issues, such as confidentiality and privacy. HIPAA impacts all areas of the health care industry. HIPAA was designed to provide insurance portability, improve the efficiency of health care by standardizing the exchange of administrative and financial data, and protect the privacy, confidentiality and security of health care information. HIPAA is implemented through the Privacy Rule, which requires compliance, by health care providers to assure patient rights and confidentiality.¹⁰ With this in mind, applicants must consider all aspects of implementing an HIT system. For example, one must determine which system is best suited to an organization’s current environment and anticipate how external issues, including HRSA policies and environmental, demographic and economic trends may influence the future activity of HIT systems within the applicant organization and provider network.

Some organizations may have limited capacity to collect client-level data. The funding provided under this initiative aims to address those limitations by supporting improvements and enhancements to existing HIT systems. Collecting and reporting client-level data will enable providers to better coordinate and monitor health care delivery services and, ultimately, optimize the health outcomes of the HIV-positive clients they serve, a goal of the National HIV/AIDS Strategy.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

The SPNS Program will provide funding during federal fiscal year 2012. Approximately \$2,000,000 is expected to be available to fund approximately twenty-five (25) to fifty (50) organizations. An applicant may apply for a ceiling amount of up to \$80,000. The project period is one (1) year.

⁹ see <http://www.careacttarget.org/rsr.asp> and refer to Software Systems for options and vendors

¹⁰ For additional information about HIPAA and the Privacy Rule, see: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include organizations that provide core or support services to HIV-infected individuals and are funded under Ryan White Parts A – D, who are in need of an adequate information technology (IT) infrastructure development for purposes of reporting client level data to the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA)’s HIV/AIDS Bureau (HAB). These organizations must demonstrate experience in delivering Ryan White core or support services to HIV-positive individuals.

Ryan White grantees that previously received SPNS IT Capacity Building funds are eligible but must clearly and specifically state how these grant funds will be used to increase IT capacity among sub-recipient service provider organizations.

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.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that 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 your 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, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization’s DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the “Rejected with Errors” notification you 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.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization's DUNS. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

Applicants that fail to allow ample time to complete registration with CCR 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. 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: HRSADSO@hrsa.gov

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

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. 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. **We strongly urge you to print your 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 Non-Construction – Table of Contents

- It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make your application non-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
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; not counted in the page limit.
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit.
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information - Non-Construction Programs	Form	Pages 1-2 to support structured budget for the request of Non-construction related funds.	Not counted in the page limit.
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site	Attachment	Can be uploaded in the SF-424 Performance	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Location(s)		Site Location(s) form. Single document with all additional site location(s)	
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for specific 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 the attachment, ensure that you place a table of contents cover page specific to the attachment. The Table of Contents page will not be counted in the page limit.
- Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (_) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Tables, Charts, etc. that provide any additional details about the proposal
Attachment 2	Job/Position Descriptions for Key Personnel
Attachment 3	Biographical Sketches of Key Personnel
Attachment 4	Letters of Agreement and/or Description(s) of Proposed/Existing Contracts
Attachment 5	Project Organizational Chart
Attachment 6	Statewide Coordinated Statement of Need
Attachment 7	Cultural and Linguistic Competence Factors
Attachment 8	Healthy People 2020 Summary
Attachment 9	Other relevant documents, as needed

Application Format

i. Application Face Page

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Project Director** in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.928.

DUNS Number

All applicant organizations (and subrecipients 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 8c 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. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR 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 your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

ii. Table of Contents

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

iii. Budget

Complete Application Form SF-424A Budget Information – Non-Construction Programs provided with the application package.

Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period using Section B Budget Categories of the SF-424A.

Funding will be limited to the acquisition and implementation of hardware, network operating system and software components, including stand alone, network, and other HIT systems that will facilitate the reporting of client-level data. SPNS will allow the use of grant funds for staffing and/or contract personnel to configure and install new hardware and software, or modify existing systems to meet the objectives described under this guidance. **However,**

Federal funds provided through this grant may not be used to run or maintain the HIT systems beyond the one-year project period and may not be used for service delivery or direct care.

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 subawards/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
Amount that may be claimed on the application budget due to the legislative salary limitation:	
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	\$89,850
Fringe (25% of salary)	\$22,462.50
Total amount	\$112,312.50

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 project and budget period is for ONE year. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the “other” category is justified. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

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. If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.

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

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items 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 subrecipients that entities receiving subawards must be registered in CCR 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.

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. The staffing plan should include only the appropriate personnel necessary to configure and install new hardware and software, or modify existing systems in order to meet the goals of this project. The staffing plan may not include personnel to maintain the proposed HIT system beyond the one-year project period. 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 Attachment 3. 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.

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.

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. The information above should be followed by brief paragraphs that provide the following information, in this order:

- 1) **Summary of Request:** A 2-3 sentence statement briefly describing the requested hardware and/or software.
- 2) **Current Capacity for Collecting Client-level Data:** A description of the technology currently available that are provided specifically by your organization.
- 3) **Goals and Objectives:** A presentation of the major goals and objectives for the project period as described in your Work Plan.
- 4) **Program Sustainability.** A sound description of how the project will sustain the proposed system components and/or enhancements beyond the one-year project period.

ix. Project Narrative

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

Use the following section headers for the Narrative:

- **INTRODUCTION**

Provide a clear and succinct description of the proposed project. Briefly describe the applicant organization and any collaborators.

- **NEEDS ASSESSMENT**

The application must demonstrate the need for funding to improve and/or enhance HIT capacity infrastructure (including the procurement of hardware, software or network components) as it relates to the requirements of the Ryan White HIV/AIDS Program to collect and report client-level data to HHS (HRSA's HIV/AIDS Bureau). All major stakeholders, including grantees of record, clinicians and/or users of the proposed HIT system should be included or informed in the planning and implementation of the system.

The applicant must provide a detailed description of the Program's current HIT infrastructure capacity as it relates to data collection and reporting to the appropriate Ryan White Program Part(s), the proposed system procurement and design, and how these funds will help to improve and/or enhance the proposed client-level data reporting system. Applicants must also describe how the proposed client-level data system is currently being used or will be used to evaluate their service delivery programs, to improve their quality of care, to assess their clients' needs, to monitor program performance and quality improvements, and to enhance their fiscal accountability. Funding support is limited to organizations in need of improvements and/or enhancements of HIT infrastructure and will be limited to the acquisition and implementation of hardware, software and network components, including stand alone, network, and other HIT systems that will facilitate the reporting of client-level data to HAB.

Provide a detailed description and justification of your hardware and/or software needs in order to improve and/or enhance an electronic client-level data system. Include a discussion of your existing capacity and ability to collect and report client-level data, including patient demographics and services provided. Identify and discuss any relevant barriers that you hope to overcome with this project. Grantees who previously received SPNS IT Capacity Building funds will be expected to clearly and specifically describe how these funds will be used to increase IT capacity among sub-recipient service provider organizations.

- ***METHODOLOGY***

Describe the methodology that will be used to accomplish the program requirements and expectations outlined in this funding opportunity announcement. Describe how the proposed plan will promote obtaining and reporting client-level data as it relates to the requirements of HHS and the Ryan White HIV/AIDS Program. Provide detail on how the collection and reporting of client-level data elements will be implemented at the service provider level on a recurring basis. Describe your program's plans for implementing improvements and/or enhancements of hardware and software system components and how these will adhere to program requirements of systems configurations with a track record of "real-world" functionality. Describe how the proposed hardware and software configurations will be responsive and compatible to the data reporting requirements specified by HHS, and describe how these proposed configurations will electronically and physically protect the privacy and information of unduplicated standard data elements across all service providers.

The applicant must describe, in detail, their ability to maintain a safe, secure and qualified information system. Applicants must demonstrate the capacity and procedures to electronically and physically protect the privacy and information when collecting and reporting unduplicated standard data elements.

The applicant must thoroughly document the planning and implementation processes of their proposed system to demonstrate its potential replicability in other similar localities and provide evidence that their program is consistent with the statewide coordinated statement of need (Attachment 6). Finally, the proposed system must at a minimum, comply with the privacy regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

- ***WORK PLAN***

The work plan is to be used as a tool to actively manage the project by measuring progress and quantifying accomplishments. It will be used to achieve each of the activities proposed in the Methodology section. Staff members who will manage, oversee, configure and install new hardware and software, or modify existing systems in order to meet the objectives of this initiative should be identified in the work plan. All major elements/tasks/activities to be performed in this SPNS-funded project should be listed in chronological order. The work plan should be presented in a table format and include (1) objectives that are specific, time-framed, and measurable; (2) action steps; (3) staff responsible for each action step; and (4) date of completion. Key activities that may be addressed in the time line include, but are not limited to, procurement, implementation, configuration, installation, testing, documentation and training.

- ***RESOLUTION OF CHALLENGES***

Discuss any type of challenges (organizational, technical and human -related) that are likely to be encountered relating to the design and implementation of the HIT system for collecting and reporting client-level data. Discuss approaches that will be used to resolve such challenges.

- ***EVALUATIVE PROCESS***

Provide a detailed plan for documenting and validating the development, enhancement and testing of the proposed HIT system(s), including hardware, software and network operating system components. The documentation process must ensure that the system meets the requirements to facilitate the collection and reporting of client-level data. Applicants must also describe how the proposed system will be used to evaluate their organizations, to improve their quality of care, to assess their clients' needs, to monitor program performance and quality improvements, and to enhance their fiscal accountability.

- ***IMPACT***

Provide a detailed plan for the sustainability of the proposed HIT system including refinements and/or enhancements and operation of the system to collect and report client-level data beyond the one-year SPNS funded project period.

- ***ORGANIZATIONAL INFORMATION***

Provide information on the applicant agency's current mission and structure, scope of current activities, and an organizational chart. Describe how the mission, goals and objectives of the organization contribute to the applicant's ability to conduct and achieve the program requirements and expectations. If possible, include an organizational data collection and reporting flow chart. Provide information on the qualifications (training and experience) of the personnel (including consultants and subcontractors) proposed to successfully accomplish the goals and objectives of the project.

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: Tables, Charts, etc.

To give further details about the proposal.

Attachment 2: Job Descriptions for Key Personnel

Keep each to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement/Support and/or Description(s) of Proposed/Existing Contracts (project specific)

Provide any documents that describe working relationships between the applicant organization and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Letters of agreement/support must be dated. **Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreement and support must be dated. List all other support letters on one page.**

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachment 6: Statewide Coordinated Statement of Need (SCSN)

Authorizing legislation indicates that the Secretary may not make a grant unless the applicant submits evidence that the proposed program is consistent with the statewide coordinated statement of need (SCSN), and agrees to participate in the ongoing revision process of such statement of need. Please indicate how the program remains consistent with your State's SCSN. Please do not attach your state's full SCSN.

Attachment 7: Address the following Cultural and Linguistic Competence Factors

The Health Resources and Services Administration (HRSA) envisions optimal health for all, supported by a health care system that assures access to comprehensive, culturally competent, quality care.

Cultural and Linguistic Competence

HRSA defines cultural and linguistic competence as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural and linguistically diverse situations. Healthcare providers funded through HRSA grants need to be alert to the importance of cross-cultural and language-appropriate communications, as well as general health literacy issues. HRSA supports and promotes a unified health communication perspective that addresses cultural competency, limited English proficiency, and health literacy in an integrated approach in order to develop the skills and abilities needed by HRSA-funded providers and staff to deliver the best quality health care effectively to the diverse populations they serve.

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 factor in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, systems used for data collection and reporting should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care published by the U.S. Department of Health and Human Services. This document is available online at <http://www.omhrc.gov/CLAS>. Wherever appropriate, describe the program's or institution's strategic plan, policies, and initiatives that demonstrate a commitment to

ensuring the proposed HIT data collection systems and instruments adhere to culturally competent and linguistically appropriate norms.

Attachment 8: Healthy People 2020 Summary

Applicants must summarize the relationship of their projects and identify which of their programs objectives and/or sub-objectives relate to the goals of the Healthy People 2020 initiative. Refer to page 28 for further information.

Attachments 9-15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated. Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). List all other support letters on one page.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *May 2, 2012 at 8:00 P.M. ET*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and 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 Special Projects of National Significance Program 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 Officer listed in the Agency Contact(s) section, as well as from the following Web site: 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 process used under this Executive Order.

Letters from the State Single Point of Contact (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 one (1) year, at no more than \$80,000 per year. Awards to support projects will be contingent upon Congressional appropriation, demonstrated need meeting the project's objectives, and a determination that funding would be in the best interest of the Federal Government.

Funding will be limited to the acquisition and implementation of hardware, network operating system and software components, including stand alone, network, and other HIT systems that will facilitate the reporting of client-level data.

Funds under this announcement may not be used for the following purposes:

- 1) To directly provide health care services;
- 2) Purchase, construction of new facilities or capital improvements to existing facilities;
- 3) Purchase of or improvement to land;
- 4) Purchase vehicles;
- 5) Fundraising expenses;
- 6) Lobbying activities and expenses;
- 7) International travel;
- 8) Personnel costs associated with maintaining HIT systems beyond the one-year project period.

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 subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

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 you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process you will be unable to submit an application. The registration process can take up to one month.

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

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register 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 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, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time. 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 application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.

Tracking your application: It is incumbent on the applicant to track application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure your 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 *Special Projects of National Significance Program* has six (6) review criteria:

Criterion 1: NEED (25 points) - The extent to which the application describes the need for Federal funds to support information technology infrastructure as it relates to the requirements of the Ryan White HIV/AIDS Program to collect and report client-level data to HHS (HRSA's HIV/AIDS Bureau).

This corresponds to the Introduction and Needs Assessment sections of the Narrative:

- The extent to which the applicant succinctly describes the purpose of the proposed project, including the current HIT capacity as it relates to data collection and reporting of client level data
- The extent to which the application explains how these funds will help to improve and/or enhance the client-level data reporting system
- The extent to which the application demonstrates a clear understanding of the need for HIT infrastructure in relation to the health care service environment in which the infrastructure will be developed

Criterion 2: RESPONSE (30 points) - The extent to which the proposed project is responsive to the sections under "Purpose" and "Program Expectations" included in the program guidance, including clarity and thoroughness describing goals and objectives, methodologies, work plan, and resolution of challenges in the implementation of proposed project.

This corresponds to the Methodology, Work Plan and Resolution of Challenges sections of the Narrative.

- Strength and responsiveness of the proposed methodology to accomplish the program requirements and expectations in this funding opportunity announcement.
- Extent to which the proposed plan effectively demonstrates how these funds will promote collecting and reporting client-level data for the requirements of the Ryan White HIV/AIDS Program.
- Extent to which the applicant plans to collaborate with their Part A, B, C, or D grantee of record or sub-provider organizations, as it relates to the interconnectivity, interoperability and compatibility of their proposed systems.
- Strength and clarity of the plan for implementing improvements and/or enhancements of hardware, network and software system components with a track record of "real-world" functionality and success as evidenced by a proposed system flowchart.
- Appropriateness of the proposed hardware and software configurations to ensure compatibility with the data reporting requirements specified by HHS, including how the proposed configurations will be interoperable with other systems.
- Extent to which the application demonstrates the capacity and procedures to electronically and physically protect the client-level data to assure client privacy.
- Extent to which the proposed system will increase the electronic transfer of data, and if applicable, how it will decrease manual data entry.
- Extent to which key activities such as procurement, implementation, configuration, installation, testing, documentation and training are outlined for the project.
- Extent to which grantees who previously received SPNS IT Capacity Building funds clearly and specifically describe how these funds will be used to increase IT capacity among sub-recipient service provider organizations.
- Clarity and appropriateness of the work plan (e.g., specific and feasible time line for carrying out the activities).

- Extent to which anticipated challenges and appropriate strategies for overcoming identified challenges are addressed.

Criterion 3: EVALUATIVE MEASURES (15 points) - The extent to which the proposed project successfully demonstrates documenting and validating the adoption and implementation process of the qualified health information system for purposes of replication in other Ryan White-funded Program settings. The extent to which the proposed system will be effective in monitoring and evaluating improvements in the quality of care.

This corresponds to the Evaluative Process section of the Narrative.

- Strength of the plan for documenting and validating the development, enhancement and testing of the proposed HIT system(s), hardware, software and network operating system components.
- Strength of the documentation process to ensure that the system meets the requirements to facilitate the collection and reporting of client-level data to HAB.
- Evidence that the proposed system will be used to evaluate their Ryan White services, to improve their quality of care, assess client needs, monitor program performance and quality improvements.

Criterion 4: IMPACT (10 points)

The extent to which the proposed project clearly describes plans for the sustainability of the proposed HIT system, including refinements and/or enhancements of the system to collect and report client-level data to HHS beyond the one-year SPNS funded project period.

This corresponds to the Impact section of the Narrative.

- Evidence and appropriateness of a sound plan for sustaining the proposed HIT system including the operation, maintenance and any planned future enhancements beyond the one-year SPNS-funded project period.

Criterion 5: RESOURCES/CAPABILITIES (10 points)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project's goals and objectives; and 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.

This corresponds to the Organizational Information of the Narrative.

- Extent to which the application demonstrates the capacity to carry out the project and achieve the program requirements and expectations as evidenced by the agency's current mission and structure, scope of current activities, and an organizational chart.
- Extent to which project personnel (including consultants and subcontractors) are qualified by training and/or experience to implement the goals and objectives of the project.

Criterion 6: SUPPORT REQUESTED (10 points)

The proposed budget is reasonable in relation to the objectives, the complexity of the activities, and the anticipated results. The budget is consistent with the staffing plan, the workload, goals and objectives of the project described in the application.

This corresponds to the Line-Item Budget and Narrative Budget Justification.

- Extent to which the proposed line item and budget justification is appropriate and relevant to the goals and objectives of the project.
- Extent to which the budget is consistent with the staffing plan, workload, and goals and objectives of the project described in the application.
- Evidence the line item budgets specify allocations for staffing in percentages of full-time equivalents (FTEs) that are adequate for the proposed activities in the one-year project.
- Extent to which contracts for proposed subcontractors and consultants are clearly described in terms of contract purposes; how costs are derived; and that payment mechanisms and deliverables are reasonable and appropriate.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this 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.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2012.

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 Notice of Award 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 September 1, 2012.

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, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

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>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

Smoke-Free Workplace

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

Standards for Privacy of Individually Identifiable Health Information

The “Standards for Privacy of Individually Identifiable Health Information” (the Privacy Rule) implement the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. 1320d *et seq.*, which governs the protection of individually identifiable health information. The Privacy Rule is administered and enforced by HHS’s Office of Civil Rights and is codified at 45 CFR parts 160 and 164. The OCR Web site (<http://www.hhs.gov/ocr/hipaa>) provides information on the Privacy Rule, including the complete text of the regulation.

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 include 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.

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 within 90 days of the end of each budget period. 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 Notice of Award.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on a semi-annual basis. This report demonstrates grantee progress on program-specific goals and objectives. Further information will be provided in the award notice.

3) **Final Report(s).** A final report is within 90 days after the project period ends. The final report will include summary questions regarding the grantee's overall experiences throughout the entire project period. Further information on the content will be provided post-award. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

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 subaward of \$25,000 or more in federal funds and executive total compensation for the recipient's and subrecipient'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 may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

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

Donna Giarth, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11-03
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-9142
Fax: (301) 443-6343
Email: DGiarth@hrsa.gov

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

Adan Cajina
Branch Chief, Demonstration and Evaluation Branch
HIV/AIDS Bureau, HRSA
Parklawn Building, Room 7C-07
5600 Fishers Lane
Rockville, MD 20857
Telephone: 301-443-3180
Fax: 301-594-2511
Email: ACajina@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

VIII. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.