

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

HIV/AIDS Bureau
Division of Service Systems
Ryan White HIV/AIDS Program

Ryan White States/Territories Part B Supplemental

Announcement Type: New - Limited Competition

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: April 27, 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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Authority: Public Health Service Act, Title XXVI, Section 2620 (42 U.S.C. 300ff-29a), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87).

Executive Summary

The Ryan White HIV/AIDS Program Part B Supplemental Funding Opportunity Announcement (FOA) is provided to assist applicants in preparing their fiscal year (FY) 2012 application for funds under Part B of Title XXVI of the Public Health Service (PHS) Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) (hereafter referred to as the Ryan White HIV/AIDS Program). The legislation may be obtained at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_public_laws&docid=f:publ087.111.pdf.

This FOA contains instructions for the completion of the Part B Supplemental Grant Application, describes the review criteria, and identifies reports and other forms of documentation that will be required from grantees after funds are awarded. As with last year's application, all applicants are required to submit their application electronically through Grants.gov. Grantees may utilize information previously submitted in their FY2012 Part B application (HRSA-12-132) where applicable.

The National HIV/AIDS Strategy (NHAS)

In July 2010, the White House released the National HIV/AIDS Strategy (NHAS). The 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 new prevention methods are identified and prevention resources are more strategically utilized. 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 reduce HIV infection in high-risk communities and reduce 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 HIV/AIDS program activities should strive to support the three primary goals of the NHAS. The Part B Early Identification of Individuals with HIV/AIDS (EIIHA) requirement and the Centers for Disease Control and Prevention's (CDC) Enhanced Comprehensive HIV Prevention Plan (ECHPP) are two federal initiatives that support the NHAS.

New to This Year's Grant Application:

- 1) National Monitoring Standards: Grantees are reminded that, as in 2011, they are required to implement the Part A and B National Monitoring Standards at both the grantee and provider/sub-recipient levels (please see the Program Terms of your most recent Part B

Notice of Award). The National Monitoring Standards developed by HRSA outlines the responsibilities of HRSA, the grantee, and provider staff can be found at:
<http://hab.hrsa.gov/manageyourgrant/granteebasics.html>

- 2) Pre-Existing Condition Insurance Plan (PCIP): Ryan White funds may be used to pay the premiums, co-pays and deductibles for clients that are enrolled in a PCIP, just as they may for Medicare Part D or other health insurance. Ryan White funds may **not** be used to pay for administrative costs associated with PCIP. Please refer to HAB's "Pre-existing Condition Insurance Plan and the Use of Ryan White Funds" dear colleague letter dated December 10, 2010 for further details at:
<http://hab.hrsa.gov/manageyourgrant/policiesletters.html>
- 3) On December 23, 2011 the Congress enacted the Consolidated Appropriations Act, 2012. Pub. L. 112-74. The law reinstates the ban on federal funding for syringe exchange programs. Consequently, funding for Syringe Services Programs (SSPs), inclusive of syringe exchange, access, and disposal, is no longer a permissible activity. Ryan White HIV/AIDS Program grantees are prohibited from using Ryan White HIV/AIDS Program funds to support SSPs.
- 4) Grantees must file a Final Federal Financial Report (FFR); form SF 425 by **December 28, 2013**, after the end of the grant budget period. Requests for extension of the submission of a final FFR must be made in writing to the GMS and these requests will be considered on a case by case basis. **NOTE:** This is a firm deadline because HAB must have a final determination regarding Unobligated Balances (UOB) in a timely manner in order to calculate the amount available for distribution through the Ryan White Part B Supplemental award in the future year. Each Part B supplemental award pool includes UOB that is recouped from grantees based on the Part B Supplemental FFRs submitted and UOB reported to Payment Management Systems.

Additional information that can be used to assist States/Territories in understanding and completing this year's Funding Opportunity Announcement:

- This funding application may be used to support the strategy, plan and data collection described in the 2012 Ryan White Part B Formula Application as it relates to how the State or Territory will identify individuals with HIV/AIDS who do not know their HIV Status, also known as the Early Identification of Individuals with HIV/AIDS (EIIHA). All Ryan White funded EIIHA activities should be reported under the Early Intervention Service category.
- In light of a continuing or potential shortfall in ADAP resources facing some Part B grantees, HAB strongly encourages grantees to prioritize Part B Supplemental funds to augment ADAP program resources. Supplemental applications should address how the grantee proposes to eliminate or reduce ADAP program restrictions including: waiting lists, capped enrollment, reductions in the ADAP formulary, reduction in the percentage of Federal Poverty Level (FPL) eligibility requirement or other ADAP program restrictions within the jurisdiction.

- **Program Income:** HHS Grants Regulations require grantees and/or subgrantees to collect and report program income. The program income shall be returned to the respective Ryan White HIV/AIDS Program and used to provide eligible services to eligible clients. “Program income is gross income—earned by a recipient, sub-recipient, or a contractor under a grant—directly generated by the grant-supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed (e.g., direct payment, or reimbursements received from Medicaid, Medicare and third-party insurance); and income a recipient or sub-recipient earns as the result of a benefit made possible by receipt of a grant or grant funds, e.g., income as a result of drug sales when a recipient is eligible to buy the drugs because it has received a federal grant.” Direct payments include charges imposed by recipients and sub-recipients for Part B services as required under Section 2617(c) of Program legislation, such as enrollment fees, premiums, deductibles, cost sharing, co-payments, co-insurance, or other charges. As specified on the Part B Notice of Award (NoA), program income must be “Added to funds committed to the project or program and used to further eligible project or program objectives.” Grantees are responsible for ensuring that sub-recipients have systems in place to account for program income, and for monitoring to ensure that sub-recipients are tracking and using program income consistent with grant requirements. See the HHS Grants Policy Statement at <ftp://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf>, the Part B NoA, and 45 CFR 92.25.
- Drug rebates, although considered program income, are not considered part of the grant award and are not subject to the unobligated balances provision. While Part B grantees must report Program Income on the SF-425 (Federal Financial Report) long form in the comments section, the rebate funds **must not** be included on the SF-425 as part of the reported unobligated balance, and thus, must not be included in any carry over request.

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I. Funding Opportunity Description

1. Purpose

The U.S. Department of Health and Human Services (HHS) administers the Part B program through the Health Resources and Services Administration (HRSA), the HIV/AIDS Bureau (HAB), Division of Service Systems (DSS).

The Part B Supplemental Grant award is intended to supplement the services otherwise provided by the State and is determined by the applicant's ability to demonstrate the need in the State based on an objective and quantified basis. The State/Territory must demonstrate the severity of the HIV/AIDS epidemic in the State/Territory, using quantifiable data on HIV epidemiology, co-morbidities, cost of care, the service needs of emerging populations, unmet need for core medical services, and unique service delivery challenges. Applicants should explain why supplemental funding for health services is needed to provide necessary services for people living with HIV and AIDS in the State/Territory.

Factors to be considered in assessing demonstrated need for the FY 2012 application include the following:

- 1) The unmet need for HIV-related services as determined by section 2617(b) of the PHS Act;
- 2) An increasing need for HIV/AIDS-related services, including relative rates of increase in the number of living cases of HIV/AIDS;
- 3) The relative rates of increase in the number of living cases of HIV/AIDS within new or emerging subpopulations;
- 4) The current prevalence of HIV/AIDS;
- 5) Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area;
- 6) The impact of co-morbid factors, including co-occurring conditions, identified relevant by the Secretary, including high rates of sexually transmitted infections (STIs), Hepatitis, Tuberculosis, substance use, severe mental illness, and other co-morbid factors;
- 7) The prevalence of homelessness;
- 8) The prevalence of individuals who were released from federal, state or local prisons during the preceding three years, and had HIV/AIDS on the date of their release;
- 9) Relevant factors that limit access to health care including geographic variation, adequacy of health insurance coverage and language barriers; and
- 10) Impact of a decline in the amount received in formula funding on services available to all individuals with HIV/AIDS identified and eligible under the title.

When describing demonstrated need, applicants should document the use of multiple data sets, such as HIV/AIDS epidemiologic data, co-morbidity data, poverty and insurance status data, current utilization data, 2010 Ryan White Data Report (RDR), and assessments of emerging populations with special needs.

2. Background

The authority for this grant program is Title XXVI of the PHS Act, Section 2620, (42 U.S.C. 300ff-29a), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87).

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

Part B funding is available through several forms. The formula grant (i.e., Part B base award and ADAP Earmark award for HIV/AIDS-related medications); the ADAP Supplemental award; MAI, and the Emerging Communities award were issued under announcement HRSA-12-132. This announcement solicits applications for the Part B Supplemental grant program, which is based on demonstrated need.

This program will provide funding during federal fiscal year 2012. Approximately \$17,000,000 is expected to be available to fund fifty nine (59) States/Territories. The project period is one (1) year.

Please note that the Secretary may reduce the amounts of grants under Part B to a State/Territory or political subdivision of a State/Territory for a fiscal year if, with respect to such grants for the second preceding fiscal year, the State/Territory or subdivision fails to prepare audits in accordance with the procedures of Section 7502 of Title 31, United States Code. See PHS Act Sec. 2682(a).

III. Eligibility Information

1. Eligible Applicants

Under Sections 2620 and 2689 of the Ryan White HIV/AIDS Program legislation, all 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands are eligible for Part B Supplemental funds, provided one or more of the following does not apply. ***Any State or Territory that had more than 5 percent of their FY 2010 formula funds cancelled under sections 2618(a)(1) or 2618(a)(2)(F)(i), offset under section 2622 (e), or covered by any waivers under section 2622(c) for fiscal year 2010, are not eligible to apply for FY 2012 Part B Supplemental funding.***

Based on the criteria listed above, the following entities are not eligible to apply to this Funding Opportunity Announcement:

- American Samoa
- Marshall Islands

States must designate a lead State/Territory agency that will be responsible for administering all assistance received; conducting a needs assessment and preparing a State/Territory plan; preparing all applications; receiving notices regarding programs; and collecting and submitting to the Secretary every two years all audits from grantees within the State, including an audit regarding funds expended.

2. Cost Sharing/Matching

There is no cost sharing or matching requirement for this program.

3. Other

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.

Maintenance of Effort (MOE)

Grant funds shall not be used to take the place of current funding for activities described in the application. The grantee must agree to maintain non-Federal funding for HIV-related activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the grant [see Section 2617(b)(7)(E)].

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 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 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 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 40 pages when printed by HRSA. The total file size may not exceed 10 MB. The 40 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 40-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 40 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 Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		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	Staffing Plan & Personnel Requirements (If applicable), and Project Abstract
Attachment 2	HIV/AIDS Epidemiology Table
Attachment 3	Co-Morbidities Table
Attachment 4	Implementation Plan
Attachment 5	Unmet Need Framework
Attachments 6-15	Other attachments, as necessary

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 93.917.

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 number. 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 for each year of the project period, and then provide a line item budget using Section B Object Class Categories of the SF-424A.

In Section B, budget categories are limited to four columns. The four required columns are:

- **Administration-** this column should include all funds allocated to the following grant activities: grantee administration, planning and evaluation, and quality management;

- **ADAP** - this column should include all funds allocated to the following grant activities: the ADAP.
- **Consortia** - this column should include all funds allocated to consortia and emerging communities; and
- **Direct Services**- this column should include all funds allocated to the following grant activities: state direct services, home and community-based care, and health insurance continuation.

Note: All services, including core medical services delivered for or through consortia are deemed to be support services. Fill in all object class categories for these columns.

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 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.

Caps on expenses: Part B grantee administrative costs may not exceed 10% of the total Part B Supplemental grant award. Planning and Evaluation costs may not exceed 10% of the total grant award. Collectively, Grantee Administration, and Planning and Evaluation may not exceed 15% of the total award. Grantees may allocate up to 5% of the total Part B Supplemental grant award, or \$3,000,000 (whichever is less) for Clinical Quality Management

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percent full time equivalency, and annual salary. Additionally, the FTE equivalent of all key staff and personnel should be noted. If there are key personnel and or staff associated with the grant and NOT funded with Ryan White dollars, a brief description of their position and responsibilities in regards to the Part B grant should be included. 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. International travel is unallowable.

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.

Reminder: Indirect costs are subject to the 10% administrative cap.

Program Income: HHS Grant Regulations require recipients and/or subrecipients to collect and report program income. Program income shall be monitored by the recipient, retained by the recipient (or subrecipient if earned at the subrecipient level), and used to provide eligible Ryan White services to eligible clients. Program income is gross income- earned by a recipient, sub-recipient, or a contractor under a grant- directly generated by the grant-supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed (e.g., direct payment or reimbursements received from Medicaid, Medicare and third-party insurance); and income a recipient or sub-recipient earns as the results of a benefit made

possible by the receipt of a grant or grant funds, e.g., income as a result of drug sales when a recipient is eligible to buy the drugs because it has received a federal grant.

Direct payments include charges imposed by recipients and sub-recipients for Part B/Part B Supplemental services as required under Section 2617(c) of Program legislation, such as enrollment fees, premiums, deductibles, cost sharing, co-payments, co-insurance, or other charges. As specified on the 2012 Notice of Award (NoA), program income must be “*Added to funds committed to the project or program and used to further eligible project or program objectives.*” Grantees are responsible for ensuring that sub-recipients have systems in place to account for program income, and for monitoring to ensure that sub-recipients are tracking and using program income consistent with grant requirements. See the HHS Grants Policy Statement at <ftp://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf>, the Part B NoA, and 45 CFR 92.25.

Drug rebates, although considered program income, are not considered part of the grant award and are not subject to the unobligated balances provision. Grantees must report Program Income on the SF-425 (Federal Financial Report) long form, however, rebate funds **must not** be included on the SF-425 as part of the reported unobligated balance, and thus, must not be requested at any time for carry over.

v. *Staffing Plan and Personnel Requirements*

The Staffing Plan, Personnel Requirements, and HIV/AIDS Part B Program Assurances submitted with the FY 2012 Part B funding opportunity announcement (HRSA-12-132) will be in effect for this Supplemental funding opportunity. However, if the Staffing Plan and Personnel Requirements submitted with the FY 2012 Part B Grant Application (HRSA-12-132) are not sufficient for the proposed supplemental funding program activities, a revised Staffing Plan and Personnel Requirements must be submitted and included as **Attachment 1**.

vi. *Assurances*

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package. The Ryan White Part B Program Agreements and Assurances submitted with the FY 2012 Part B funding opportunity announcement (HRSA-12-132) will be in effect for this Supplemental funding opportunity.

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. It will be included as **Attachment 1**.

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.

The purpose of this section is to demonstrate the severity of the HIV/AIDS epidemic in the State/Territory, using quantifiable data on HIV epidemiology, co-morbidities, cost of care, the service needs of emerging populations, unmet need for core medical services, and unique service delivery challenges. When describing demonstrated need, applicants should document the use of multiple data sets, such as HIV/AIDS epidemiologic data, co-morbidity data, poverty and insurance status data, current utilization data, 2010 Ryan White Service Report (RSR), and assessments of emerging populations with special needs.

Use the following section headers for the Narrative:

A. Demonstrated Need

Using the factors below, your response should demonstrate the following:

- The unmet need for HIV-related services, as determined by section 2617(b) of the PHS Act;
- An increasing need for HIV/AIDS related services, including relative rates of increase in the number of living cases of HIV/AIDS;
- The relative rates of increase in the number of living cases of HIV/AIDS within new or emerging subpopulations;
- The current prevalence of HIV/AIDS;
- Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area;
- The impact of co-morbid factors, including co-occurring conditions, identified relevant by the Secretary, including high rates of sexually transmitted infections (STIs), Hepatitis, Tuberculosis, substance use, severe mental illness, and other co-morbid factors;
- The prevalence of homelessness;
- The prevalence of individuals who were released from federal, state or local prisons during the preceding three years, and had HIV/AIDS on the date of their release;

- Relevant factors that limit access to health care including geographic variation, adequacy of health insurance coverage and language barriers; and
- Impact of a decline in the amount received in formula funding on services available to all individuals with HIV/AIDS identified and eligible under the title.

***Note:** Please refer to the Application Review section of the funding opportunity announcement for details on the criteria for scoring this section.*

1) Epidemiological Data

Summarize, in a table format, the living cases of HIV disease through December 31, 2010 identifying the AIDS and HIV (non-AIDS) prevalence by demographic group and exposure category. Place the table in **Attachment 2** of the application and clearly label the data sources. Provide a narrative description of the current HIV/AIDS prevalence in the State/Territory including all of the following elements:

- (2) HIV/AIDS cases by demographic characteristics and exposure category in the State/Territory including: 1) people living with HIV, 2) the number of people living with AIDS, and 3) the number of new AIDS cases reported within the past two years (2009, 2010) (as discussed in the Epidemiology Section of the FY 2012 Part B funding opportunity announcement-HRSA-12-132);
- (3) Disproportionate impact of HIV/AIDS on certain populations in comparison to the impact on the general population, including disproportionately impacted minority communities, homeless and formerly-incarcerated individuals living with HIV/AIDS;
- (4) Populations of PLWH/A in the State /Territory that are underrepresented in the Ryan White HIV/AIDS Program funded system of HIV/AIDS primary medical care; and
- (5) Estimated level of service gaps among PLWH/A in the State/Territory.

2) Unmet Need

Submit a copy of the Unmet Need Framework you provided under HRSA-12-132. If applicable, please provide an updated or refined estimate of unmet need in your jurisdiction, using the HRSA/HAB Unmet Need Framework that shows the: (1) values, (2) all data sources, and (3) calculations. You may wish to use the automated Excel worksheets of the Framework to help calculate your estimates of unmet need, which you can download from the HAB Web site: <ftp://ftp.hrsa.gov/hab/unmetneedpracticalguide.pdf>. Include a copy of the framework in **Attachment 5** of this application.

Provide a narrative description of the:

- (1) **Estimation methods:** The methods used to develop the unmet need estimates, reasons for choosing this method, revisions or updates from the FY 2011 estimate, any limitations, and any cross program collaboration that occurred.

- (2) **Assessment of unmet need:** Any activities your State/Territory has carried out or is planning to address unmet need. Also, summarize the findings or results of any completed activities. Include the following:
- i. Determination of the demographics and location of people who know their HIV/AIDS status and are not in care;
 - ii. Assessment of service needs, gaps, and barriers to care for people not in care;
 - iii. Efforts to find people not in care and get them into primary care; and
 - iv. Use of the results of the Unmet Need Framework in planning and decision making about priorities, resource allocations, and adapting the system of care. Examples include: (1) outreach activities, (2) system of care, and (3) collaborations with Ryan White and non-Ryan White funded providers.

3) Assessment of Emerging Populations with Special Needs

The Ryan White HIV/AIDS Program requires the State/Territory to determine the needs of emerging populations, incorporate them into the Implementation Plan and Comprehensive Plan, and identify service gaps so that Part B funds can be directed to PLWH/A who may have limited access or be disenfranchised from existing HIV/AIDS care services. The cost of care associated with providing services to these populations will be considered as a factor in determining supplemental funding.

Select *no more than six (6)* emerging populations and provide a narrative describing:

- (1) Unique challenges that each population presents to the service delivery system;
- (2) Service gaps; and
- (3) Estimated cost of care associated with delivering services to each of these populations.

B. Impact of Co-morbidities on the Cost and Complexity of Providing Care

Ryan White HIV/AIDS Program funds are intended to supplement funding for local health care systems overburdened by the increasing cost of providing health care services. In addition to HIV/AIDS, public health care systems must address a variety of co-morbidities that may increase the cost of delivering care to persons living with HIV/AIDS. Caring for large numbers of PLWH/A clients with multiple diagnoses also adds to the cost and complexity of care.

Describe how both services and the complexity of providing care to PLWH/A in the State/Territory are affected by co-morbidities, poverty, and lack of insurance coverage, by comparing their rates in the general population with their rates among PLWH/A in the State/Territory. Applicants must provide quantitative evidence in a table format and document data sources. The table should be submitted as **Attachment 3**. A narrative explanation of the data provided in the table should be included.

- (1) The narrative description must address:
 - STI rates;
 - Prevalence of homelessness;
 - The number and percent of persons without insurance coverage (including those without Medicaid and Medicare); and

- The number and percent of persons living at or below 300 percent of the 2010 Federal Poverty Level.
- (2) Describe, in terms of the costs and complexity of care, the impact on the Part B service delivery system in the State/Territory for providing care to individuals who were formerly federal, State or local prisoners who were released from custody of the penal system during the preceding three years, and had HIV/AIDS as of the date of their release.

C. Service Delivery Challenges

Provide a clear and compelling narrative description of the need for HIV/AIDS emergency grant funds in the State/Territory based on *factors not already discussed* in the preceding demonstrated need narratives. The narrative should describe any unique service delivery challenges specific to the State/Territory in terms of service costs and complexity of providing care as a result of these challenges.

D. Justification for RW Part B Supplemental Funding

Provide a clear and compelling narrative explanation of why Ryan White HIV/AIDS Part B Supplemental Funding for health services is needed to provide necessary services for people living with HIV and AIDS in the State/Territory based on *relevant factors discussed* in the preceding demonstrated need narratives. The narrative should also describe any recent changes to the HIV service delivery system in the State/Territory, other public funding for those services, and the gaps in services that affect the populations that you serve.

- Describe changes in the health care delivery system that affect delivery of core medical services and/or essential support services, e.g., managed care, Medicaid, Medicare, State and local funding.
- Gaps in local services and barriers to care: Describe current unmet health needs and gaps in HIV core medical services and essential support services for the targeted populations within the State/Territory. Discuss the populations which are not currently being served and/or define what services are not available or any barriers that prevent them from receiving the services they need.
- Provide a brief description of the impact the gaps in services have on your clients.

E. Planned Services and Implementation Plan

The purpose of this section is to present the FY 2012 HIV/AIDS service plan, with specific attention to ensuring access to a continuum of HIV/AIDS care. The plan must demonstrate how the State/Territory will reduce or eliminate service and health outcome disparities among populations with specific needs.

All Part B funds are subject to Section 2612(b) (1) of the PHS Act, requiring that not less than 75 percent of the funds (excluding funds used for grantee administration, planning, evaluation, and clinical quality management) be used to provide core medical services that are needed in the State or Territory for individuals with HIV/AIDS who are identified and eligible under the Ryan White HIV/AIDS Programs.

Core medical services are defined as follows: 1) Outpatient and ambulatory health services; (2) AIDS Drug Assistance Program treatments in accordance with Section 2616 of the PHS Act; (3) AIDS pharmaceutical assistance (local); (4) Oral health care; (5) Early Intervention Services; (6) Health insurance premium and cost sharing assistance for low-income individuals in accordance with Section 2615; (7) Home health care; (8) Medical nutrition therapy; (9) Hospice services; (10) Home and community-based health services as defined under Section 2614(c) of the PHS Act; (11) Mental health services; (12) Substance abuse outpatient care; and (13) Medical case management, including treatment adherence services.

Support services must be needed by PLWH/A to achieve their medical outcomes as defined by the Ryan White HIV/AIDS Program and include: 1) Case Management (non-medical); 2) Child care; 3) Emergency Financial Assistance; 4) Food bank/home-delivered meals; 5) Health education/risk reduction; 6) Housing; 7) Legal Services; 8) Linguistic Services; 9) Medical Transportation; 10) Outreach; 11) Psychological Support; 12) Referral for health care/supportive services; 13) Rehabilitation; 14) Respite Care; 15) Treatment Adherence Counseling; and 16) Residential substance abuse treatment. **Consistent with Section 2613(f), all services provided by or through consortia are considered as support services.**

1) **Table: FY 2012 Implementation Plan:**

The Part B program allows States and Territories to expend grant funds under five eligible program components — HIV Care Consortia, Home and Community-Based Care, Health Insurance Program, Provision of Treatments (including ADAP) and State Direct Services.

In light of the current shortfall in ADAP resources facing several Part B grantees, HAB strongly encourages grantees to prioritize Part B Supplemental funds to augment ADAP program resources. Supplemental applications should address how the grantee proposes to eliminate or reduce ADAP program restrictions including: waiting lists, capped enrollment, reductions to ADAP formulary, reduction in the percentage of Federal Poverty Level (FPL) requirements or other program restrictions on ADAP within the jurisdiction.

- In a table, list each of the five eligible program components that will be funded. Under each program component, list the service categories and amounts of Part B Supplemental funding that will be allocated for each service category in FY 2012. **The 75/25 Core Medical Services Requirement will apply to this funding opportunity.** The table should be placed in **Attachment 4**.
- For each service category listed:
 - Define the service unit;
 - Provide the number of persons to be served;
 - Define the units of service to be delivered;
 - Define the time frame of estimated duration of activity; and
 - Provide the estimated cost of meeting the objective.

Note: Program objectives should not include administrative processes.

2) **Narrative: FY 2012 Implementation Plan**

Provide a narrative that describes the following:

- (1) How the implementation plan reflects the 75/25 core medical services requirement. If not, please explain.
- (2) How the activities described in the plan will provide increased access to the HIV continuum of care for minority communities;
- (3) How the activities in the plan address unmet need and reduce the number of persons out of care;
- (4) How the activities in the plan address individuals unaware of their HIV/AIDS status;
- (5) How the activities described in the plan will ensure geographic parity in access to HIV/AIDS services throughout the State or Territory;
- (6) How the activities described in the plan will address the needs of any emerging populations, as identified in the demonstrated needs section;
- (7) How the activities described in the plan will ensure that PLWH/A remain engaged in HIV/AIDS primary medical care and adhere to HIV treatments;
- (8) How the State/Territory will ensure that resource allocations for services to women, infants, children, and youth (WICY) are in proportion to the percentage of the States/Territories HIV disease cases represented by each population.
- (9) How the services and their goals and objectives relate to the goals of the Healthy People 2020 initiative, as outlined in Chapter 13 of the Healthy People 2020 document at: <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>.

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: Staffing Plan & Personnel Requirements, if applicable; and Project Abstract

Attachment 2: HIV/AIDS Epidemiology Table

Attachment 3: Co-Morbidities Table

Attachment 4: Implementation Plan

Attachment 5: Unmet Needs Framework

Attachment 6 – 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.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *April 27, 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

Part B Supplemental Awards are not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

The DSS will be strictly enforcing the Ryan White HIV/AIDS Program authorizing statute, which states:

Section 2618(c)(1)(B)--Expedited Distribution

- 1) IN GENERAL.- Not less than 75 percent of the amounts received under a grant awarded to a State under this part shall be obligated to specific programs and projects and made available for expenditure not later than 120 days after receipt of such amounts by the State.

Section 2618(d)--Reallocation-

- (2) Any portion of a grant made to a state under section 2611 for a fiscal year that has not been obligated as described in subsection (c) ceases to be available to the State or Territory and shall be made available by the Secretary for grants under Section 2620, in addition to amounts made available for such grants under section 2623(b)(2).

Part B Supplemental funds cannot be used for:

- International Travel
- Construction; however, minor alterations and renovations to an existing facility to make it more suitable for the purposes of the grant program are allowable with prior HRSA approval.
- Entertainment costs. This includes the cost of amusements, social activities and related incidental costs.
- Fundraising expenses.
- Lobbying expenses.
- Pre-Exposure Prophylaxis (PrEP).

- Payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service
 - under any State compensation program, insurance policy, Federal or State health benefits program, or
 - by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).

Reminder: The Part B legislation defines Grantee Administration to include indirect costs. If a grantee chooses to charge indirect costs to the grant, you **must** apply for and obtain an HHS negotiated indirect cost rate through HHS's Division of Cost Allocation (DCA); and the total amount allocated for Grantee Administration may not exceed the 10% Administrative cap. Sub-grantees do not have to apply for an indirect cost rate, but the amount budgeted cannot exceed the mandated Part B 10% aggregate provider level cap on administrative costs.

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.

For further information regarding allowable costs, please refer to:

<http://hab.hrsa.gov/manageyourgrant/pinspals/eligible1002.html>

For more information about other allowable and non-allowable costs, please review the applicable OMB circular, found online at http://www.whitehouse.gov/omb/circulars_default

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 Registration (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 their 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/checkAppStatus.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 Ryan White Part B Supplemental Program has seven (7) review criteria:

Demonstrated Need (total of 100 points)

Criterion 1: EPIDEMIOLOGICAL DATA (10 points)

The extent to which the application:

- i. Provides a table that is complete and consistent with the information in the narrative.
Sources of the data are clearly indicated.
- ii. Provides a thorough and comprehensive narrative description of current HIV disease prevalence in the State/Territory, which includes all of the following elements:
 - a. Degree to which the applicant provides a thorough and comprehensive narrative which describes HIV/AIDS cases by demographic characteristics and exposure category in the State/Territory including (1) the number of people living with HIV (non-AIDS), (2) the number of people living with AIDS and (3) the number of new AIDS cases reported within the past two years (2009, 2010);
 - b. Degree to which the applicant provides a thorough and comprehensive narrative which describes the disproportionate impact of HIV/AIDS on certain populations in comparison to the impact on the general population, including disproportionately impacted minority communities; homeless and formerly-incarcerated individuals living with HIV/AIDS;
 - c. Degree to which the applicant provides a thorough and comprehensive narrative which describes the populations of PLWH/A in the State/Territory that are underrepresented in the Ryan White HIV/AIDS Program funded system of HIV/AIDS primary medical care; and
 - d. Degree to which the applicant provides a thorough and comprehensive narrative which describes the estimated level of service gaps among PLWH/A in the State/Territory.

Criterion 2: UNMET NEED 15 points)

The extent to which the application:

- i. Includes the specified Unmet Need Framework estimates and includes data sources and calculations (i.e., separate estimates of the total number and percent) of:
 - (1) Population estimates;
 - (2) Estimates of people in care; and
 - (3) Estimates of unmet need.
- ii. Provides a thorough and comprehensive narrative which describes the Unmet Need Framework including methods used, revisions or updates based on feedback on the FY 2011 estimate, any limitations of the data sources and a description of any cross-title collaboration that occurred.
- iii. Provides a thorough and comprehensive narrative which describes the activities and progress in assessing Unmet Need. This includes completed activities in the last 12 months and/or plans to learn who is out of care assess their service needs and gaps, identify their barriers to care, and get them into primary care.
- iv. Provides a thorough and comprehensive narrative which describes how the applicant has used or will use the results of the Unmet Need Framework in planning and decision making about priorities, resource allocations, and the system of care.

Criterion 3: ASSESSMENT OF EMERGING POPULATIONS WITH SPECIAL NEEDS (10 points)

The extent to which the application documents the needs of ***no more than 6*** emerging populations, including:

- Unique challenges that each population presents to the services delivery system;
- Service gaps for each population; and
- Estimated costs of care associated with delivering services to each population.

Criterion 4: IMPACT OF COMORBIDITIES ON THE COST AND COMPLEXITY OF PROVIDING CARE (10 points)

The extent to which the application:

- a. Provides quantitative evidence in a table format on the impact of co-morbidities on the cost and complexity of providing care to PLWH/A. The data on co-morbidities compares:
 - i. Numbers for the general population and the population of PLWH/A in the State/Territory;
 - ii. STI rates;
 - iii. Estimated number of homeless persons;
 - iv. The number and percent of persons without insurance coverage (including those without Medicaid); and
 - v. The percent and number of person living at or below 300 percent of the 2010 Federal Poverty Level.
- b. Provides a thorough and comprehensive narrative description of the impact of co-morbidities on the cost and complexity of care in the State/Territory consistent with the table above.
- c. Provides a thorough and comprehensive narrative that clearly describes the impact on the service delivery system in the State/Territory of individuals who were released from federal, state or local prisons during the preceding three years, and had HIV/AIDS on the date of their release.

Criterion 5: SERVICE DELIVERY CHALLENGES (15 points)

Degree to which the applicant provides a thorough and comprehensive narrative description of

the need for HIV/AIDS emergency grant funds in the State/Territory **based on factors not already discussed**. The narrative describes the unique service delivery challenges in terms of service cost and complexity, as a result of those challenges.

Criterion 6: JUSTIFICATION FOR RW PART B SUPPLEMENTAL FUNDING (20 points)

The extent to which the application:

- a. Provides a thorough and comprehensive narrative description of the need for HIV/AIDS supplemental grant funds in the State/Territory.
- b. Identifies unmet need, gaps in services and barriers to care.
- c. Identifies the service gaps that will be addressed with supplemental funding

Criterion 7: PLANNED SERVICES AND IMPLEMENTATION PLAN (20 points)

Table: The extent to which the application provides a table that:

- a) Lists all planned services that will be funded by Supplemental funds. The table meets the 75/25 core medical service requirement, and lists the service categories and amounts of Part B Supplemental funding under each program component that will be allocated for each service category in FY 2012.
- b) For each service category listed, the table in the application:
 - 1) Defines the service unit;
 - 2) Provides the number of persons to be served;
 - 3) Defines the units of service to be delivered;
 - 4) Defines the time frame of estimated duration of activity;
 - 5) Provides the estimated cost of meeting the objective.

Narrative: The extent to which the applicant provides a thorough and comprehensive explanation of the following:

- 1) Describes how the implementation plan reflects the 75/25 core medical services requirement. If not, the application explains.
- 2) Describes how the activities described in the plan will provide increased access to the HIV continuum of care for minority communities;
- 3) Describes how the activities in the plan address unmet need and reduce the number of persons out of care;
- 4) Describes how the activities in the plan address individuals unaware of their HIV/AIDS status;
- 5) Describes how the activities described in the plan will ensure geographic parity in access to HIV/AIDS services throughout the State or Territory;
- 6) Describes how the activities described in the plan will address the needs of any emerging populations, as identified in the demonstrated needs section;
- 7) Describes how the activities described in the plan will ensure that PLWH/A remain engaged in HIV/AIDS primary medical care and adhere to HIV treatments;
- 8) Describes how the State/Territory will ensure that resource allocations for services to women, infants, children, and youth (WICY) are in proportion to the percentage of the States/Territories HIV disease cases represented by each population.
- 9) Describes how the services and their goals and objectives relate to the goals of the Healthy People 2020 initiative, as outlined in Chapter 13 of the Healthy People 2020 document.

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.

Once the applications have been ranked by the ORC, award amounts are determined on a formula based on the ORC score and the grantee's number of living HIV/AIDS cases.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 30, 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 30, 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.

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.** A final FFR Report (SF-425) is required within 90 days of the end of the 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 according to the reporting requirement dates listed in the Electronic Handbooks (EHBs). Acceptance of this award indicates that the grantee assures that it will comply with data requirements of the Ryan White Services Report (RSR) and that it will mandate compliance by each of its contractors and subcontractors. The RSR captures information necessary to demonstrate program performance and accountability. All Ryan White core service and support service providers are required to submit client-level data for Calendar Year (CY) 2011. Please refer to the HIV/AIDS Program Client Level Data website at <http://hab.hrsa.gov/manageyourgrant/clientleveldata.html> for additional information. Information regarding the ADAP Quarterly Report will be provided in your Notice of Award.

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 system at <https://grants.hrsa.gov/webexternal/home.asp>.

4) **Consolidated List of Contracts (CLC).** Include the list of contracts for all providers receiving Ryan White Program funding/contracts. The CLC must be submitted through the HRSA Electronic Handbook (EHB) using the format provided in the system.

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, etc. 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:

Janene Dyson
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8325
Fax: (301) 594-4073
Email: JDyson@hrsa.gov

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

Barbara Aranda-Naranjo, PhD, RN, FAAN
Director, Division of Service Systems
HIV/AIDS Bureau, HRSA
Parklawn Building, Room 7A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6745
Fax: (301) 443-8143
Email: BAranda-Naranjo@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
iPortal: <http://grants.gov/iportal>

VIII. Other Information

1) HIV/AIDS Clinical Performance Measures

The HIV/AIDS Bureau has developed HIV/AIDS Clinical Performance Measures for Adults and Adolescents and a companion guide to assist grantees in the use and implementation of the core

clinical performance measures. Information on Performance Measures can be found at: <http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html>.

2) Allowable Uses of Funds

For most up to date listing of allowable uses of funds, refer to HAB Policy Notice 10-02: “Eligible Individuals and Allowable Uses of Funds for Discretely Defined Categories of Services” reissued April 8th, 2010. HAB Policy Notice 10-02 is available online at <http://hab.hrsa.gov/manageyourgrant/pinspals/eligible1002.html>.

3) National Monitoring Standards

The HAB/DSS Program, Fiscal and Universal National Monitoring Standards for RW Part A and B Grantees, are available at <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>.

4) Program Integrity Initiative

The Program Integrity Initiative is designed to target the greatest risks of fraud, waste and abuse; reduce those risks by enhancing existing program integrity operations; share new and best program integrity practices; and measure the results of our efforts. The purpose of this message is to inform you of the HRSA efforts toward strengthening program integrity in our own Agency.

IX. 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>.