

**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 AIDS
Drug Assistance Program (ADAP) Grantees***

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: February 14, 2013

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

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Authority: *Public Health Service Act, Section 2691 (42 USC 300ff-101), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)*

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE.....	1
2. BACKGROUND	3
II. AWARD INFORMATION	6
1. TYPE OF AWARD	6
2. SUMMARY OF FUNDING	6
III. ELIGIBILITY INFORMATION.....	6
1. ELIGIBLE APPLICANTS.....	6
2. COST SHARING/MATCHING	6
3. OTHER	6
IV. APPLICATION AND SUBMISSION INFORMATION.....	7
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	7
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	9
<i>i. Application Face Page</i>	<i>12</i>
<i>ii. Table of Contents.....</i>	<i>12</i>
<i>iii. Budget.....</i>	<i>12</i>
<i>iv. Budget Justification.....</i>	<i>13</i>
<i>v. Staffing Plan and Personnel Requirements</i>	<i>15</i>
<i>vi. Assurances</i>	<i>15</i>
<i>vii. Certifications.....</i>	<i>15</i>
<i>viii. Project Abstract</i>	<i>15</i>
<i>ix. Project Narrative</i>	<i>16</i>
<i>x. Attachments</i>	<i>18</i>
3. SUBMISSION DATES AND TIMES.....	20
4. INTERGOVERNMENTAL REVIEW	21
5. FUNDING RESTRICTIONS	21
6. OTHER SUBMISSION REQUIREMENTS	22
V. APPLICATION REVIEW INFORMATION	23
1. REVIEW CRITERIA	23
2. REVIEW AND SELECTION PROCESS.....	26
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES	26
VI. AWARD ADMINISTRATION INFORMATION.....	26
1. AWARD NOTICES	26
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	27
3. REPORTING	29
VII. AGENCY CONTACTS	30
VIII. TIPS FOR WRITING A STRONG APPLICATION	31

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Special Projects of National Significance (SPNS) fiscal year (FY) 2013 HIT Capacity Building Initiative for Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP) Grantees.

The SPNS Program supports the development of innovative models of HIV care to quickly respond to the emerging needs of clients served by the Ryan White HIV/AIDS Programs. SPNS evaluates the effectiveness of the design, implementation, utilization, cost, and health related outcomes of these models, while promoting the dissemination and replication of successful projects. The SPNS Program also supports special programs to develop standard electronic client information data systems to improve the ability of grantees to report grantee-level and client-level data to the Department of Health and Human Services (DHHS).

This initiative will support grantees funded under Part B Grants to States and Territories to improve and enhance their health information technology (HIT) capacity to collect and report AIDS Drug Assistance Program (ADAP) data (including grantee-level data and client-level data) to the HIV/AIDS Bureau (HAB). Grants will be awarded to eligible entities based on whether the funding will promote collecting and reporting of both ADAP grantee-level and client-level data, as it relates to the requirements of the Ryan White HIV/AIDS Program. Funding will allow grantee organizations to purchase qualified HIT systems to improve and enhance their current HIT data collection and reporting capacity. Awardees will be required to evaluate and document the entire system implementation process.

Program Expectations

Successful applicants will utilize funds to improve and/or enhance HIT infrastructure capacity to implement a qualified HIT system to collect and report ADAP grantee-level and client-level data. This system is intended to collect and report grantee-level and client-level data on a recurring basis.

Funding will be limited to the acquisition and implementation of hardware, network operating systems and software components, including coding and programming of systems for purposes of connectivity/interoperability or related improvements, that will facilitate the reporting of ADR grantee-level and client-level data to HAB. In addition to increasing the organization's capacity to collect, compile, utilize, and report client-level data, grantees must present a sound plan for how they will promote and enhance the information technology capacity within their ADAP program. Plans must include specific hardware and software configurations that are flexible and adaptable in order to be compatible with the ADR data reporting requirements released by HAB in 2012¹. Further, plans must demonstrate the capacity and procedures to electronically and physically protect their ADAP client-level data to assure client privacy.

Applicant organizations will use grant funds for the improvement and/or enhancement of HIT infrastructure capacity, including the procurement of hardware, software and network operating systems with proven "real-world" functionality. Ryan White HIV/AIDS Program Part B

¹ See <http://hab.hrsa.gov/manageyourgrant/files/hab2012adrmanual.pdf>

grantees utilize many different types of hardware and software configurations in their electronic client-level data systems. Some states have their network of service providers connected through a Wide Area Network (WAN) such as a statewide health information exchange or 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.

Grant funds must be utilized for the procurement and implementation of qualified HIT systems that ensure the efficiency and interoperability of the proposed system components. These systems may include, but are not limited to, configurations of pharmacy management and reporting systems currently used by some Ryan White HIV/AIDS Programs. Applicants are encouraged to learn more about these systems and their functional capabilities by contacting the vendors or other Ryan White Part B grantees with experience in implementing client-level data collection 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 in order to meet the objectives described under this guidance. Federal funds provided through this grant cannot be used to operate or maintain the HIT systems beyond the one-year project period, and they cannot be used for service delivery or direct care.

Data Requirements

Applicants must ensure that the acquisition of both hardware and software systems are fully compatible with the requirements for the collection and reporting of the Ryan White HIV/AIDS Program ADAP Data Report to HAB. The primary purpose of the data system will be to report grantee-level and client-level data in an electronic format using HAB prescribed data specifications². The types of client-level data to be reported include but are not limited to

- 1) **Client Demographics** such as gender, age, race/ethnicity, insurance type, homelessness;
- 2) **Encrypted Unique Client Identifier (eUCI)**; and
- 3) **ADAP Service Utilization** including formularies, medications, insurance participation, and client billing services.

Applicants must demonstrate the need for funds to improve and/or enhance HIT capacity infrastructure (including the procurement of hardware or software components) for the purpose of collecting, compiling, utilizing and reporting ADAP grantee-level and client-level data to HAB. Plans must include specific hardware and software configurations that are flexible and adaptable in order to be responsive and compatible with the ADR data reporting requirements specified by HAB.

All applicants must provide a detailed description of their current HIT capacity as it relates to data collection and reporting for their ADAP Program; the proposed system procurement and design; and how these funds will help to improve and/or enhance the proposed ADAP grantee-level and client-level data reporting system. Applicants must also describe how the proposed system will be used to evaluate their ADAP programs, to improve their quality of care, to assess

² For more information see: <http://careacttarget.org/library/adap-data-report-client-data-dictionary>

their clients' needs, to monitor program performance and quality improvements, and to enhance their fiscal accountability.

Furthermore, plans must demonstrate the capacity and procedures to electronically and physically protect the ADAP client-level data to assure client privacy. The applicant must describe, in detail, their ability to maintain a safe and secure HIT system. Applicants must provide assurances that the proposed system will at a minimum, comply with the HIPAA Privacy Rule. As the role of electronic health data expands, HIPAA will continue to evolve, and applicants must continue to meet these requirements as they change. Finally, applicants must include 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 ADAP grantee-level and client-level data to HAB beyond the one-year SPNS funded project period.

The applicant organization must demonstrate the reliability of the proposed health information technology system. The applicant must provide evidence that their program is consistent with the statewide coordinated statement of need.

HRSA strongly encourages applicant organizations to maximize funding from multiple sources including other federal, state and local entities to develop HIT capacity for the purposes described under this initiative, as well as the sustainability of their HIT systems. Applicants who are currently recipients of other types of funding must clearly describe all funding sources and describe how the additional funds under this SPNS initiative will complement their existing HIT development infrastructure. Failure to provide these funding details may impact the ability of the applicant organization to be awarded SPNS funds. Applicants must clearly address the program expectations described in the application, as these will be key determinants in the selection criteria.

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).

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 for Health Information Technology (ONC) was established 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. ONC serves as a resource to the entire health system to support the adoption of health information technology and the promotion of nationwide health information exchange to improve health care.³

³ Department of Health and Human Services (2012) Office of the National Coordinator for Health Information Technology. ONC, DHHS. Accessed August 24, 2012 from: http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__onc/1200

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 applicability to ADAP.

HRSA's Office of Health Information Technology and Quality (OHITQ), originally established in 2005, promotes the adoption of Health Information Technology (HIT) to improve the quality and effectiveness of care, improve patient health outcomes, and enhance the efficiency of primary and preventive care among HRSA grantees.⁵ OHITQ, developed the Health IT Adoption Toolbox for the community of HRSA-funded health care 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.⁶

Under the 2006 reauthorization of the Ryan White HIV/AIDS Program, the Part F Special Projects of National Significance (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.

Client-level records are essential for evaluating the performance of 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 funding opportunity announcement (FOA) continues the movement of HAB to enhance data collection instruments to include updated ADAP data (both grantee-level and client-level data) in an electronic format. ADAP is funded through Part B of the Ryan White HIV/AIDS Treatment Program, and provides grants to all 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Jurisdictions. The HIV/AIDS Bureau (HAB) currently requires that all ADAPs report aggregate data quarterly using the ADAP Quarterly Report (AQR). To address the limitation of aggregate data, HAB developed a new data reporting system, the ADAP Data Report (hereby referred to as ADR) which will enable HAB to evaluate the impact of the ADAP program on a national level.

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 Department of Health and Human Services (2010) Health Information Technology. Office of Health Information Technology and Quality, Health Resources and Services Administration, DHHS. Accessed August 24, 2012 from: <http://www.hrsa.gov/healthit/index.html>

⁶ More information about the HRSA Health IT Adoption Toolbox can be found at: <http://www.hrsa.gov/healthit/toolbox/HealthITAdoptiontoolbox/index.html>

The ADR will allow HAB to characterize the individuals using the program, describe the ADAP-funded services being used, and delineate the costs associated with these services⁷. The ADR includes two components: the Grantee Report and the Client Report. The Grantee Report consists of basic information about the Part B grantee organization and any service provider contracts it funded during the reporting period. The Client Report will collect one record for each ADAP client served. As with the RSR, each record will include the client's encrypted unique client identifier (eUCI) and basic demographic data. The client's record will also include data about the ADAP-related services received. All Part B grantees who currently collect AQR data and/or provide ADAP medications or related services will complete both parts of ADR. In August 2012, HAB provided instructions and technical assistance resources for the implementation of the ADAP Data Report (ADR) similar to those provided for the RSR.⁸

While some organizations have limited capacity to collect client-level data, funding provided under this initiative aims to address those limitations by supporting improvements and enhancements to existing HIT systems. Applicants are encouraged to work with their Ryan White Part B peers who have already implemented client-level data collection systems for their ADAP programs, and also to review the technical assistance documents and resources available through the HRSA Health IT community.⁹ 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.

Since 2009, Ryan White grantees have used a variety of systems to report their RSRs that could be useful for the implementation of ADR systems. CAREWare¹⁰ will release a future version that fully supports ADR, and other RSR-ready systems may also release upgrades that support ADR. Some ADAP programs may find that their current system does not meet their electronic data collection and reporting needs. Several other alternatives are worth exploring, including modification of existing systems, before deciding on the most appropriate means of collecting and reporting ADR. The best option often depends on the flexibility of the current software and hardware systems and the amount of programming expertise available to grantee organizations.

Organizations interested in implementing new HIT systems and/or modifying existing systems must address complex issues, including the issues of confidentiality and privacy surrounding the collection of individual health information. The Health Insurance Portability and Accountability Act (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 covered entities to assure patient rights and confidentiality, and there are additional provisions within HIPAA relating to public health reporting by covered entities to a public health authority such as DHHS.¹¹ As with the RSR implementation, HAB has taken every measure possible,

⁷ More information about the ADAP Data Report Instruction Manual can be found at: <http://hab.hrsa.gov/manageyourgrant/files/hab2012adrmanual.pdf>

⁸ See RSR Technical Assistance webpage at the TARGET Center website, <http://www.careacttarget.org/rsr.asp>

⁹ Department of Health and Human Services (2010) Health Information Technology and Quality. Office of Health Information Technology and Quality, Health Resources and Services Administration, DHHS. Accessed August 24, 2012 from: <http://www.hrsa.gov/healthit/>

¹⁰ See <http://hab.hrsa.gov/manageyourgrant/careware.html>

¹¹ For additional information about HIPAA and the Privacy Rule, see: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>

including the use of the eUCI, to limit data collection to only information reasonably necessary to accomplish the purpose of the Ryan White ADAP Data Report (ADR).

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal year 2013. Approximately \$1,800,000 is expected to be available to fund twenty (20) grantees. Applicants may apply for a ceiling amount of up to \$100,000 per year. The project period is one (1) year.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are limited to current grantees of the ADAP programs of Ryan White HIV/AIDS Program Part B. Previous funding opportunities were provided to all Parts of the Ryan White HIV/AIDS Program, including Ryan White grantees and sub-grantees. This funding opportunity announcement specifically addresses the need for Part B grantees to collect and report ADAP reporting requirements to HAB. Ryan White Part B Grantees who previously received ADAP IT Capacity Building funds under announcement HRSA-11-101 are eligible but must clearly and specifically state how these grant funds will be used to further increase IT capacity to report the ADAP Data Report (ADR) to HAB.

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.

NOTE: Multiple applications from an organization are not allowable.

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. The registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting an application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission along with a copy of the "Rejected with Errors" notification as received from Grants.gov. HRSA's Division of Grants Policy is the only office authorized to grant waivers. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

IMPORTANT NOTICE: CCR moved to SAM **Effective July 30, 2012**

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

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

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

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

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

Items to consider are:

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

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

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register in SAM. According to the SAM Quick Guide for Grantees

(https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, ***check for active registration well before the application deadline.***

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

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

Application Format

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

SF-424 Non-Construction – Table of Contents

- 🔔 It is mandatory to follow the instructions provided in this section to ensure that the application can be printed efficiently and consistently for review.
- 🔔 Failure to follow the instructions may make the application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
- 🔔 For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- 🔔 For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
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; 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	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.
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 a table of contents cover page is included specific to the attachment. The Table of Contents page will not be counted in the page limit.
- 🔔 Please use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Line Item Budget for the one-year Project Period
Attachment 2	Staffing Plan and Position Descriptions for Key Personnel
Attachment 3	Biographical Sketches of Key Personnel
Attachment 4	Project Organizational Chart
Attachment 5	Data collection and reporting flow chart of ADAP data
Attachment 6	Work Plan
Attachment 7	Statement of Consistency with Statewide Coordinated Statement of Need
Attachment 8	Cultural and Linguistic Competence Factors
Attachment 9	Healthy People 2020 Summary
Attachment 10	Letters of Agreement and/or Description(s) of Proposed/Existing Contracts
Attachments 11-15	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. 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 the 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 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 System for Award Management (SAM) in order to conduct electronic business with the Federal Government. SAM registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that the applicant organization SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with SAM can be found at <https://www.sam.gov>. Please see Section IV of this funding opportunity announcement for **SAM registration requirements.**

ii. Table of Contents

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

iii. Budget

Please complete Sections A, B, E, and F of the SF-424A Budget Information – Non-Construction Programs form included with the application kit for the project period, and then provide a **line item budget using Section B Object Class Categories of the SF-424A.**

Applicants also must submit line item budgets **for the proposed project period** as a spreadsheet table, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs. Under Personnel, please list each position by title and name, with annual salary, FTE, and salary charged to the grant and provided in-kind. Equipment, supplies (office and medical) and contractual should each have individual items listed

separately. The categorical amounts requested on the SF424A and listed on the line-item budget spreadsheet tables must match. The budget must relate to the activities proposed in the Project Narrative and the Work Plan. A line item budget should be included in a single spreadsheet table as *Attachment 1*.

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 budget form. 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 and in-kind, name (if possible), position title, percentage of full-time equivalency, and annual salary. Include the appropriate personnel necessary to configure and install new hardware and software, or modify existing systems in order to

meet the goals of grant as well as those with oversight responsibility for the project. The budget may not include staffing for maintaining the proposed HIT systems beyond the one-year project period.

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 SAM and provide the recipient with their DUNS number.

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

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

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

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 and Position Descriptions should be included as **Attachment 2**. Position descriptions must include the roles, responsibilities, and qualifications of proposed project staff. 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
- Name of HIT System to be implemented or enhanced
- 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.

ix. *Project Narrative*

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

Use the following section headers for the Narrative:

- ***INTRODUCTION***

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

- ***NEEDS ASSESSMENT***

Provide a detailed description of the current HIT infrastructure capacity as it relates to data collection and reporting for their ADAP Program and the need for improvements and/or enhancements to such infrastructure. Describe the proposed system procurement and design and how these funds will help to improve and/or enhance the proposed ADAP grantee-level and client-level data reporting system. The application should demonstrate the need for Federal funds to develop health information technology (HIT) infrastructure as it relates to the requirements of the Ryan White HIV/AIDS Program to collect and report ADAP grantee-level and client-level data to HRSA's HIV/AIDS Bureau.

Describe the health care service environment in which the infrastructure will be developed and the appropriateness of applying for Federal funding. Include a discussion of applicant's current ability to collect and report ADAP grantee-level and client-level data, including patient demographics and ADAP services provided. Provide a detailed description and justification of your hardware and/or software needs that will improve or enhance current HIT capacity to report ADAP grantee-level and client-level data.

- ***METHODOLOGY***

Describe the methodology that will be used to accomplish the program requirements and expectations outlined in this grant announcement. Describe how the proposed plan will promote obtaining and reporting ADAP grantee-level and client-level data relating to the requirements of the Ryan White HIV/AIDS Program. Describe your program's plans for implementing improvements and/or enhancements of hardware, network and software system components with a track record of "real-world" functionality. Describe how the proposed hardware and software configurations will be flexible and adaptable in order to be responsive and compatible with the ADR reporting requirements to be specified by HAB.

Describe how the proposed configurations will be interoperable with other systems. Describe how the proposed system will increase the electronic transfer of data, and if applicable, how it will decrease manual data entry. Include a data collection and reporting flowchart (diagram) of the proposed HIT component(s) funded under the SPNS program and how it integrates to the overall system as *Attachment 5*.

Provide evidence to demonstrate the reliability of the proposed health information technology system. Describe how the proposed configurations will electronically and physically protect the ADAP grantee-level and client-level data to assure client privacy and describe, in detail, the ability to maintain a safe and secure HIT system. Provide evidence that the project is consistent with the statewide coordinated statement of need. Finally, provide assurances that the proposed system will at a minimum, comply with the privacy regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996. As the role of electronic health data expands, HIPAA will continue to evolve, and applicants must continue to meet these requirements as they change.

- *WORK PLAN*

Develop a work plan to describe the steps used to achieve each of the activities proposed during the project period in the methodology section. The work plan should be time-framed with specific dates to actively manage the project by measuring progress and quantifying accomplishments. Identify the staff members (in-kind and grant-supported) who will manage, oversee, configure and install new hardware and software, or modify existing systems in order to meet the objectives of project. In chronological order, list the major elements/tasks/activities to be performed during the project period. The work plan should be presented in a table format and include (1) objectives that are specific, time-framed, and measurable; (2) action steps; and (3) staff responsible for each action step along with date of completion. Among key activities that may be addressed in the time line include, but are not limited to, procurement, implementation, configuration, installation, testing, documentation and training. The work plan should be included as *Attachment 6*.

- *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 ADAP grantee-level and 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 ADAP grantee-level and client-level data to HAB. Applicants must also describe how the proposed system will be used to evaluate their ADAP 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.

- *IMPACT*

Provide a detailed plan for the sustainability of the proposed HIT system including the operation, maintenance and any planned future enhancements of the system to collect and report ADAP grantee-level and client-level data to HAB beyond the one year project period. HRSA strongly encourages applicant organizations to maximize funding from multiple sources including other federal, state and local foundations to develop and sustain HIT capacity for the purposes described under this initiative. Applicants who are currently recipients of these other types of funding must clearly provide evidence of describe all funding sources and describe how the additional funds under this SPNS initiative will complement the ongoing development of their existing HIT development infrastructure.

▪ **ORGANIZATIONAL INFORMATION**

Provide information on the applicant organization's current mission and structure, scope of current activities, and project organizational chart that includes personnel responsible for the ADAP program. 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. The project organizational chart should be included as **Attachment 4**. Finally, 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: Line Item Budget

Provide a line-item budget spreadsheet for the one-year project period that corresponds to the budget categories in SF424A.

Attachment 2: Staffing Plan and Position Descriptions for Key Personnel

The Staffing Plan should include the education and experience qualifications for each staff position as well as a rationale for the amount of time being requested. The staffing plan should include 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. The Position Description for key personnel should be kept to one page in length, as possible. Position descriptions must include the roles, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions, 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: Project Organizational Chart

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

Attachment 5: Data collection and reporting flow chart of the ADAP program

Provide a data collection and reporting flow chart that accurately depicts ADAP grantee and client-level data flow once the proposed project is implemented.

Attachment 6: Work Plan

The work plan should include (1) goals; (2) objectives that are specific, time-framed, and measurable; (3) action steps; and (4) staff responsible for each action step and by what date. Clearly indicate the anticipated start date of the project, and outline the action steps taken to fully implement the project activities. Goals and objectives should be written for the entire project period. Work plan objectives should be clearly written under each goal. Objectives and key action steps should be written in time-framed and measurable terms.

Attachment 7: Statement of Consistency with Statewide Coordinated Statement of Need

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 8: 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>.

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 9: 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 Section VI.2 for further information.

Attachments 10: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverables. Letters of support should specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of agreement must be dated.

Attachments 11-15: Other Attachments, as necessary

Provide any other necessary documents. All attachments will be counted toward the page limit unless otherwise noted.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *February 14, 2013 at 11:59 P.M. Eastern Time*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically to the correct funding opportunity announcement number, by the organization's Authorized Organization Representative (AOR) through Grants.gov and validated by Grants.gov on or before the deadline date and time.

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

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

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

Late applications:

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

4. Intergovernmental Review

The 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 Specialist 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's process used under this Executive Order.

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

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to one (1) year, at no more than \$100,000 per year. Awards to support projects will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that funding would be in the best interest of the Federal Government.

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) Reimbursement of pre-award costs;
- 8) International travel;
- 9) 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 applicants will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

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

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

- Obtain an organizational Data Universal Numbering System (DUNS) number

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

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

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

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

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

V. Application Review Information

1. Review Criteria

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

Review Criteria are used to review and rank applications. The *Special Projects of National Significance Program* has six (6) review criteria:

Criterion 1: NEED (25 points)

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

- The extent to which the application clearly and succinctly describes the purpose of the proposed project, including the current health information technology (HIT)

infrastructure capacity as it relates to data collection and reporting of ADAP grantee- and client-level data

- The extent to which the application describes the need for Federal funds to develop HIT infrastructure as it relates to the requirements of the Ryan White HIV/AIDS Program to collect and report ADAP grantee- and 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 the need for HIT infrastructure in relation to the health care service environment in which the infrastructure will be developed, including the current ability to collect and report grantee- and client-level data
- The extent to which the application justifies the hardware and/or software needs to improve the current HIT capacity to report ADAP grantee-level and client-level data.

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.

Methodology

- 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 of ADAP grantee- and client-level data for the requirements of the Ryan White HIV/AIDS Program.
- 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 proposed system will increase the electronic transfer of data, and if applicable, how it will decrease manual data entry.
- The strength and clarity of the application’s Data Collection and Reporting Flowchart in *Attachment 5*
- 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 application demonstrates consistency with the statewide coordinated statement of need in *Attachment 7*
- Extent to which application provides assurances that the proposed system will comply with privacy regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Work Plan

- Strength, clarity and feasibility of the applicant’s Work Plan and its goals for the project period in *Attachment 6*.

- Extent to which the applicant's Work Plan addresses the program requirements and key activities such as procurement, implementation, configuration, installation, testing documentation and training.
- Evidence the applicant's objectives are specific to each goal, time-framed, and measurable.
- Evidence the applicant identifies staff members in the work plan (in-kind and grant-supported) who will manage, oversee, configure, and install new hardware and software, or modify existing systems

Resolution of Challenges

- Extent to which the applicant identifies possible challenges that are likely to be encountered during the planning and implementation of the project.
- Extent to which the applicant identifies realistic and appropriate responses to be used to resolve those challenges.

Criterion 3: EVALUATIVE PROCESS (15 points)

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), including 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 ADAP grantee- and client-level data to HAB.
- Strength of the evidence that the proposed system will be used to evaluate ADAP services, to improve their quality of care, assess client needs, monitor program performance, quality improvements, and enhance their fiscal accountability.

Criterion 4: IMPACT (10 points)

This corresponds to the Impact section of the Narrative.

- The extent to which the proposed project clearly describes plans for the sustainability of the proposed HIT system, including the operation, maintenance and any planned future enhancements of the system to collect and report ADAP grantee-level and client-level data to HAB beyond the one year project period.
- If the applicant is currently a recipient of other types of funding (federal, state or local) to develop and sustain HIT capacity for similar purposes as described under this initiative, applications must clearly provide evidence of all funding sources and describe how the additional funds under this SPNS initiative will complement the ongoing development of their existing HIT development infrastructure.

Criterion 5: RESOURCES/CAPABILITIES (10 points)

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 the project organizational chart (*Attachment 4*).
- 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)

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

- Extent to which the proposed line item and budget justification (**Attachment I**) 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 budget specifies allocations for staffing in percentages of full-time equivalents (FTEs) that are adequate for the proposed activities and objectives to be achieved in the project period.
- 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 given the scope of work.

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

3. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

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

2. Administrative and National Policy Requirements

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

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

Non-Discrimination Requirements

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

Trafficking in Persons

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

Smoke-Free Workplace

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

Cultural and Linguistic Competence

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

Healthy People 2020

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

National HIV/AIDS Strategy (NHAS)

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

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-

approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

Health IT

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

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

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on a semi-annual basis. This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including data to measure the progress and impact of the project. Further information will be provided in the NoA.

3) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; 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) **Tangible Personal Property Report.** If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all federally-owned property and acquired equipment with an acquisition cost of \$5,000 or more per unit. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. Property may be provided by HRSA or acquired by the recipient with award funds. Federally-owned property consists of items that were furnished by the Federal Government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the NoA.

d. Transparency Act Reporting Requirements

New awards (“Type 1”) issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier 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 NoA.

VII. Agency Contacts

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

Brad Barney, Supervisory Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 12A-07
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6916
Fax: (301) 443-9810
Email: BB Barney@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
Attn: SPNS Program, HIT Capacity Building Initiative for Ryan White HIV/AIDS Program
AIDS Drug Assistance Program (ADAP) Grantees (HRSA-13-152)
Bureau, HRSA
Parklawn Building, Room 7-74

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
iPortal: <http://grants.gov/iportal>

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

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

VIII. Tips for Writing a Strong Application

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

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