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

HIV/AIDS Bureau
Division of Community Based Programs

HIV Early Intervention Services (EIS) Program
Existing Geographic Service Areas (EISEGA)

Announcement Type: Competing Continuation and New
Announcement Number # HRSA-11-091

Catalog of Federal Domestic Assistance (CFDA) No. 93.918

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year *2011*

Application Due Date: *January 14, 2011*

Release Date: ***November 15, 2010***

Date of Issuance*:* ***November 15, 2010***

Kathleen Treat, MSW, MS
Southern Branch Chief, Division of Community Based Programs
HIV/AIDS Bureau, HRSA
5600 Fishers Lane #7A-30
Rockville, MD 20857
Telephone: (301) 443-7602
Fax: (301) 443-1839

Authority: Sections 2651 and 2693 et seq., of the Public Health Service Act, as amended (42 USC 300ff -51), 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. Purpose

The Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) announces this funding opportunity for competing Part C Early Intervention Services (EIS) to support outpatient HIV early intervention and primary care services. These services target low-income, medically underserved people living with HIV/AIDS. The authority for this grant program is Sections 2651 and 2693 of the Public Health Service (PHS) Act (42 USC 300ff -51), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87).

The purpose of the Ryan White Part C Program is to provide HIV primary care in the outpatient setting. Applicants must propose to provide a comprehensive continuum of outpatient HIV primary care services in the targeted area including: 1) HIV counseling, testing, and referral; 2) medical evaluation and clinical care; 3) other primary care services; and 4) referrals to other health services. Primary care for persons with HIV disease should start as early in the course of the infection as possible. However, entry into a Part C EIS program may take place at any point in the spectrum of the disease or the patient's lifespan.

As established in section 2651 of the PHS Act, and according to the terms and conditions of these awards, a Part C program grantee must expend grant funds to provide HIV primary medical and dental care in a proposed service area. These services must be reflected in the budget. Staff positions such as medical assistants and dental hygienists can be included in the budget when the position proportionately complements HIV primary medical care providers such as physicians, dentists, physician assistants, or nurse practitioners for the Part C program. Accordingly, a Ryan White HIV/AIDS program Part C budget must reflect a medical model in which providers can *assess, treat and refer* as applicable. Providers must be authorized, via credentialing and licensure, to prescribe medications, order medically indicated tests/exams, interpret symptoms, treat, and meet PHS guidelines.

Minority AIDS Initiative (MAI)
The Minority AIDS Initiative (MAI) is intended to address the disproportionate impact that HIV/AIDS has on racial and ethnic minorities and to address the disparities in access, treatment, care, and outcomes for racial and ethnic minorities, including African Americans, Alaskan Natives, Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders.

The goal of the MAI is to help reduce this burden by:

- Increasing the number of persons from racial and ethnic populations receiving HIV care, and
- Increasing the number of persons from racial and ethnic populations who stay in care.

MAI funds are granted to health care organizations that provide culturally and linguistically appropriate care and services to racial and ethnic minorities. Funded Part C EIS programs either have applied for (elected) MAI funds or have been assigned funds under the MAI. Elected MAI funds are awarded for a program, budget, and work plan that the grantee presented as part of its competing application. Assigned MAI funds are those designated to grantees by the

HRSA/HAB Division of Community Based Programs (DCBP), which administers the Part C EIS program. This assignment is based on the percentage of the population served or proposed to be served from racial/ethnic minority communities.

The amount of MAI funds awarded is noted under the grant specific terms section of the Notice of Grant Award (NGA) which establishes the final funding for the budget period.

Part C EIS Program Requirements and Expectations

Required Services

The following primary care services must be provided to all persons living with HIV/AIDS, whether on-site or at another facility:

HIV counseling, testing, referral, and partner counseling services

HIV counseling, testing, referral, and partner counseling should be provided for all individuals in your targeted service population but should not duplicate services from other sources if these are available and accessible to your target population(s). Instead, linkages and formal referral mechanisms should be established with these programs to ensure follow-up and evaluation for those persons identified as HIV-positive.

If HIV counseling, testing, referral, and partner counseling are provided directly by your program, these services must comply with provisions stipulated by the Centers for Disease Control and Prevention (CDC) in accordance with Sections 2661, 2662 and 2663 of the Ryan White Program. The Revised Guidelines for Counseling, Testing, and Referral are available at: http://aidsinfo.nih.gov/. Your program also must agree to assure the confidentiality of patient information in compliance with applicable Federal, State, and local law.

Medical evaluation and clinical care, such as CD4 cell monitoring, viral load testing, antiretroviral therapy, prophylaxis and treatment of opportunistic infections, malignancies and other related conditions, routine immunizations, prevention of perinatal transmission, and patient education including linkage to prevention services.

Individuals must be offered a comprehensive continuum of HIV care including primary medical care and, when applicable, perinatal care. At a minimum, your program, in accordance with the latest HHS guidelines, should provide, funded by the grant, periodic medical evaluations; appropriate treatment of HIV infection; and prophylactic and treatment interventions for complications of HIV infection, including opportunistic infections, opportunistic malignancies and other AIDS defining conditions. Your program also must provide for a system to confirm the presence of HIV infection, and must provide tests to diagnose the extent of deficiency in the immune system. Individuals must have access to ongoing prevention services while other treatment is being administered. The system of care must provide appropriate diagnostic and therapeutic measures for preventing and treating the deterioration of the immune system and related conditions, conforming to the most recent clinical care protocols. Your program must also have a system in place for after-hours and weekend clinical coverage for medical and dental services.

Your program is required to have a plan for handling referrals to and enrollment in clinical trials offered by biomedical research facilities or community-based organizations that conduct HIV-related clinical trials. For information on these protocols call the AIDS Clinical Trials Information Service at 1-800-TRIALS-A or visit the AIDSinfo website at http://www.aidsinfo.nih.gov.

Tuberculosis, Hepatitis B and C, and sexually transmitted infections (STI) evaluation and treatment are indispensable components of an HIV primary care program. To the extent that a service area or sub-population within the service area is experiencing accelerating case rates of tuberculosis, Hepatitis B and C, or STIs, HIV programs should develop diagnosis, prophylaxis, and treatment services. For example, tuberculosis screening should be routine follow-up for all patients diagnosed as HIV-positive.

To ensure consistency and continuity of care, your program's clinical staff should track and coordinate all inpatient care and referrals. Staff should develop plans for the resumption of the patient's care at your program once discharged from the hospital.

In the face of rapidly changing clinical management of HIV disease, continuing education opportunities must be provided to EIS program staff to ensure they remain abreast of clinical advances and adjust clinical protocols accordingly. In addition, your program must implement and practice recommendations as presented in the following HHS guidelines. These publications are available on-line at http://www.aidsinfo.nih.gov/ or may be obtained by calling: 1-800-HIV-0440.

- Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents
- Guidelines for the Prevention of Opportunistic Infections in Persons Infected with HIV
- Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection
- Public Health Service Task Force Recommendations for the Use of Antiretroviral Drugs in Women Infected with HIV-1 for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the U.S.

Your program should ensure patients have the opportunity to actively participate in decision-making about their personal health care regimen. Patients should be involved and fully educated about their medical needs and treatment options within the standards of medical care. A document describing patient rights and responsibilities should be posted in a prominent place within the facility, and policies should be reviewed with each patient at intake. The policies and posted document should clearly describe the recourse a patient has if he/she is dissatisfied with the care provided.

Other primary care medical services provided either directly or through a formal referral mechanism, including oral health care, adherence counseling, outpatient mental health care, outpatient substance abuse treatment, nutritional services, and specialty medical care.

In addition to providing each patient with a thorough medical evaluation and related clinical care, your program should provide, directly or via referral, access to oral health care, adherence counseling, outpatient mental health care, outpatient substance abuse treatment, nutritional services and specialty medical care as described below. If you are unable to provide any of these services on-site, your program must establish and demonstrate formal

arrangements such as contracts or memoranda of understanding with appropriate providers. It is recommended that all practitioners for these services have experience working with the target population and with HIV.

- **Oral Health:** Grant funds may be used to support the provision of oral health services by general dental practitioners, dental specialists, dental hygienists, and other trained dental providers in on-site facilities. You also may use these funds to secure or subsidize such services obtained off-site by referral. Funding may also be available through Part A, Part B and Part D-supported programs in your area. If a HRSA-supported HIV/AIDS Dental Reimbursement Program or Community-Based Dental Partnership Program exists in your service area, document efforts to collaborate with that program. A list of HRSA supported HIV/AIDS Dental reimbursement programs is available on-line at: http://www.hab.hrsa.gov/programs/dentallist.htm.

- **Adherence:** Successful adherence programs are most effective when they use a multi-disciplinary approach. Your adherence program might include readiness assessments, patient education, adherence monitoring and counseling.

- **Outpatient Mental Health:** Outpatient mental health services include screening, assessment, diagnosis, and treatment. Optimal mental health treatment requires a multidisciplinary approach involving primary care or specialty physicians and mental health professionals who are trained, experienced, and/or certified in the field.

- **Substance Abuse Services:** Outpatient substance abuse services include screening, assessment, diagnosis, and treatment. Optimal substance abuse treatment requires a multidisciplinary approach involving primary care or specialty physicians and substance abuse professionals who are trained, experienced, and/or certified in the field.

- **Nutritional Services:** Nutritional services include: screening, nutrition education and/or counseling, dietary/nutritional evaluation, and nutritional supplements, optimally provided by a registered dietitian or licensed nutritionist. Nutritional services may be provided in individual and/or group setting.

- **Specialty Care:** Clients must have access to specialty and subspecialty care. Such services include oncology, dermatology, ophthalmology, gynecology, gastroenterology, and pulmonary.

Prevent new infections by working with persons diagnosed with HIV and their partners
You are encouraged to incorporate the ***"Recommendations for Incorporating HIV Prevention into Medical Care of Persons Living with HIV"*** into your clinical program. These recommendations were developed jointly by the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), and the HIV Medicine Association (HIVMA) of the Infectious Diseases Society of America (IDSA) (Morbidity and Mortality Weekly Report July 18, 2003, Volume 52, Number RR-12).

Recommendations for Incorporating HIV Prevention into Medical Care of Persons Living with HIV (www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm) provide rationale and guidance for making risk screening, STI screening, and prevention messages part of the

routine medical care you deliver to patients with HIV infection. As health care providers, you are in a unique position to help persons living with HIV/AIDS stop the spread of HIV. Because physicians, nurses, nurse's practitioners, and physician assistants have a strong influence on patients' behavior, you can positively impact health issues by screening for STIs, delivering brief prevention messages, and asking patients about risk behaviors, in ways that are culturally and linguistically appropriate, during patient visits. Health care providers can help to reduce the number of new HIV infections and impact the HIV epidemic by:

- **Screening patients for behavioral risk** through interviews or questionnaires regarding sexual and needle-sharing behaviors and screening for STIs and pregnancy.
- **Offering behavioral interventions** to change knowledge, attitudes, and behaviors to reduce personal risk of transmitting or acquiring other STDs. These might include posters and brochures in waiting and exam rooms; verbal discussions with patients supplemented by written materials; condoms readily accessible in the clinic; and referral to other persons or organizations providing services such as substance abuse treatment.
- **Providing partner counseling and referral services (PCRS**), including partner notification, as described above. Such services can help the sex and needle-sharing partners of HIV-infected patients learn their HIV status and take steps to avoid becoming infected (or, if infected, to avoid infecting others) and gain earlier access to medical evaluation, treatment, and other services.

Copies of the recommendations can be ordered by calling the National Prevention Information Network (NPIN) at (800) 458-5231 or visiting the NPIN Website at www.cdcnpin.org.

Support Services

When funds are not available from other sources, EIS programs may use Part C EIS funds to provide support services necessary for HIV infected persons to achieve their HIV medical outcomes. To request funding for these services, justify why they cannot be purchased using other funding sources. Other program services include:

- **Outreach** to: a) those who may be at high risk of contracting the disease and need referral for counseling and testing; b) those who may have HIV disease in order to explain the benefits of early intervention and link them into care; and c) providers to make them aware of the availability and benefits of EIS services.

- **Non-medical case management to persons infected with HIV to access support services such as housing, food pantry, transportation**

- **Consumer transportation for medical care**

- **Translation**

- **General health education materials**

- **Respite Care**

Outreach and case management services may not be duplicative of other existing and accessible community resources. They must be coordinated with the outreach and

case management activities funded under Part A, Part B, or Part D of the Ryan White Program, or any other funding source. Outreach must be consistent with HAB Policy Notice 07-06: Use of Ryan White Program Funds for Outreach Services, available on the web at http://hab.hrsa.gov/law/0706.htm.

Although you are not required to provide outreach services, you must have a plan for identifying and linking people at high risk for HIV into counseling and testing and linking those living with HIV into care at your program.

Referral System

Your program must have a system in place for referring patients to health and social services and for following up on those referrals. You may use Part C EIS funds to create and implement a referral process, and for related evaluation, diagnostic, and treatment services. Your system should include a referral mechanism for specialty and subspecialty care. However, because the emphasis of Part C EIS funding is for primary medical care, Part C EIS funds should not be used for specialty consultations and treatment at the expense of providing basic HIV primary care services.

Your referral system must include a process for tracking and monitoring referrals. Your system also should have a mechanism in place for documenting the results of the referral from the providers of health and support services to which patients are referred.

Coordination and Linkages to Other HIV Programs

Optimum patient care results when grantees are knowledgeable about and coordinate with all available and accessible community resources. These resources may include federally-funded and non-federally-funded programs such as homeless, housing, substance abuse treatment, mental health treatment and other supportive services. Your proposed program must:

- **Be consistent with the Statewide Coordinated Statement of Need (SCSN).**
- **Agree to participate in the ongoing revisions of the SCSN.**

A copy of the SCSN can be obtained from your State's Ryan White Program Part B Director. In addition, your program is required to coordinate services with other providers of health care services funded by the Ryan White Program including Part A, Part B, Part C EIS, Part D, Special Projects of National Significance, AIDS Education and Training Centers, the Dental Reimbursement Program, and the Community Based Dental Partnership Program. If your organization is located in an Eligible Metropolitan Area (EMA) or a Transitional Grant Area (TGA), you are encouraged to participate in the activities of the Ryan White Program Part A Planning Council. Applicants must demonstrate that they have coordinated with and not duplicated Part A services. If your program is located in a State/territory that has created a Part B HIV Care Consortium, you must make reasonable efforts to participate in that consortium. If your program is located near existing Part C EIS funded programs, you are expected to demonstrate that your program does not duplicate services provided in your service area and target population. You also are expected to coordinate and collaborate with other Part C EIS programs. If your program is located in the service area of an existing Part D program, you are expected to collaborate and coordinate services for women, infants, children and youth. A listing of Ryan White Program grantee contact information can be found on http://www.hab.hrsa.gov/programs/granteecontact.htm.

You are expected to collaborate with ongoing HIV prevention activities and establish formal linkages for referrals of HIV-positive individuals for care. You are also expected to collaborate with Community Health Centers and other publicly funded primary care services, mental health and substance abuse treatment services including those funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), and research programs including those funded by the National Institutes of Health (NIH).

Program Evaluation
Your program is required to develop an evaluation strategy with outcome measures that demonstrate achievement of your program goals and objectives and the impact of the program. You are required to have an information system that has the capacity to manage and report the following administrative, fiscal, and clinical data:

- The number of individuals provided early intervention services/primary care.
- Demographic data on the clients receiving services.
- Epidemiological data on the population receiving services, including the extent of new TB infections, active TB cases, and multi-drug resistant tuberculosis (MDR-TB).
- Exposure and diagnostic categories on the population receiving services.
- The number of HIV infected individuals and the CDC classification of their disease.
- The extent to which the costs of HIV-related health care are paid by third party payers.
- The average costs of providing each category of early intervention service/primary care.
- The aggregate totals for each category of data.

Routinely analyzing these data will assist you in making programmatic or fiscal adjustments that will benefit your program and patients. In addition, you will utilize these data when you write the Progress Report of your annual non-competing grant application and submit the annual Ryan White HIV/AIDS Program Services Report (RSR) that is due each March.

Medicaid Participation
Your program must be a participating Medicaid entity for all services that are covered under your State plan, and must document that status. If you subcontract with a public or private entity to provide Medicaid reimbursable services, that entity must also be a participating Medicaid provider. If you or a subcontractor does not impose a charge or accept reimbursement for health services from any third party, HAB may grant a waiver of this requirement. Submit the waiver request as part of your grant application.

If your State or local government requires a license or certification before clinical services can be provided, provide documentation that you are licensed to provide such services.

Patient Payment for Services
Your program must develop consistent and equitable policies and procedures related to verification of patients' financial status, implementation of a sliding fee scale, and ensuring a cap on patient charges for HIV-related services. In order to comply with these requirements, your program may need to provide additional staff training, develop patient education materials, and/or place notices in patient waiting rooms and reception areas.

- **Sliding Fee Scale:** Clients cannot be denied primary care if they are not able to pay for services. Part C EIS programs must provide a system to discount patient payment for charges by developing and utilizing a sliding discounted fee schedule that is published

and made readily available. The scale must be based on the patient's income. The law prohibits imposing a first-party charge on individuals whose income is at or below 100 percent of the Federal Poverty Level and requires that individuals with incomes above the official poverty level be charged for services. Each program is responsible for creating its own sliding fee scale in accordance with the most recent Federal Poverty Level guidelines. Federal Poverty Guidelines are updated each year in early spring, and are available on the web at http://aspe.hhs.gov/poverty/index.shtml#latest.

- **Patient Cap on Charges:** The law limits the annual cumulative charges to an individual for HIV-related services to:

Individual Income	Maximum Charge
At or below 100% of Poverty	$0
101% to 200% of Poverty	No more than 5% of gross annual income
201% to 300% of Poverty	No more than 7% of gross annual income
Over 300% of Poverty	No more than 10% of gross annual income

Your Part C EIS program must have a system in place to ensure that these annual caps on charges to patients are not exceeded.

Program Income: Programs are required to maximize the service reimbursement available from private insurance, Medicaid, Medicare, and other third-party sources. Programs are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further your HIV program objectives. The Ryan White Program is the payer of last resort, except for programs administered by or providing the services of the Indian Health Service. Please note that direct or indirect grant funds such as Ryan White Part A, Part B and Part D programs are not program income.

Limitation on Administrative Expenses: Not more than 10 percent of the approved Part C EIS Federal grant funds may be used for administrative costs. Indirect costs will be allowed only if the applicant has a Federal negotiated indirect cost rate. All indirect costs are considered administrative and subject to the 10 percent limitation.

Other Financial Issues: Programs must have appropriate financial systems in place that provide for internal controls, safeguarding assets, ensuring stewardship of Federal funds, maintaining adequate cash flow to meet daily operations, assuring access to care, and maximizing revenue from non-Federal sources.

Because of the numerous financial requirements of the Ryan White Program Part C, grantees must seek approval to deviate from their approved budget, if the changes are more than $250,000 or 25 percent of the grant cumulatively during the year or if the changes involve moving funds from one of the Part C Cost Categories to another. Such movement is considered to be a change of scope for the grant.

Clients who need medications and are eligible for State drug reimbursement programs funded under Part B of the Ryan White Program or other pharmaceutical programs should be assisted in accessing these resources prior to the use of Part C EIS grant funds for such purposes.

Additional Reporting Requirements

1) It is a legislative requirement that programs provide information on how expenditures relate to the Part A and Part B planning processes.
2) It is a legislative requirement that programs provide specification on how expenditures will improve overall client outcomes, as described in the State plan.
3) It is a legislative requirement that programs provide documentation regarding the process used to obtain community input into the design and implementation of the program.
4) It is a legislative requirement that programs submit audits consistent with Office of Management and Budget circularA-133 every two years to the State, including client level data to complete the unmet need and Statewide Coordinated Statement of Need.
5) Grantees are required to submit the Ryan White Services Report, Ryan White Data Report if applicable, and the Allocations and Expenditures Reports, as approved by the Office of Management and Budget.

Additional Policies and Procedures for Program Operations

Consumer Involvement

It is a program expectation that EIS programs will actively involve consumers in program development, implementation, and evaluation activities. "Consumers" are defined as persons living with HIV/AIDS (PLWH's) or their representatives (i.e., those who represent PLWH's who are unable to speak for themselves such as HIV+ children and severely ill individuals) who are served by your program.

There are many ways to involve consumers, and each program should design consumer involvement that best suits its situation. To accomplish effective consumer involvement, programs should provide necessary training, mentoring, supervision, and reimbursement of expenses. Examples of consumer involvement are:

- HIV consumer representation on the organization's Board of Directors.
- Establishment of an HIV specific Consumer Advisory Board.
- HIV consumer representation on an existing consumer advisory board.
- Involvement of HIV consumers on workgroups, committees and task forces, such as a Program Committee, an Outreach Task Force, or a Patient Education Committee.
- Using HIV consumers as peer educators, outreach workers, or staff in the clinic, with fair and equitable pay for the job they are hired to perform.
- Involving HIV consumers through surveys, consumer forums, and focus groups.
- Using HIV peer trainers to work directly with patients to help them address issues related to making healthy decisions, gaining access to clinical trials, managed care, etc.

Drug Pricing Program

Programs funded under this grant are eligible for and should demonstrate participation in HRSA's 340B Drug Pricing Program. This program enables Part C EIS grantees to purchase

medications at a reduced rate. Detailed program information is available on-line at http://www.hrsa.gov/odpp/default.htm

For more information, contact:

Office of Pharmacy Affairs
5600 Fishers Lane,
Parklawn Building, mail stop 10C-03
Rockville, MD 20857
1-800-628-6297

2. Background

HAB Guiding Principles
HAB has identified four factors that have significant implications for HIV/AIDS care services and treatment, which should be considered as the application and program are developed and refined:

- Revise care systems to meet emerging needs,
- Ensure access to quality HIV/AIDS care,
- Coordinate Ryan White HIV/AIDS Program services with other health care delivery systems, and
- Evaluate the impact of Ryan White HIV/AIDS Program funds and make needed improvements.

HRSA evaluates its programs through use of the Government Performance and Results Act (GPRA), and the active use of performance data to monitor achievement toward meeting HRSA's strategic goals. HAB has identified specific measures under GPRA and overarching performance measures used to demonstrate progress in meeting the needs of uninsured and underinsured individuals. Measures look at performance of Ryan White HIV/AIDS Program grantees across all programs.

GPRA measures relevant to Part C EIS programs are:

Goal II: Building Health Communities
A. Lead and collaborate with others to help communities strengthen resources that improve health for the population

- Increase the number of people receiving primary care services under Early Intervention Services Programs

The overarching performance measures relevant to Part C are:

Goal I: Improve Access to Quality Health Care and Services
Performance Goal: Strengthen health systems to support the delivery of quality health services.

Long-Term Goal
By 2014, reduce deaths of persons due to HIV infection.

Short-Term Goal

1) Increase the number of persons who learn their serostatus from Ryan White HIV/AIDS Programs.

Goal I. Improve Access to Quality Health Care and Services

Sub-goal: Promote innovative and cost-efficient approaches to improve health

Long-Term Goal

By 2014, Ryan White HIV/AIDS Program-funded HIV primary medical care providers will have implemented a clinical quality management program and will meet two "core" standards included in the *Guidelines for Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents*.

Short-Term Goal

1) Increase the percentage of Ryan White HIV/AIDS Program-funded primary medical care providers that will have implemented a clinical quality management program.

Goal IV: Improve Health Equity

Sub-goal: Reduce disparities in quality of care across populations and communities.

Long-Term Goal

By 2014, increase the number of racial/ethnic minorities and the number of women served by Ryan White HIV/AIDS Program -funded programs.

Short-Term Goals

1) Serve a proportion of racial/ethnic minorities in Ryan White HIV/AIDS Program-funded programs that exceeds their representation in national AIDS prevalence data, as reported by the CDC, by a minimum of 5 percentage points annually (e.g., if 15 percent of overall AIDS cases are among racial/ethnic minorities, 20 percent of Ryan White HIV/AIDS Program-funded clients will be racial/ethnic minorities).

2) Serve a proportion of women in Ryan White HIV/AIDS Program-funded programs that exceeds their representation in national AIDS prevalence data reported by the CDC, by a minimum of 5 percentage points (e.g., if 15 percent of overall AIDS cases are among women, 20 percent of Ryan White HIV/AIDS Program-funded clients will be women).

3) Increase the proportion of new Ryan White HIV/AIDS Program HIV-infected clients who are tested for CD4 count and viral load.

National HIV/AIDS Strategy

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

The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of getting people with HIV into care early after infection to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people

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

To ensure success, the NHAS requires the Federal government and State, tribal and local governments to increase collaboration, efficiency, and innovation. Therefore, to the extent possible, Ryan White HIV/AIDS Program activities should strive to support the three primary goals of the National HIV/AIDS Strategy.

Improving Quality

The PHS Act requires recipients of funding under the Ryan White HIV/AIDS Part C program to establish clinical quality management programs to:

- Assess the extent to which HIV health services are consistent with the most recent HHS (formerly referred to as Public Health Service) guidelines for the treatment of HIV disease and related opportunistic infections, and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

HAB has defined quality as follows:

> "Quality is the degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluations of the quality of care should consider (1) the quality of inputs, (2) the quality of the service delivery process, and (3) the quality of outcomes, in order to continuously improve systems of care for individuals and populations."

Your CQM program should ensure that systematic and continuous processes are in place for planning, implementing, and evaluating improvement strategies. If other organizations provide primary care for your organization via subcontract, you are responsible for assuring that CQM systems are in place at those organizations. Your subcontracts must include provisions regarding monitoring and CQM, and you may require regular data sharing and reporting from your subcontractors on this issue. It is a program expectation of the Ryan White Program, that grant funding spent on clinical quality management will be kept to a reasonable level.

The three-fold purpose of CQM is to ensure:

- Funded services adhere to established HIV clinical practice standards and HHS guidelines.
- Strategies for improvements to quality medical care include vital health-related supportive services in achieving appropriate access and adherence with HIV medical care.
- Available demographic, clinical, and health care utilization information is used when developing and adapting programs to address changing trends in the epidemic.

All Part C EIS CQM programs must include quality goals and performance measures. HRSA/HAB encourages grantees to select measures that are most important to their agencies and the populations they serve. HRSA/HAB has developed HIV/AIDS Core Clinical Performance Measures for Adults & Adolescents for use in monitoring the quality of care provided. Grantees

are encouraged to identify areas for improvement and to include these in their quality management plans. The HAB Core Clinical Performance Measures can be found at http://hab.hrsa.gov/special/habmeasures.htm.

In addition to clinical outcomes, your CQM program also must have:

- Designated leaders and accountability.
- Routine data collection and analyses of data on measurable outcomes.
- A system for ensuring that data are fed back into your organization's quality improvement process to assure goals are accomplished.
- Consistency, to the extent possible, with other programmatic quality improvement activities such as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), Medicaid, and other HRSA funded programs.

HAB also encourages grantees to conduct CQI for the administrative and fiscal components of their organization.

For all subcontractors and vendors a mechanism must be in place to ensure care and services meet HHS guidelines (available at http://www.aidsinfo.nih.gov/), standards of care or best practices, as applicable, based on services funded.

Applicants may wish to expand their knowledge of CQM programs. The following sites can provide entry points:
HRSA/HAB Quality Manual: http://hab.hrsa.gov/tools/QM/index.htm
HRSA/HAB Quality Tools: http://hab.hrsa.gov/special/qualitycare.htm
HRSA/HAB Performance Measures: http://hab.hrsa.gov/special/habmeasures.htm
The National Quality Center: http://www.nationalqualitycenter.org
HIVQUAL-US Program: http://www.hivguidelines.org/quality-of-care/hivqual/hivqual-us

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 for Federal fiscal years 2011-2015. Approximately $34,642,461 is expected to be available annually to fund 65 grantees. The period of support is up to 5 years. Applicants, including those for open service areas, may apply for no more than the Fiscal Year 2010 funding level, including any ongoing expansion, as described in Appendix B. Funding beyond the first year is dependent on the availability of appropriated funds for the Ryan White Part C EIS Program in subsequent fiscal years, grantee satisfactory performance, adequate justification for all projected costs, and a decision that continued funding is in the best interest of the Federal government. Inadequate progress and/or justification may result in the reduction of approved funding levels.

III. Eligibility Information

1. Eligible Applicants

This competition is open to Part C EIS grantees **with project periods ending June 30, 2011,** new organizations proposing to replace the current grantee, and applicants for open service areas as described in Appendix **B**. New organizations must demonstrate that they will serve the existing patients, populations, scope of services and service areas currently served by the grantee they intend to replace. Applicants must identify the grantee they intend to replace.

New organizations intending to replace a current grantee must be public or private nonprofit entities that are:

a) Federally-qualified health centers under section 1905(1)(2)(B) of the Social Security Act;
b) Grantees under section 1001 (regarding family planning) other than States;
c) Comprehensive hemophilia diagnostic and treatment centers;
d) Rural health clinics;
e) Health facilities operated by or pursuant to a contract with the Indian Health Services;
f) Community-based organizations, hospitals and other health facilities that provide early intervention services to those persons infected with HIV/AIDS through intravenous drug use; or
g) Nonprofit private entities that provide comprehensive primary care services to populations at risk of HIV/AIDS, including faith-based and community-based organizations.

All applicants, including current grantees, must document Medicaid provider status. Applicants may document formal agreements with Medicaid providers for provision of all services covered under the Medicaid State plan. This requirement may be waived for free clinics that do not impose a charge for health services and do not accept reimbursement from Medicaid, Medicare, or private insurance. All applicants, including current grantees, must document that they are fully licensed to provide clinical services as required by their State and/or local jurisdiction. Medicaid provider status and licensure must be in place prior to submitting an application.

2. Cost Sharing/Matching

There is no required match or other cost participation requirement for this program.

3. Other

Maintenance of Effort

These grant funds shall not be used to take the place of current funding for activities described in the application. Grantees must agree to maintain non-Federal funding for HIV early intervention services/primary care at a level that is not less than expenditures for such activities during the fiscal year prior to receiving this grant. This means that you must spend at least as much of your own funds on HIV care as you did last year.

Applications that exceed the ceiling amount of the total Fiscal Year 2010 award before any offset or carryover adjustments will be considered non-responsive and will not be considered for funding under this announcement.

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

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information
HRSA ***requires*** applicants for this funding opportunity announcement to apply electronically through Grants.gov. All applicants ***must*** submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from **DGPWaivers@hrsa.gov**, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted under the deadline.

Refer to HRSA's *Electronic Submission User Guide,* available online at http://www.hrsa.gov/grants/userguide.htm, for detailed application and submission instructions. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

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 from the following site by:

(1) Downloading from www.grants.gov, or

(2) Contacting the HRSA Grants Application Center at:
910 Clopper Road
Suite 155 South
Gaithersburg, MD 20878
Telephone: 877-477-2123
HRSAGAC@hrsa.gov

Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format" section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA, or a total file size of 10 MB. This 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.

Applications that exceed the specified limits (approximately 10 MB, or 80 pages when printed by HRSA) will be deemed non-responsive. Non-responsive applications will not be considered under this funding announcement.

Application Format

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

SF-424 Non Construction – Table of Contents

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

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; not counted in the page limit.
Application Checklist Form HHS-5161-1	Form	Pages 1 & 2 of the HHS checklist.	Not counted in the page limit.
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit.
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information - Non-Construction Programs	Form	Page 1 & 2 to supports 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.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
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 all additional site location(s)	Not counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for **specific** sequence. Counted in the page limit.

- To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
- Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- Merge similar documents into a single document. Where several pages are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. The Table of Contents page will not be counted in the page limit.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Program-Specific Line Item Budgets- one for each budget period for a total of five (Required)
Attachment 2	Job Descriptions for Key Personnel (Required)
Attachment 3	Biographical Sketches of Key Personnel (Required)
Attachment 4	Documentation of Medicaid and Medicare provider status and clinic licensure status if applicable (Required)
Attachment 5	Map of Service Area with HIV Primary Care Providers (Required)
Attachment 6	Work Plan Summary (for entire 5 year project period) (Required)
Attachment 7	Summary Progress Report (Required)
Attachment 8	Organizational Chart (Required)
Attachment 9	Signed, scanned Part C Additional Agreements and Assurances (Required)
Attachment 10	SF 424A-Section B for year 5 of the proposed project period (Required)
Attachment 11	Letters from Part A and/or Part B grantee (If Applicable)
Attachment 12	Negotiated Indirect Cost Rate Agreement (If Applicable)
Attachment 13	List of Provider Organizations (If Applicable)

Attachment Number	Attachment Description (Program Guidelines)
Attachment 14	Funding Preference Request (If Applicable)
Attachment 15	Other Attachments, as necessary

Application Format

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is **93.918**.

Item 2 Type of Application
Current grantees should check "Continuation." New applicants for existing service areas should check "New."

Item 4 Applicant Identifier
Enter Not Applicable.

Item 5a Federal Entity Identifier
Enter Not Applicable.

Item 5b Federal Award Identifier
If you are a current grantee, enter your most recent 10-digit grant number from item 4a of your most recent Notice of Grant Award. If you are not the current grantee of record, please leave this item blank.

Item 8c DUNS Number
All applicant organizations 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.

Additionally, the applicant organization is required to register annually with the Federal Government's Central Contractor Registry (CCR) in order to do electronic business with the Federal Government. It is extremely important to verify that your CCR registration is active. Information about registering with the CCR can be found at http://www.ccr.gov.

Item 14 Areas Affected by Project
Important: Enter all counties in your approved service area. DO NOT LEAVE BLANK.

Item 17 Proposed Project
The start date should be July 1, 2011. The end date should be June 30, 2016.

Item 19 Some states require that you submit a copy of your Federal grant applications to a Single Point of Contact (SPOC) at the state government level. If your state participates in the SPOC review process, enter the date you sent the copy of your Ryan White HIV/AIDS Program grant application to the SPOC office. A list of states and territories that currently participate in the SPOC review process can be downloaded from the internet at: http://www.whitehouse.gov/omb/grants/spoc.html.

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. Application Checklist

Complete the HHS Application Checklist Form HHS 5161-1 provided with the application package.

iv. Budget

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

Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period using Section B Budget Categories of the SF-424A. Use the Section B columns (2) through (4) for subsequent budget years 2 through 4, and submit Section B of the SF-424A as **Attachment 10** for year 5.

Program-specific line item budgets: In order to evaluate applicant adherence to Part C EIS legislative budget requirements, applicants must submit separate program-specific line item budgets for each year of the proposed project period. These budgets will be uploaded as an attachment to your application as **Attachment 1**. Personnel should be listed separately and include the name of the individual for each position title, or note if vacant. It is recommended that you present your line item budget in table format, listing the program category costs (Early Intervention Services, Core Medical Services, Support Services, Clinical Quality Management, and Administration Costs) across the top and object class categories (Personnel, Fringe Benefits, etc) in a column down the left hand side. Since EIS must be 50% of the award, and is also part of Core Medical Services, the EIS costs must be repeated in the Core Medical Services Column. The amount requested on the SF424A and the amount listed on the line-item budget must match**.** Your budget must relate to the activities you propose in the Project Narrative and the Work Plan. The budget requested is not to exceed the total award for the service area from FY 2010 before any carry-over and/or offset adjustments. The Ryan White HIV/AIDS Program has established the following specific **legislative criteria** for the expenditure of funds for Part C.

- At least 50 percent of the total funds awarded must be spent on Early Intervention Services, as fully described on page 19. Early Intervention Services as described in the legislation are laboratory testing, clinical and diagnostic services, periodic medical evaluations, therapeutic measures, and referrals for health and support services.
- After reserving funds for administration and clinical quality management, **at least 75 percent** of the remaining funds must be spent on Core Medical Services, which includes the Early Intervention Services (EIS).
- No more than 10 percent of the funds awarded may be spent on administrative costs, including indirect costs.

The Ryan White HIV/AIDS Program also has established the program expectation that clinical quality management must be kept to a reasonable level, as described below. The remainder of the funds may be spent on support services, defined as those services needed for individuals with HIV/AIDS to achieve their medical outcomes.

Core Medical Services are defined as:

A. Outpatient and ambulatory health services
B. AIDS Drug Assistance Program treatments (ADAP) under Part B
C. AIDS pharmaceutical assistance
D. Oral Health Care
E. Early intervention services
F. Health insurance premium and cost sharing assistance for low-income individuals in accordance with Part B
G. Home health care
H. Medical nutrition therapy
I. Hospice Services
J. Home and community-based health services as defined under Part B
K. Mental Health Services
L. Substance abuse outpatient care
M. Medical case management, including treatment adherence services

Applicants may apply for a waiver of the Core Medical Services requirement in accordance with final notice published by HRSA in the Federal Register Notice, Vol. 73, No. 113, dated June 11, 2008, http://edocket.access.gpo.gov/2008/pdf/E8-13102.pdf. The OMB number for a Core Medical Services waiver request is 0915-0307.

Allowable Costs

The Part C EIS Program divides the allowable costs among five Part C Cost Categories. These categories are **Early Intervention Services Costs, Core Medical Services Costs, Support Services Costs, Clinical Quality Management Costs, and Administrative Costs**. The Early Intervention Services Costs are repeated in the Core Medical Services Costs column because all Early Intervention Services are part of the Core Medical Services. The Total Column should include only Core Medical Services, Support Services, Clinical Quality Management, and Administration.

Early Intervention Services Costs are those costs associated with the direct provision of medical care. In accordance with current legislation, Early Intervention Services costs must be at least 50 percent of your entire Federal Part C EIS budget. A Part C program must expend grant funds to provide HIV primary medical and dental care in the proposed service area. These services must be reflected in the budget. Staff positions such as medical assistants, dental hygienists, nurses, and medical case managers can be included in the budget when the position proportionately complements HIV primary medical care providers such as physicians, dentists, physician assistants, or nurse practitioners for the Part C program. Part C Early Intervention Services costs include:

- Salaried personnel, contracted personnel or visit fees which provide primary medical care, laboratory testing, oral health care, outpatient mental health and substance abuse treatment, specialty and subspecialty care, referrals for health and support services and adherence monitoring/education services.
- Lab, x-ray, and other diagnostic tests
- Medical/dental equipment and supplies
- Medical Case Management, trained professionals, including both medically credentialed and other health care staff who provide a range of client-centered services that result in a coordinated care plan which links clients to medical care, psychosocial, and other

services
- Electronic Medical Records
- Transportation for clinical care provider staff to provide care at satellite clinics
- Other clinical and diagnostic services regarding HIV/AIDS and periodic medical evaluations of individuals with HIV/AIDS

Core Medical Services Costs include those listed above **plus** the following:
- HIV Pre-Test and/or Post-Test Counseling

The following Core Medical Services have historically been paid by Parts A or B but not Part C, and should only be provided by Part C with justification:
- AIDS Drug Assistance Program treatments
- Health Insurance Premium and cost sharing assistance for low income individuals
- Home health care
- Hospice Services
- Home and community-based health services as defined under Part B

Clinical Quality Management Costs are those costs required to maintain a clinical quality management program to assess the extent to which services are consistent with the current HHS guidelines for the treatment of HIV/AIDS. It is a program expectation that grant funding spent on clinical quality management will be kept to a reasonable level. Travel should be limited to required HRSA meetings and necessary continuing education for providers funded under the grant. Excessive conference travel will not be approved. Funding of quality management/data collection staff should be in proportion to the number of patients served under the grant. Examples of clinical quality management costs include:
- Continuous Quality Improvement (CQI) activities
- Clinical Quality Management coordination
- Data collection for clinical quality management purposes
- Consumer involvement to improve services
- Staff training/technical assistance (including travel and registration) to improve services- this includes the annual clinical update and the biennial All Grantee Meeting
- Participation in Statewide Coordinated Statement of Need process and local planning bodies and other local meetings

Support Services Costs are those costs for services which are needed for individuals with HIV/AIDS to achieve their HIV medical outcomes. Support Services Costs include:
- Patient transportation to medical appointments
- Outreach to identify people with HIV, or at-risk of contracting HIV, to educate them about the benefits of early intervention and link them into primary care
- Local travel by staff to provide support services
- Translation services, including interpretation services for deaf persons
- Patient education materials
- Respite Care (Can be provided by Part C with justification)

Administrative Costs are those costs not directly associated with service provision. By law, no more than 10 percent of your Federal Part C EIS budget can be allocated to administrative costs. Staff activities that are administrative in nature should be allocated to administrative costs. Examples of administrative costs include:

- Indirect Costs, which are allowed only if the applicant has a negotiated indirect cost rate approved by a recognized Federal agency. A copy of the latest negotiated cost agreement that covers the period for which funds are requested must be submitted as **Attachment 11** of the application. Indirect costs are those costs incurred by the organization that are not readily identifiable with a particular project or program, but are considered necessary to the operation of the organization and performance of its programs. All indirect costs are considered administrative for the Part C EIS program and therefore are subject to the 10 percent limitation on administrative expense
- Rent, utilities, and other facility support costs, if applicant is not requesting indirect costs
- Personnel costs and fringe benefits of staff members responsible for the management of the project (such as the Project Director and program coordinator), non-CQI program evaluation, non-CQI data collection/reporting, supervision, and other administrative, fiscal, or clerical duties
- Telecommunications, including telephone, fax, pager and internet access
- Postage
- Liability insurance
- Office supplies
- Audits
- Payroll/Accounting services
- Computer hardware/software not directly related to patient care
- Program evaluation, including data collection for evaluation

v. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period (four years) at the time of application. Line item information must be provided to explain the costs entered in the Application Form SF-424 and the program specific line item budget. **The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's objectives/goals.** Be very careful about showing how each item in the "other" category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

Explain how you estimate or calculate each proposed line-item amount by providing a calculation that contains the estimated cost per unit and the estimated number of units. For example, if your budget includes a $30,000 line-item for lab tests, justify the expenses with an explanation in your Budget Justification as follows: "25 viral load tests at $100.00 each per month x 12 months = $30,000."

Under each class category, e.g., *Personnel* as listed below, the budget justification must be divided according to the Part C EIS cost categories, EIS, other Core Medical Services, Support Services, Clinical Quality Management, and Administration. The description must be specific to the cost category. A general description which is repeated across categories is not acceptable.

This announcement is inviting applications for project periods up to 5 years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to 5 years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the 5 year project period is subject to availability of funds, satisfactory progress of the grantee and a determination that continued funding would be in the best interest of the Federal government. Failure to submit the SF 425, Federal Financial Report may jeopardize subsequent future funding.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary.

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

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/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. **Grantees are expected to include in their budgets travel expenses for up to two persons to attend the Ryan White HIV/AIDS Program All-Grantee Meeting and one clinician to attend Annual HIV Clinical Update Meeting. Grantees are expected to send one clinical care provider to the Annual HIV Clinical Update Meeting every year. Every other year both these meetings are held concurrently. In the year that the All-Grantee Meeting is not held, another HRSA meeting or continuing education conference may be substituted. As described above, clinical staff traveling to provide care is included in EIS, while patient transportation is included in Support Services. All other travel is included in CQM.**

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 $5000 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 and/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. The applicant must ensure that all contractors meet Part C legislative requirements including CQM and data reporting, and the contract should reflect these requirements. **Reminder:** grantees must notify potential subrecipients that entities receiving subawards must provide the grantee 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.

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.

vi. Staffing Plan and Personnel Requirements

This section is submitted with the budget documents and counts toward the page limit. This section is scored in Criterion 5: Resources/Capabilities. Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications, and a rationale for the amount of time being requested for each staff position. Note the source of funding for positions not funded under the grant. You may find it helpful to supply this information in a table. Specifically describe the HIV experience and expertise of your clinical care staff. Include a description of the staff's knowledge of the community and the clients, their commitment to clinical outcomes, cultural competence, and evaluation capabilities. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 2**. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in **Attachment 3**. Key staff include, at a minimum, the program coordinator and medical director for your program, and all medical care providers funded directly or through contract. The program coordinator is responsible for the oversight and day to day management of the proposed Part C EIS Program, and the medical director assumes responsibility for all clinical aspects of the grant. Specifically identify the person in your staffing plan who will lead the QM activities for this grant. This person may or may not be supported by the grant funds. Specifically identify staff that manage the grant and monitor contractors' use of funds, provision of services, quality and data submission, whether or not, they are paid under this grant.

vii. Assurances

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

Review the Part C EIS Additional Agreements and Assurances located in Appendix A. This document must be signed by the Authorized Organization Representative (AOR), scanned, and attached to the application in **Attachment 9**.

viii. Certifications

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

ix. Project/Performance Site Location(s)

Fill out the Project Performance Site Location(s) Form provided with the application package. Include each site within your own system where you provide HIV primary care, and also each contracted site where your Part C grant funds support HIV primary care. If your organization has a web site which includes information about how to access HIV care, please put the URL in the optional field Province.

x. 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 funding requested, the proposed services, and the population group(s) to be served

Please place the following at the top of the abstract:

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

The Project Abstract must have the following five subheadings:

1) **Summary of Request:** A short statement briefly describing the funding requested, the requested services and specific sites where they will be provided. If you are a **new applicant**, identify the grantee listed in **Appendix B** that you intend to replace. Indicate whether you are applying for part of your funding to be considered under the MAI. Indicate whether you are requesting funding preferences and/or funding special considerations as described in the Review and Selection Process Section of this guidance.

2) **Target Population(s):** A brief description of the geographic area to be served by the proposed project, including socio-economic demographic characteristics of the target population(s) affected by HIV in that specific area.

3) **Current HIV Service Activities:** A description of the HIV services currently available in your service area. Also list those HIV services that are provided specifically by your organization. Include the number of clients who received primary medical care from your program in **each of the last three calendar years.** For current grantees, this information should come from Section 6.1 of your Ryan White Program Data Reports (RDR).

4) **Problem:** A summary of the principal problems and unmet needs of people living with HIV in your service area that will be addressed if the proposed project is funded.

5) **Objectives:** List the major objectives for the project period as described in your Work Plan Summary.

The project abstract must be *single-spaced* and *limited to two pages* in length.

xi. Program Narrative

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

Use the following section headers for the Narrative:

- *INTRODUCTION*

This section should briefly describe the problem and the associated factors contributing to it. You may wish to expand on information presented in the "Problem" section of the abstract. If you are a new applicant, identify the grantee listed in **Appendix B** that you intend to replace. Indicate whether you are requesting funding preference and/or funding special consideration as described in the Review and Selection Process Section of this guidance.

- *NEEDS ASSESSMENT*

This section is scored under Review Criterion 1: Need. This section outlines the needs of your community. The four (4) required components of this section are:

(1) HIV Seroprevalence and Surrogate Markers
(2) Target Populations
(3) The Social Context of HIV/AIDS
(4) The Local HIV Service Delivery System and describe changes to that system

1) HIV Seroprevalence and Surrogate Markers: The Ryan White HIV/AIDS Program gives preference to applicants who make services available in geographic areas that have experienced an increase in the burden of providing services for people living with HIV for the past two years. Use this section to provide and discuss data on the incidence and prevalence of HIV and AIDS in your area. Information needs to be requested on AIDS incidence, AIDS prevalence, HIV prevalence, and unmet need from your State grantee of record for Part B (http://hab.hrsa.gov/treatmentmodernization/partb.htm), and from your Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA) grantee of record for Part A (http://hab.hrsa.gov/treatmentmodernization/parta.htm), if applicable. Remember to cite the source(s) of the data that you present.

Provide a table which clearly shows burden of care in your service area. For **each** of the most recent three years, show the following information. Most programs will report on **2007, 2008, and 2009**. If you must include a different time period, explain why.

- the number of people newly reported with HIV-non-AIDS (incidence),
- the number living with HIV-non-AIDS (prevalence),
- the number newly reported with AIDS

- the number living with AIDS
- the number testing positive and overall seroprevalence for HIV testing
- You may also include the rates of diseases such as syphilis, gonorrhea, tuberculosis, Hepatitis C, and substance abuse that indicate a prevalence of high risk behaviors associated with HIV transmission.

In a narrative, discuss the epidemic in your service area as compared to State or EMA data. Discuss the similarities, differences, and trends noted in such areas as race, ethnicity, gender, and exposure category. Highlight any new groups that show a rapid growth in HIV or AIDS cases. What is the estimated rate of increase or decrease in the number of reported HIV or AIDS cases for this period? In this section, give baseline numbers if you use percentages, (e.g., this population grew 50 percent, from 100 to 150 people).

You may find other measures that show the impact on your community. Use data from a reliable source in this section of the application and clearly identify the source(s) for that data (e.g., the State Department of Health or the Centers for Disease Control and Prevention).

2) Target Populations: Clearly identify the populations that your organization will serve. It is important that you compare the populations you serve or propose to serve to the general population in your area. Specifically address the communities of color you serve or propose to target. Include statistics on persons most affected by the epidemic in your area, such as persons of color, women, and adolescents, as well as characteristics such as the general and adolescent pregnancy rate in the area. Again, this information is shown most clearly in a table. To the extent possible, your presentation of the target population(s) should include the distribution by race/ethnicity, gender, age, and mode of HIV transmission for both your organization and for the proposed service area. Be sure to indicate the date and source for the data you provide. Identify trends that have occurred over the last three years as your organization has confronted increases or decreases among specific groups (e.g., a 10 percent increase from 200 to 220 in the number of women seeking services).

3) The Social Context of HIV/AIDS: Describe and discuss the social and economic characteristics of the community you propose to serve. Discuss the community infrastructure for primary health care services in general; including community health centers and other publicly funded entities. Focus your discussion on how these conditions have an impact on the provision of HIV services in your geographical area. If the information is available, you may compare characteristics of the general population with the characteristics of HIV infected persons in the community. Examples of questions you may address include:

- What percentage of the population is African American, Hispanic, Native American, and/or Asian American/Pacific Islander?
- What percentage of the population is homeless?
- What percentage of the population use drugs?
- What percentage of the population is single head-of-household?
- What percentage of the population is unemployed?
- What percentage of the population is adolescent (ages 13-24)?
- What percentage of the population is uninsured?
- What percentage of the population lives below 100 % of the Federal Poverty Level?

The statistics that you include must be specific to the area from which the majority of the proposed clients will be drawn. Statistics from your State or larger area within your State may be cited for purposes of comparison or contrast. You also may include a description of other relevant characteristics of the target populations that affect their access to primary care. These factors may include primary language, citizenship status, education (e.g., high school graduation rate for the area), and access to transportation.

4) The Local HIV Service Delivery System and recent changes: In this section you must show what HIV primary care services are currently available in your service area. Refer to a map of your service area that shows the locations of local providers of HIV primary health care in your area, and include this map as **Attachment 5** of your application.

Your presentation of the local HIV service delivery system should cover three broad areas: 1) The HIV service providers in your area, including your own organization, and the specific services they provide; 2) public funding for those services; and 3) the gaps in services in your area, particularly those that affect the populations which you have targeted.

- HIV service providers in your area, including your program: List the public and private organizations that provide HIV services in your area, the specific services each one provides, and, if possible, the number of unduplicated clients/patients each one serves annually. You may be able to find specific information through the Part A or Part B grantee as described above, the HRSA Geospatial data warehouse, http://datawarehouse.hrsa.gov/, and the HAB Web site at http://hab.hrsa.gov/.

- Public funding in support of HIV services in your area: Identify all Federal, State, and local funding sources for HIV prevention and care in the proposed service area. Include providers funded by the CDC, NIH, and SAMHSA. You may be able to find specific information through the HHS web site Tracking Accountability in Government Grants System, http://taggs.hhs.gov/.

- Gaps in local services and barriers to care: Describe current gaps in HIV early intervention services in the area. Identify those populations that are not being served, and describe the barriers that prevent them from receiving the services they need. If cultural/linguistic or gender gaps in services exist in your community, describe how you plan to address these gaps.

- Describe the need for HIV-related health services by individuals with HIV disease who are aware of their HIV status, but are not receiving primary medical care in your service area.

- Describe changes in the health care delivery system that affect your delivery of HIV primary care services, e.g., managed care, Medicaid, Medicare, availability of ADAP funding, State and local funding.

▪ *METHODOLOGY*

Sections 1-6 and the Work Plan are scored under Review Criterion 2: Response. Section 7 is scored under Review Criterion 4: Impact. Use this section to describe your organization's scope of work for each of the services as described. The minimal information you should

provide in each of these sections is described below. Refer to the description of Program Requirements and Expectations included in Section I. Services must be consistent with Policy Notice 10-02 which is available at: http://hab.hrsa.gov/law/1002.htm. You may provide additional information that will help reviewers to understand how your services are delivered and the policies and procedures that ensure that your program maintains professional standards of care.

1) HIV Counseling, Testing, Referral, Partner Counseling, and Linking to Care

- Describe the counseling, testing, and referral services that are available through the proposed program and through other organizations in the community.
- Describe the steps taken to ensure the confidentiality or anonymity of clients and test results.
- Describe protocols for routine testing of women according to CDC guidelines and for counseling HIV infected pregnant women and women of childbearing age about the use of antiretroviral therapy to reduce perinatal HIV transmission.
- Describe how clients who test HIV-positive receive facilitated and timely referrals to primary care and other services.
- Describe how individuals who know they are positive but are not receiving primary medical care will be identified and enrolled in care.
- Describe policies and procedures for partner counseling services.
- Describe screening, education, and linking to care for Hepatitis B and C.
- Describe special efforts over the most recent project period to increase enrollment in your services by persons most affected by the epidemic such as persons/communities of color, women and adolescents. For new applicants, describe your efforts over the past three years.
- Describe transition efforts to link youth into adult care services. Describe your agreements with pediatric/youth providers to facilitate transfer of clients and medical information. Describe how you engage this population to keep them in care.

2) Medical Evaluation and Clinical Care

- Describe the proposed diagnostic and therapeutic services that are available for preventing and treating the deterioration of the immune system and related conditions. Include a description of your protocols to provide care to new patients and ongoing patients. Include periodic medical evaluations, appropriate treatment of HIV infection, prophylactic and treatment interventions for complications of HIV infection, including opportunistic infections, opportunistic malignancies, and other AIDS defining conditions.
- Describe plans for handling referrals to and enrollment in clinical trials offered through biomedical research facilities or community based organizations that conduct experimental treatments for HIV disease.
- Describe the on-site or contract laboratory that you plan to use to support CD4, viral load, and other tests. Discuss the availability of State laboratory reimbursement (Part B) programs.
- Discuss the availability of your State(s) AIDS Drug Assistance Program or other locally available pharmacy assistance programs.
- Describe plans for staff training related to HIV primary care. Describe training available through your area's AIDS Education and Training Centers (AETC) and the training received by your staff.

- Describe how consumers are or will be involved in decisions regarding their personal health care regimens.
- Describe the policy/procedure for after-hours and weekend coverage for urgent or emergency medical and dental care needs.
- If you are a new organization applying to replace an existing grantee, describe in detail how your organization will improve services to the existing patients, population and service area of the existing grantee. In addition, describe how you will transition services from the existing grantee to your organization. Describe the activities, time frames, and efforts to coordinate the transition of services in a way that does not disrupt or impede the delivery of Part C EIS services to the existing patient population.

3) Other Core Medical Services

- Describe how oral health care (diagnostic, preventive, and therapeutic services) will be provided to patients with HIV infection.
- Describe how adherence education will be provided by a licensed clinician.
- Describe how outpatient mental health treatment services will be provided.
- Describe how substance abuse treatment services will be provided.
- Describe how nutritional services will be provided.
- Describe how palliative care and other end of life support will be provided.
- Describe how you incorporate HIV prevention into medical care for persons living with HIV, including screening patients for behavioral risk, offering behavioral interventions, and providing partner counseling and referral services.
- Describe any other Core Medical Services as listed in the budget section that are being provided.
- Describe how your program will assist clients in receiving financial support and services under Federal, State, or local programs providing health services, mental health services, social services or other appropriate services.

4) Referral System

- Describe how referrals to specialty and subspecialty medical care and other health and social services will be provided.
- Describe how referrals are tracked and followed up, including whether or not the appointment was kept and what the result was.
- Describe how coordination with admission/emergency room staff and discharge planners will occur during inpatient hospital visits.

5) Support Services

- Describe targeted outreach efforts for specific communities of color you serve or propose to serve.
- Describe how your clients will have access to support services to achieve their HIV medical outcomes, including non-medical case management services, translation, transportation, and any other services provided in your budget.

6) MAI

If you are an existing grantee, note how much MAI funding your program received on the second page of the FY 2010 NGA, usually listed under grant-specific program terms. If you currently do not receive MAI funding, this section does not apply.

If your award for FY 2010 lists MAI funds, your application must include a description of the MAI population(s) served by your program. For each target population, you must describe briefly these items:

- The specific ethnic or minority group(s) your program serves.
- Outreach efforts of your program to recruit infected members of that group.
- How you identify infected persons who are members of that group.
- How you enroll these persons in care after you have identified them as infected.
- How you retain these persons in care after they are enrolled.

Also, provide the following data for each ethnic or minority group (a table format may be used):

- Number enrolled in care at the beginning of the budget year.
- Number newly identified during the budget year.
- Number newly enrolled during the budget year.
- Number enrolled at the end of the budget year.

Please do not use this section for any additional demographic information about the communities your program serves. Provide that in the Needs Assessment section.

7) Coordination and Linkages with Other HIV Programs

This section is scored in Review Criterion 4: Impact. Describe your participation, coordination and/or linkage(s) with other publicly funded HIV care and prevention programs in your proposed service area. Address the following:

Part A: If your program is in a Part A EMA or TGA, describe the level of Part A funds utilized in your community for Core Medical Services and Support Services that are proposed in this application. Identify how the expected expenditures of the grant are related to the planning process for localities funded under Part A. If your organization receives Part A funding:

- Identify the amount of funding you receive for each Part A service category, including the specific services supported and whether the funding supports FTE salaries or supports visits under a fee-for-service arrangement. If Part A funding is fee-for-service, describe how you ensure that Part A funding does not duplicate services by providers funded under Part C.
- Describe how the services proposed in this application are consistent with, but not duplicative of services supported by Part A.
- Include in **Attachment 11** of your application a letter from the Part A Grantee of Record that documents your organization's involvement with Part A and in the Ryan White HIV/AIDS Program HIV Planning Council, if applicable. The letter must also address why Part C EIS funds are necessary to address the needs described in your application. If you cannot obtain this letter, explain why. Information about Part A is found at http://hab.hrsa.gov/treatmentmodernization/parta.htm.

Part B: Identify how the expected expenditures of the grant are related to the planning process for States funded under Part B. Identify the amount of funding you receive for each Part B service category, including the specific services supported and whether the funding supports FTE salaries or supports visits under a fee-for-service arrangement. If Part B funding is fee-for-service, describe how you ensure that Part B funding does not duplicate services by providers funded under Part C. If your program is located in a State/territory that has created a Part B HIV Care Consortium, use this section to:

- Describe the Part B consortium's service plan.
- Include in **Attachment 11** a letter from the Part B Grantee of Record documenting your organization's involvement in Consortium activities. This letter must also explain why Part C EIS funds are needed to address the needs described in your application. If you cannot obtain a letter, explain why. Information about Part B is found at **http://hab.hrsa.gov/treatmentmodernization/partb.htm**

Part C EIS: If your program is located near other Part C EIS funded programs, explain how your program does not duplicate services provided in your proposed service area and target population. If there are other Part C EIS supported programs in your area, including capacity building grants, identify those organizations, and describe the mechanisms in place for collaborating with them, sharing resources, and ensuring against duplication of services.

Other Ryan White HIV/AIDS Program funded providers in your area: Describe your organization's participation, coordination and/or linkage with Part D; Part F Dental Reimbursement Program, Community Based Dental Partnership, or Special Projects of National Significance, if any exist in your area; and the nearest AIDS Education and Training Center.

HIV prevention activities in your area: Describe your organization's collaboration with ongoing HIV prevention activities in your area and how HIV-positive individuals are referred to HIV primary care services. Describe the availability, accessibility, and your program's coordination/linkage with the CDC-funded HIV counseling, testing, referral, and prevention programs. Please include information on TB and STI control programs. Describe your program's collaboration with other organizations involved in prevention for those already HIV positive.

Other federally funded services in your area: Describe your organization's collaboration with primary health care services (if any exist in your area). These include publicly-funded Federally Qualified Health Centers, mental health and substance abuse treatment programs including those funded by SAMHSA, and research programs including those funded by NIH.

Because of space limitations, it is not necessary to include memoranda of agreement or understanding or contracts with other organizations in the application. Instead in **Attachment 13**, include a list of those organizations with which you have signed agreements with a brief description of what activities are covered. HRSA may request copies of those agreements and/or contracts as part of post-award administration.

- *WORK PLAN*

DCBP is recommending a **Work Plan Summary** format which simplifies the work plan to focus on measurable objectives for the required areas. Measurable objectives will be set for

each area, for each year of the proposed project period, and we recommend a table format with the objective areas listed on the left side, and each year of the project period across the top. Information previously included in work plans such as action steps, evaluation methods and person responsible will not be included here. You may wish to develop a more detailed work plan for internal use. Submit the Work Plan Summary as **Attachment 6**.

Please note that most objectives should refer to the number of unduplicated clients receiving the service, regardless of payment source. If you have contractors providing these services, combined numbers for all providers should be included.

Work Plan Objectives:
The Work Plan should cover four major areas, as well as any additional measurable objectives which are important in implementing your HIV Primary Care Program. CDC Prevention activities and generic outreach activities should not be included. These areas are:

- Access To Care

  For **each year** of the proposed project period, list:
  1) The number of people to receive HIV counseling and testing under the grant
  2) The anticipated number of HIV positive tests;
  3) The number of **new HIV infected** patients to be provided core medical services, regardless of testing venue.

- Comprehensive, Coordinated Primary HIV Medical Care

  For **each year** of the proposed project period, list:
  1) The total number of patients to be provided primary HIV medical care services.
  2) The number of patients to be provided mental health screening and treatment
  3) The number of patients to be provided with substance abuse screening and treatment
  4) The number of patients to be provided with screening, care and treatment for Hepatitis B and C
  5) The number of patients to be provided with oral health care
  6) The number of patients to be provided with medical nutrition screening
  7) The number of patients to be provided with medical nutrition therapy by a registered dietitian or licensed nutritionist
  8) The number of patients to be provided with treatment adherence services provided by a qualified clinician
  9) The number of patients to be provided with medical case management by a trained professional, including a written plan of care which is updated regularly
  10) The number of specialty referrals
  11) The number of patients for each of the support services you are providing to help individuals meet their HIV medical outcomes.

- Clinical Quality Management Program

  For **each year** of the proposed project period, list:
  1) List each performance measure that is included in an active quality improvement effort. Most programs actively work on two or three at a time. For each year of the grant, include the number or percent which describes the anticipated improvement. As an example, percentage of eligible women receiving PAP tests, would show year 1 50%, year 2 60%, year 3 70%, year 4 80% and year 5 90%.

- Consumer Involvement

  For **each year** of the proposed project period, list:

  1) The number of unduplicated consumers involved in planning, implementation, and evaluation of your program activities.
  2) The number of consumer meetings
  3) The number of improvements made as a result of consumer involvement in evaluation.

▪ *RESOLUTION OF CHALLENGES*

This section is scored in Review Criterion 4: Impact. Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

New applicants should describe clients receiving primary medical care each year for the past three years as follows:

- The total number of clients,
- The number of new clients,
- The total number of clients with AIDS and with HIV non-AIDS
- The total number of clients by race/ethnicity,
- The total number of clients by age ranges,
- The total number of clients by genders,
- The total number of clients by exposure category,
- For youth ages 13-24 and older youth who have transitioned into adult care, list the numbers perinatally and behaviorally infected, and
- The total number of clients by insurance status and/or Part A or B funding for primary care services.

◆ New applicants should provide a service transition plan outlining how they will serve the existing patients, populations, scope of services and service areas currently served by the grantee they intend to replace.

◆ Describe how Ryan White funding will be the payor of last resort and how Part C will not duplicate other funding received for medical care.

◆ Describe the average cost of care per patient for each service category: outpatient medical care, oral health, outpatient mental health treatment, outpatient substance abuse treatment, nutritional services, and specialty care.

Progress Report (Current Grantees): The progress report should highlight the major accomplishments achieved during the current project period. It should include narrative information as well as a summary progress report on meeting work plan objectives. The progress report will count against the 80-page limit of the application.

Progress narrative:

◆ Summarize the major accomplishments for the project period, including program expansion activities, and describe the degree to which the objectives were achieved.

◆ Describe the factors that facilitated and hindered implementation of any of your project's goals, objectives and activities. Describe specific actions taken to overcome any barriers.

- Describe the average cost of care per patient for each service category: outpatient medical care, oral health, outpatient mental health treatment, outpatient substance abuse treatment, nutritional services, and specialty care.
- Describe how Ryan White funding will be the payor of last resort and how Part C will not duplicate other funding received for medical care.
- Indicate whether one or more Part C EIS-specific site visits occurred during the most recent project period. For each site visit during the current project period, list the major program deficiencies cited, performance areas cited, and describe actions taken to correct deficiencies.
- Indicate whether you have received separate technical assistance from HAB. Describe the focus of the technical assistance. What has changed as a result of the technical assistance?

Summary progress report (submit as Attachment 7):

- Your work plan progress summary will include two tables- one for all the full calendar years of your most recent project period and another for the current calendar year to date (through September 30, 2010, or later if data are available).
- Submit the summary of progress on work plan measurable objectives, similar to the work plan summary described above. For each year of the project period and each objective listed under the work plan requirements, list your objective as a number and your actual result as a number. Combine the information for your contractors so that the report is for your whole program.
- In a third table include the following information for each year of your most recent project period:
  - The level of Part C EIS funding received in each year
  - The total number of clients,
  - The number of new clients,
  - The total number of clients with AIDS and with HIV non-AIDS
  - The total number of clients by race/ethnicity,
  - The total number of clients by age ranges,
  - The total number of clients by genders,
  - The total number of clients by exposure category,
  - For youth ages 13-24 and older youth who have transitioned into adult care, list the numbers perinatally and behaviorally infected, and
  - The total number of clients by insurance status and/or Part A or B funding for primary care services.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

This section is scored in *Review Criterion 3: Evaluative Measures*. In this section, you will describe your evaluation activities including quality management, as well as the information systems that support those activities. Your HIV's program's Quality Management Plan could be a useful resource.

Quality Management

- Infrastructure:
  a. Describe the program's quality goals.
  b. Describe the quality management infrastructure, including the key leaders and quality committee.
  c. Describe the resources dedicated to quality management activities.

d. Describe the role of consumers in the Quality Management program.
e. Describe how the program monitors the effectiveness of the quality management infrastructure and the quality improvement activities.

- Performance Measurement:
  a. Identify the clinical indicators used to measure performance.
  b. Describe the data collection plan and process (e.g. frequency, key activities, responsible staff)
  c. Describe the process for reporting and disseminating the results and findings.
  d. Describe how data are used for quality improvement activities.
- Quality Improvement:
  a. Describe the quality management approach to systematizing quality improvement activities.
  b. Identify the areas for improvement your program identified over the last year.
  c. Provide an example of an HIV primary care quality improvement project that your program implemented.
     i. Outline the team leader, staff involved, team responsibilities, and resources allocated for the project.
     ii. Describe the process/tools used to implement the quality improvement project.
     iii. Describe the role of leadership in the project.
     iv. Describe the intervention, results, and the outcome of the QI project.
     v. Describe how the changes made to the program have been sustained over time.
     vi.

Information Systems

Discuss your current information system and its capacity to manage and report the required administrative and clinical data noted below:

- Ryan White Services Report (Client Level Data)
- The number of individuals provided early intervention services/primary care, counseling and testing, outreach, and case management services.
- Demographic data on the clients receiving services, in total and for special funding initiatives.
- Epidemiologic data on the population receiving services, including the extent of new TB infections, active cases, and multi-drug resistant-TB.
- Exposure and diagnostic categories on the population receiving services.
- The number of HIV infected individuals and the CDC classification of their disease.
- Track and report the extent to which the costs of HIV-related health care are paid by third party payers.
- The average costs of providing each category of early intervention service/primary care as described above.

- ***IMPACT***

This section is scored in Review Criterion 4: Impact. In this section, describe the impact of your program (i.e., populations served, community) in terms of how successful you have been.

- Outline the program's evaluation strategy that is used to measure achievement of program objectives and impact of the program.

- Overall, what has been the impact of this program on the community and on people living with HIV in the target area? How successful it has been? What have been the outcomes?

▪ ***ORGANIZATIONAL INFORMATION***

This section is scored in Review Criterion 5: Resources/Capabilities. In this section, describe your organization's capacity and expertise to provide primary care by describing your administrative, fiscal, and clinical operations. At minimum, you should provide the following information:

- The mission of your organization. How does a Part C EIS project fit within the scope of this mission?
- The structure of your organization. Include in **Attachment 8** an Organizational Chart that clearly shows how your program is divided into departments, the professional staff positions that administer those departments, and the reporting relationships.
- Your organization's experience in providing HIV primary care services. Include primary medical and specialty care, mental health care, substance abuse services, and psychosocial support services. Also describe your organization's ability to respond to emerging populations with HIV.
- What systems are in place to ensure that the most recent HHS Guidelines, HIV/AIDS clinical standards and protocols are being followed?
- Your organization's experience with the fiscal management of grants and contracts. What kind of accounting system is in place? What internal systems are used to monitor grant expenditures? How will your organization manage and monitor subcontractor performance and compliance with Part C EIS requirements?
- Consumer involvement. Describe how consumers have been involved in the planning, implementation, and evaluation activities of your program over the most recent project period and indicate the number of consumers involved. How will consumers be meaningfully and routinely involved in the future in your HIV primary care program?
- Your knowledge of and ability to implement culturally and linguistically appropriate services.
- The status of the implementation of managed care contracts for persons with HIV.
- The discounted fee schedule that is being used and how it is implemented.
- The annual cap on individual patient charges related to HIV services and how it is monitored.
- How you verify client income for purposes of the fee schedule and caps on charges.
- How program income is collected, tracked, and used to support your HIV program.
- Your organization's participation or intent to participate in the 340B Drug Pricing Program. If your organization purchases or reimburses for outpatient drugs, an assessment must be made to determine whether the organization's drug acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness (see 42 CFR Part 50, Subpart E, and OMB Circulars A-Section 340B of the Public Health Service Act), and the assessment shows that participating in the 340B Drug Pricing Program and its Prime Vendor Program is the most economical and reasonable manner of purchasing or reimbursing for covered outpatient drugs (as defined in section 340B.), Failure to participate may result in a negative audit finding, cost disallowance or grant funding offset.

ADDITIONAL NARRATIVE GUIDANCE

Instructions: In order to ensure that the Generic Review Criteria in the Funding Opportunity

Announcement Template are fully addressed, this table provides a bridge between the sample narrative language and where each section falls within the review criteria.	
Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response, (4) Impact, & (5) Resources/Capabilities
Work Plan	(4) Response
Resolution of Challenges	(5) Impact
Evaluation and Technical Support Capacity	3) Evaluative Measures
Impact	(4) Impact
Organizational Information	(5) Resources/Capabilities
Budget	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

xii. 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. **Each attachment must be clearly labeled**.

Attachment 1: Program-specific line item budgets, with a separate budget for each year of the proposed project period. These can be submitted in one spreadsheet, with optional use of separate worksheets. (Do not count against the page limit.)

Attachment 2: Position Descriptions for Key Personnel/Positions
Keep each to one page in length as much as is possible. You may find it helpful to supply this information in a table. Specifically describe the HIV experience and expertise of your clinical care staff. Include a description of the staff's knowledge of the community and the clients, their commitment to clinical outcomes, cultural competence, and evaluation capabilities.

Attachment 3: Biographical Sketches of Key Personnel
Include biographical sketches for persons occupying the key positions described in Attachment 1, not to exceed two pages in length per person. These should focus on the HIV experience and expertise of key personnel. 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. This can be submitted in table form. Key staff include, at a minimum, the program coordinator and medical director for

your program, and all medical care providers funded directly or through contract. The program coordinator is responsible for the oversight and day to day management of the proposed Part C EIS Program, and the medical director assumes responsibility for all clinical aspects of the grant.

Attachment 4: Documentation of Medicaid and Medicare provider status and applicable facility licensure to provide clinical services. Documentation for this application should be in the form of a table that identifies all providers' Medicaid and Medicare numbers and clinic licensure status, if applicable. Include the Medicaid provider number(s) for employed and contracted primary care and specialty care provider(s). If clinic licensure is not required in your jurisdiction, describe how that can be confirmed in State regulation or other information. This information is required each year. **Documentation of this information should be in the form of a table that identifies all providers' Medicaid and Medicare numbers and clinic licensure status, if applicable.** Official documentation may be required prior to an award being made or in the post-award period.

Attachment 5: Map of Service Area, showing location of other HIV service providers

Attachment 6: Work Plan Summary, with measurable objectives for each year of the proposed project period.

Attachment 7: Summary Progress Report **-** A summary progress report covering the entire current project period (5 years) is **required** for competing continuation applications.

Attachment 8: Organizational chart

Attachment 9: Part C Additional Agreements and Assurances - Review the Part C EIS Additional Agreements and Assurances located in Appendix A. This document must be signed by the Authorized Organization Representative (AOR) and scanned.

Attachment 10: SF 424A- Section B for year 5 of the proposed project period. (Does not count against the page limit.)

Attachment 11: Letters from Part A and/or Part B. The letter must address why Part C EIS funds are necessary to address the needs described in your application. If you cannot obtain this letter, explain why.

Attachment 12: If applicable, copy of negotiated indirect cost rate agreement.

Attachment 13: If applicable, list of all provider organizations who have signed major contracts and/or memoranda of agreement, with a brief description of the covered activities.

Attachment 14: If applicable, funding preference request. (Refer to section V.2 for further information.)

Attachment 15: Optional attachment submitted by applicant. Please note that *all* attachments count toward the 80 page limit.

Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreement and support must be dated. List all other support letters on one page.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is ***January 14, 2011, at 8:00 P.M. ET***. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

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

Late applications:

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

4. Intergovernmental Review

Part C is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Application packages made available under this funding opportunity will contain a listing of States which have chosen to set up such a review system, and will provide a State Single Point of Contact (SPOC) for the review. Information on states affected by this program and State Points of Contact may also be obtained from the Grants Management Officer listed in the Agency Contact(s) section, as well as from the following Web site: http://www.whitehouse.gov/omb/grants_spoc.

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

Letters from the State Single Point of Contact (SPOC) in response to Executive Order 12372 are due sixty days after the application due date.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to 5 years, at no more than their total 2010 award, before any offset or carryover adjustments, per year, as described in Appendix B. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal government.

- Part C EIS funds cannot be used to pay for inpatient services, hospice, residential treatment, clinical research, nursing home care, cash payments to clients, or purchasing or improving real property. Funds awarded under this announcement may not be used for the following purposes: research, fundraising expenses, lobbying activities and expenses, pre-award costs, foreign travel, or construction, unless it is minor alterations to an existing facility, to make it more suitable for the purposes of the grant program. In such case, prior authorization must be sought. Other non-allowable costs can be found in the Cost Principles located in Title 2 of the Code of Federal Regulations available online at http://www.access.gpo.gov/nara/cfr/waisidx_10/2cfrv1_10.html#1.

- No more than 10%, including planning and evaluation of the grant, may be expended for administrative expenses.

- At least 50% of the grant must be expended for EIS Services.

- At least 75% of the grant, after reserving funds for Clinical Quality Management and Administration, must be expended for Core Medical Services.

- It is a program expectation that grant funding spent on Clinical Quality Management will be kept to a reasonable level, consistent with Parts A and B.

6. Other Submission Requirements

As stated in Section IV.1, except in 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 http://www.Grants.gov application site. When using Grants.gov, you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

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

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

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)

- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register 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 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.

Formal submission of the electronic application: Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's AOR through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time.

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 electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.

Tracking your application: It is incumbent on the applicant to track application status by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at http://www07.grants.gov/applicants/resources.jsp.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of grant 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. Funding levels will be reviewed in reference to level of effort, progress, and performance described in this application. For current Part C EIS grantees, past performance in meeting legislative requirements and program expectations will be taken into account regarding continuation of funding and the level of funding awarded. Omission or misrepresentation of critical information will be grounds for considering your application ineligible.

Review Criteria are used to review and rank applications. Applications will be scored on the basis of 100 points. Points will be allocated based on the extent to which the proposal addresses

each of the criteria listed below. The Part C Early Intervention Services Program has seven (7) review criteria:

Criterion 1: Need	10 points
Criterion 2: Response	25 points
Criterion 3: Evaluative Measures	15 points
Criterion 4: Impact	15 points
Criterion 5: Resources/Capabilities	10 points
Criterion 6: Support Requested	25 points
TOTAL	**100 points**

Criterion 1: Need (10 points)
This section corresponds to the Needs Assessment section of the application.

- Does the applicant provide clear and reliable data which shows an **increased** burden of HIV infection in the service area? **(up to 2 points)**
- Does the applicant clearly describe the target population and the need for HIV-related health services in this population? **(up to 2 points)**
- Does the applicant clearly describe the need for HIV-related health services by individuals with HIV disease who are aware of their HIV status, but are not receiving primary medical care in its service area? **(up to 2 points)**
- Does the applicant document the public funding sources for HIV prevention and care in the proposed service area? **(up to 2 points)**
- Does the applicant identify gaps in service and barriers to care? **(up to 2 points)**

Criterion 2: Response (25 points)
This section corresponds to the Methodology (Sections 1-6 and the Work Plan) section of the application.

- Evidence of sound HIV Counseling, Testing, Referral, Partner Counseling, and Linking to care, including Hepatitis B and C? If the applicant indicates that MAI funding has been received, the strength of the outreach, enrollment and retention in care for targeted groups. **(up to 3 points)**

- Overall, the extent to which the applicant documents the ability of the organization to provide, internally and/or by contract, the full comprehensive continuum of HIV care? The strength of the medical evaluation and clinical care systems (such as periodic medical evaluations, CD4 monitoring, viral load testing, antiretroviral therapy, prophylaxis and treatment of opportunistic infections, and malignancies). Does the applicant document adequate support for laboratory and pharmacy services, plans for staff education, and the involvement of consumers in decisions regarding their care? Does the applicant describe a sound policy for after-hours and weekend coverage for urgent or emergency medical and dental care needs? **(up to 10 points)**

- The extent to which the applicant documents the availability of other core medical services, including outpatient oral health, adherence, mental health/substance abuse, nutritional services and palliative care. Does the applicant describe how HIV prevention services are incorporated into medical care? Does the applicant explain how clients

applying for financial support and services from other publicly funded programs will be assisted? **(up to 5 points)**

- Does the applicant demonstrate that there are effective formal systems in place for referrals of individuals to health and support services that are not directly provided by the applicant? Evidence of mechanisms to follow-up on referrals and receive feedback from the providers of health and support services to which patients are referred. **(up to 2 points)**

- The strength of the work plan summary as evidenced by measurable objectives that reflect, access to care the comprehensive continuum of HIV care, quality improvement, and consumer involvement. **(up to 5 points)**

Criterion 3: Evaluative Measures (15 points)
This section corresponds primarily to the Evaluation and Technical Support Capacity section of the application.

- the clarity of the program's quality goals. **(up to 2 point)**

- The strength of the quality management infrastructure, including the key leaders and quality committee. The strength of resources dedicated to quality management activities. Is the role of consumers in the Quality Management program appropriate? **(up to 2 point)**

- Evidence that the program monitors the effectiveness of the quality management infrastructure and the quality improvement activities. **(up to 1 point)**

- The appropriateness of clinical indicators used to measure performance and a clear indication of how results have prompted change in the delivery of clinical care. Does the applicant describe how data are used for quality improvement activities? The quality of the sample primary care QI project, including the team leader, staff involved, team responsibilities, and resources allocated for the project; the process used to implement the QI project; the role of leadership in the project; the intervention, results, and the outcome of the QI project; and how the changes made to the program have been sustained over time. **(up 6 points)**

- Does the applicant demonstrate the ability to comply with reporting requirements of the program? The strength of the data collection plan and process (e.g., frequency, key activities, and responsible staff). The strength of the process for reporting and disseminating the results and findings. **(up to 2 points)**

- The effectiveness of the quality management approach to systemizing quality improvement activities. **(up to 2 points)**

Criterion 4: Impact (15 points)
This section corresponds to the overall application, Impact, Resolution of Challenges, Evaluation and Technical Support Capacity section (Quality Management) the Methodology (Section 7) and Attachments sections of the application.

- Whether current or new, overall, has the program had an impact on the community and on people living with HIV in the target area? How successful has it been? What outcomes do they describe? Evidence that the evaluation plan that assesses the program's objectives and the impact of the program on the communities served will be broadly disseminated. Evidence that quality management improved care for people living with HIV. **(up to 3 points)**

- Does the applicant, whether current or new, accurately document linkages, coordination and collaboration with other programs and providers, such as Part A, Part B, CDC funded counseling and testing programs, prevention programs, TB and STI control programs, other Ryan White HIV/AIDS Program funded programs, as well as Community Health Centers and programs funded by the NIH and SAMHSA? **(up to 2 points)**

- Does the applicant, whether current or new, accurately describe the total number and number of new clients receiving primary medical care in each of the last three years? Are the numbers increasing? Are adequate service and demographic information included? Is the average cost of care for each service category reasonable? **(up to 3 points)**

- If a **current** grantee, is adequate progress on the most recent work plan demonstrated, either in narrative or in an attached chart for **Attachment 8**? If a current grantee, does the applicant demonstrate satisfactory progress in meeting prior goals and objectives? Has the applicant successfully implemented a Part C EIS program that meets program expectations? If a **current** grantee, does the applicant describe any Part C EIS-specific HRSA site visits during the project period? Are major program deficiencies, performance areas and corrective actions described? Is the response adequate to the severity of the findings? (**up to 7 points)**

- **OR**, if a **new** applicant, does the applicant provide a sound service transition plan demonstrating how it will serve, and improve services to, the existing patients, populations, scope of services and service areas currently served by the grantee they intend to replace? Does the applicant describe appropriate activities, timelines and coordination of strategies to minimize any potential disruption of service? **(up to 7 points)**

Criterion 5: Resources/Capabilities (10 points)
This section corresponds to the Staffing Plan, Organizational Information, and Attachments sections of the application.

- The extent to which project personnel are qualified by training and/or experience to provide early intervention services under the grant. Does the applicant have systems in place to ensure that the most recent HIV/AIDS clinical standards and protocols will be followed? **(up to 2 points)**

- Overall, does the applicant demonstrate the organization's ability to implement the proposed project? The strength of the organization's mission, structure and experience which support the provision of HIV Primary care services as evidenced by the clinic licensure information and organizational chart. **(up to 3 points)**

- Overall, evidence of the strength of the organization's fiscal and MIS capacity to manage this grant, and meet program requirements including monitoring grant expenditures, a discounted fee schedule, annual cap on patient charges, and collecting, tracking and using program income to support the HIV program? If applicable, does the applicant demonstrate the ability to manage and monitor subcontractor performance and compliance with Part C EIS requirements? **(up to 3 points)**

- Does the applicant demonstrate an appropriate level of involvement of consumers in the development, implementation, and evaluation of the Part C EIS program? **(up to 1 point)**

- Does the applicant demonstrate knowledge of and ability to implement culturally and linguistically appropriate services? **(up to 1 point)**

Criterion 6: Support Requested (25 Points)
This section corresponds to the budget documents, Resolution of Challenges/Progress Report and the Attachment sections of the application.

- Does the level of effort and performance support the requested funding level? Is the funding amount reasonable for the total number of patients served? For all applicants, the number of new and ongoing patients, the number of patients with AIDS, and the number of patients with no form of third party reimbursement or funding from Part A or B. For current grantees, reviewers will consider progress in achieving their objectives, For new applicants, reviewers will consider the numbers reported in the resolution of challenges section and the objectives in the work plan summary. . **(up to 10 points)**

- Does the budget allocate resources to ensure that at least **50 percent** of funds are for the provision of early intervention services, as described in the legislation: laboratory testing, clinical and diagnostic services, periodic medical evaluations, therapeutic measures, and referrals for health and support services? Evidence that the amount of licensed medical provider time is reasonable for the number of patients and whether the supportive positions are in reasonable proportion to the provider time requested. Does the budget allocate resources to ensure that at least **75 percent** of funds are for the provision of core medical services, after funds are reserved for clinical quality management and administration? Are financial resources for clinical quality management allocated at a reasonable level? Does the budget adhere to the **10 percent** limit on administrative costs? **(up to 10 points)**

- The reasonableness of the 424A Section B and program-specific line item budget for each budget period in the proposed project period. Does the applicant provide a clearly presented budget justification narrative that fully explains each line item? For subsequent budget years, does the applicant highlight changes from year one or clearly indicated that there are no substantive changes from year one? Do the line item; budget justification narrative and 424A match? **(up to 5 points)**

As part of this review, reviewers will be asked to recommend the amount of funding the grantee should receive, based on the scoring criteria above.

2. Review and Selection Process

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

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this program announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

Funding Preferences

The Ryan White HIV/AIDS Program provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets any one or more qualification for the preference as follows:

Qualification 1: Increased Burden
An applicant can request a funding preference if they demonstrate an increase in the burden over the past two years of providing services regarding HIV disease, as described by AIDS cases, sexually transmitted diseases, tuberculosis, drug abuse, co-infection with HIV/AIDS and hepatitis B or C, lack of availability of early intervention services, lack of primary health providers other than the applicant, and the distance patients have to travel for care.

Qualification 2: Rural Areas
An applicant can request a funding preference if they provide services in rural areas (outside urbanized areas and urban clusters as described by the U.S. Census Bureau).

Qualification 3: Underserved
Applicants can request funding preferences if they provide services in areas that are underserved with respect to Early Intervention Services.

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 merits and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of **July 1, 2011**.

2. Administrative and National Policy Requirements

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

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

Cultural and Linguistic Competence
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 published by HHS. This document is available online at http://www.omhrc.gov/CLAS.

Trafficking in Persons
Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

PUBLIC POLICY ISSUANCE

HEALTHY PEOPLE 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has two major goals: (1) to increase the quality and years of a healthy life; and (2) eliminate our country's health disparities. The program consists of 28 focus areas and 467 objectives. HRSA has actively participated in the work groups of all the focus areas, and is committed to the achievement of the Healthy People 2020 goals.

Healthy People 2010 and the conceptual framework for the forthcoming Healthy People 2020 process can be found online at http://www.healthypeople.gov/.

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.

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 www.dpm.psc.gov for additional information.

c. Status Reports
1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Program income must be reported in line l0, n, and o. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress Report**. The awardee must submit a noncompeting progress report to HRSA on an annual basis. *Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds.* Further information will be provided in the award notice.

3) Submit the annual **Ryan White Services Report (RSR)**, which consists of grantee, service provider, and client level reports via the HRSA Electronic Handbook. If

applicable, submit an aggregate **Ryan White HIV/AIDS Program Data Report (RDR)** via the HRSA Electronic Handbook for each direct service provider annually.

4) Submit an **Allocation Report**, due 60 days after the start of the budget period, and an **Expenditure Report**, due 90 days after the end of the budget period. These reports account for the allocation and then expenditure of all grant funds according to the specific core medical services, support services, clinical quality management, and administration. Data for these reports will be uploaded to a secure HRSA server via the HRSA Electronic Handbook. The forms to report this information for all parts of the Ryan White Program were approved by the Office of Management and Budget on May 1, 2008, OMB Number 0915-0318, and renewal of OMB approval is in process.

5) Submit, every two (2) years, to the lead State agency for Part B, audits consistent with Office of Management and Budget Circular A-133, regarding funds expended in accordance with this title and include necessary client level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.

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

VII. Agency Contacts

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

Shelia Burks, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6452
Email: shelia.burks@hrsa.hhs.gov

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

Kathleen Treat, MSW, MS
Chief, Southern Regional Branch

Division of Community Based Programs
Attn: Ryan White Part C EIS
HIV/AIDS Bureau, HRSA
Parklawn Building, Room 7A-30
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-7602
Fax: (301) 443-1839
Email: kathleen.treat@hrsa.hhs.gov

Applicants may need assistance when working online to submit their application forms electronically. 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
Phone: 1-800-518-4726
E-mail: support@grants.gov

VIII. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:
http://www.hhs.gov/asrt/og/grantinformation/apptips.html.

Appendix A: Additional Agreements & Assurances
Ryan White HIV/AIDS Treatment Extension Act of 2009, Part C EIS

The authorized representative of the applicant must include a signed and scanned original copy of the attached form with the grant application. This form lists the program assurances which must be satisfied in order to qualify for a Part C grant.

NOTE: The text of the assurances has been abbreviated on this form for ease of understanding; however, grantees are required to comply with all aspects of the assurances as they are stated in the Act.

I, the authorized representative of _____ in applying for a grant under Part C of Title XXVI, Public Health Service Act, as amended by the Ryan White Treatment Extension Act of 2009, P.L. 111-87, 42 U.S.C. 300ff-51 - 300ff-67, hereby certify that:

I. As required in section 2651:

A. Grant funds will be expended only for providing core medical services as described in subsection (c), support services as described in subsection (d) and administrative expenses as described in section 2664(g)(3).

B. Grant funds will be expended for the purposes of providing, on an outpatient basis, each of the following early intervention required services:

1. Counseling individuals with respect to HIV disease in accordance with section 2662;
2. Testing to confirm the presence of HIV infection; to diagnose the extent of immune deficiency; to provide clinical information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease;
3. Other clinical preventive and diagnostic services regarding HIV disease, and periodic medical evaluations of individuals with the disease;
4. Providing the therapeutic measures described in 2. above; and
5. Referrals described in section 2651(e)(2);

C. Grantee will expend not less than 50% of grant funds awarded for activities described in 2-5 above.

D. After reserving funds for administration and clinical quality management, grantee will use not less than 75% of the remaining grant funds to provide core medical services that are needed in the area involved for individuals with HIV/AIDS who are identified and eligible under this title (including services regarding the co-occurring conditions of the individuals).

E. Each of the early intervention services in A. will be available through the applicant entity, either directly or through public or nonprofit private entities, or through for-profit entities if such entities are the only available provider of quality HIV care in the area.

F. A small proportion of grant funds may also be expended to provide the support services that are needed for individuals with HIV/AIDS to achieve their medical outcomes.

II. As required under section 2652(b), all providers of services available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.

III. As required under section 2654(a): Provisions of services to persons with hemophilia will be made and/or coordinated with the network of comprehensive hemophilia diagnostic and treatment centers.

IV. As required under section 2661(a) : The confidentiality of all information relating to the person(s) receiving services will be maintained in accordance with applicable law.

V. As required under section 2661(b): Informed consent for HIV testing will be obtained.

VI. As required under section 2662: The applicant agrees to provide appropriate counseling services, under conditions appropriate to the needs of individuals.

VII. As required under section 2663: All testing that is conducted with Ryan White HIV/AIDS Program funds will be carried out in accordance with sections 2661 and 2662.

VII. As required under section 2664(a)(1)(C) Information regarding how the expected expenditures under the grant are related to the planning process for localities funded under part A (including the planning process described in section 2602) and for States funded under part B (including the planning process described in section 2617(b) will be submitted.

IX. As required under section 2664(a)(1)(D) A specification of the expected expenditures and how those expenditures will improve overall client outcomes, as described in the State plan under section 2517(b) will be submitted.

X. As required under section 2664(a)(2): A report to the Secretary in the form and on the schedule specified by the Secretary will be submitted.

XI. As required under section 2664(a)(3) Additional documentation to the Secretary regarding the process used to obtain community input into the design and implementation of activities related to the grant will be submitted.

XII. As required under section 2664(a)(4) Audits regarding funds expended under Part C will be submitted every 2 years to the lead State agency under section 2617(b)(4) and will include necessary client level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.

XII. As required under section 2664(b): To the extent permitted under State law, regulation or rule, opportunities for anonymous counseling and testing will be provided.

XIV. As required under section 2664(c): Individuals seeking services will not have to undergo testing as a condition of receiving other health services.

XV. As required under section 2664(d): The level of pre-grant expenditures for early intervention services will be maintained at the level of the year prior to the grant year.

XVI. As required under section 2664(e): A sliding fee schedule with limits and conditions specified in section 2664 (e) will be utilized.

XVII. As required under section 2664(f): Funds will not be expended for services covered, or which could reasonably be expected to be covered, under any State compensation program, insurance policy, or any Federal or State health benefits program (except for a program administered by or providing services of the Indian Health Service); or by an entity that provides health services on a prepaid basis.

XVIII. As required under section 2664(g): Funds will be expended only for the purposes awarded, such procedures for fiscal control and fund accounting as may be necessary will be established, and not more than 10 percent of the grant will be expended for administrative expenses, including planning and evaluation, except that the costs of a clinical quality management program may not be considered administrative expenses for the purposes of such limitation.

XIX. As required under section 2667: Agreement that counseling programs shall not be designed to promote, or encourage directly, intravenous drug abuse or sexual activity, homosexual or heterosexual; shall be designed to reduce exposure to and transmission of HIV/AIDS by providing accurate information; shall provide information on the health risks of promiscuous sexual activity and intravenous drug abuse; and shall provide information on the transmission and prevention of hepatitis A, B, and C, including education about the availability of hepatitis A and B vaccines and assisting patients in identifying vaccination sites.

XX. As required under section 2681: Assure that services funded will be integrated with other such services, coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.

XXI. As required under section 2684: No funds will be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.

Signature: _____ Date: _____

Title: _____

Appendix B: Service Areas

These service areas have project periods ending **June 30, 2011,** and are up for competition for **July 1, 2011**. New proposals to replace existing grantees are expected to cover the entire service area of the existing grantee. Each grantee's service area is listed separately.

Service areas for project periods ending June 30, 2011

Grantee Name	Grantee City	Grantee State	Amount	Service Area
Mobile County Health Department	Mobile	AL	$918,597	Baldwin, Choctaw, Clarke, Mobile, Monroe, Pritchard, Washington
University Of Alabama At Birmingham	Birmingham	AL	$695,848	Blount, Cullman, Jefferson, Shelby, St. Clair, Walker, Winston
Catholic Healthcare West/St. Mary Medical Center	Long Beach	CA	$945,450	Los Angeles
Centro De Salud De La Comunidad San Ysidro	San Ysidro	CA	$707,831	San Diego
Contra Costa County Health Services Dept	Martinez	CA	$326,368	Contra Costa
Regents Of University Of California	La Jolla	CA	$711,913	San Diego
Shasta Community Health Center	Redding	CA	$265,160	Shasta
Fair Haven Community Health Clinic, Inc.	New Haven	CT	$341,148	New Haven
Family And Medical Counseling Service	Washington	DC	$676,830	District Of Columbia
Christiana Care Health Services, Inc.	Wilmington	DE	$921,455	Kent, New Castle, Sussex
St. Johns County Health Department	St. Augustine	FL	$361,238	St. Johns
Unconditional Love, Inc.	Melbourne	FL	$363,810	Brevard

Columbus Department Of Public Health	Columbus	GA	$507,000	Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster
Glynn County Health Department	Brunswick	GA	$551,835	Bryan, Camden, Glynn, Liberty, Long, McIntosh
Siouxland Community Health Center	Sioux City	IA	$266,789	Buena Vista, Carroll, Calhoun, Cherokee, Clay, Crawford, Dickinson, Emmet, Greene, Ida, Lyon, Monona, O Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Nebraska: Dakota, Dixon, Thurston; South Dakota: Union
Access Community Health Network	Chicago	IL	$691,543	Chicago, Cook, DuPage
Christian Community Health Center	Chicago	IL	$390,975	Cook
Erie Family Health Center, Inc.	Chicago	IL	$414,317	Cook
Southern Illinois Healthcare Foundation	Sauget	IL	$590,738	Clinton, Jersey, Madison, Monroe, St. Clair
University Of Illinois @ Chicago /The Board Of Trustees Of The University Of Illinois	Chicago	IL	$277,602	Chicago
Area Formerly Served By East Chicago CHC	East Chicago	IN	$451,362	Lake
University Of Louisville Research Foundation	Louisvillle	KY	$705,151	Indiana; Clark, Floyd; Kentucky: Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble
Louisiana State University HSC	Shreveport	LA	$341,250	Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster
Medical Center Of Louisiana At New Orleans	New Orleans	LA	$863,585	Orleans

Area Formerly Served By Premier Care And Learning Center	Shreveport	LA	$292,500	Bossier, Caddo
Cambridge Health Alliance	Cambridge	MA	$567,243	Middlesex
Greater Baden Medical Services	Upper Marlboro	MD	$427,650	Charles, Prince George's, St. Mary’s
Total Health Care, Inc.	Baltimore	MD	$603,748	Baltimore City
Minneapolis Medical Research Foundation	Minneapolis	MN	$605,046	Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright, Pierce (Wi) St. Croix (Wi)
Area Formerly Served By Deporres Delta Ministries, Inc.	Marks	MS	$357,159	Bolivar, Coahoma, Leflore, Marshall, Panola, Quitman, Tate, Tunica
Carolina Family Health Centers, Inc.	Wilson	NC	$590,000	Edgecombe, Nash, Wilson
New Hanover Regional Medical Center	Wilmington	NC	$350,562	Bladen, Brunswick, Columbus, Duplin, New Hanover, Onslow, Pender
Rural Health Group, Inc.	Roanoke Rapids	NC	$341,250	Franklin, Granville, Person, Vance, Warren
Open Service Area-North Dakota		ND	$200,000	North Dakota
Neighborhood Health Services Corporation	Plainfield	NJ	$310,534	Union
Saint Michael's Medical Center	Newark	NJ	$537,207	Essex, Newark
Southwest C.A.R.E. Center	Santa Fe	NM	$472,875	Colfax, Harding, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos, Union
Betances Health Center	New York	NY	$671,204	Bronx, Kings, New York, Queens
Brooklyn Plaza Medical Center, Inc.	Brooklyn	NY	$462,236	Kings
Community Health Project, Inc.	New York	NY	$341,005	Bronx, Kings, New York, Queens, Richmond
Joseph P. Addabbo Family Health Center	Arverne	NY	$734,122	Queens
Morris Heights Health Center	Bronx	NY	$745,875	Bronx

Area Formerly Served By North General Hospital	New York	NY	$577,174	New York
Project Renewal, Inc.	New York	NY	$288,795	New York
Settlement Health And Medical Services	New York	NY	$351,842	New York
St Luke's - Roosevelt Hospital Center	New York	NY	$1,078,120	New York
Care Alliance	Cleveland	OH	$243,750	Cuyahoga
Columbus AIDS Task Force, Inc.	Columbus	OH	$530,532	Belmont, Delaware, Fairfield, Fayette, Franklin, Guernsey, Hocking, Licking, Madison, Monroe, Morgan, Muskingum, Noble, Perry, Pickaway, Union,
AIDS Care Group	Chester	PA	$739,251	Chester, Delaware, Lancaster
Albert Einstein Medical Center	Philadelphia	PA	$473,488	Bucks, Montgomery, Philadelphia
Drexel University College Of Medicine	Philadelphia	PA	$1,099,400	Philadelphia
Keystone Rural Health Center	Chambersburg	PA	$245,700	Adams, Columbia, Cumberland, Erie, Franklin, Fulton, Lehigh, Lancaster, North Umberland, Schuylkill
Pinnacle Health Medical Services	Harrisburg	PA	$316,680	Dauphin, Cumberland, Perry
The Pennsylvania State University	Hershey	PA	$501,827	Bedford, Blair, Cumberland, Dauphin, Fulton, Huntingdon, Juniata, Lebanon, Mifflin, Perry
Concilio De Salud Integral De Loiza, Inc	Loiza	PR	$194,513	Loiza
New Horizon Family Health Services, Inc.	Greenville	SC	$683,100	Abbeville, Anderson, Edgefield, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Saluda
Richland Community Health Care Assn	Columbia	SC	$771,313	Fairfield, Richland, Newberry, Sumpter

Roper St. Francis Foundation	Charleston	SC	$617,648	Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, Williamsburg
Comprehensive Care Center	Nashville	TN	$668,990	Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, De Kalb, Dickson, Fentress, Giles, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson
Houston Regional HIV/AIDS Resource Group Inc.	Houston	TX	$731,250	Beaumont, Galveston, Lufkin, Nacogdoches, Tyler
Inova Health Care Services	Springfield	VA	$651,651	Arlington, Fairfax County, Loudon, Prince William
Virginia Commonwealth University	Richmond	VA	$444,893	Richmond County
Country Doctor Community Clinic	Seattle	WA	$514,628	Adams, Asotin, Ferry, Garfield, Lincoln, Okanogan, Spokane, Stevens, Whitman
Yakima Valley Farmworkers Clinic	Toppenish	WA	$347,315	Benton, Columbia, Yakima
AIDS Resource Center Of Wisconsin	Milwaukee	WI	$672,590	Ashland, Barron, Bayfield, Brown, Burnet, Chippewa, Clark, Door, Douglas, Dunn, Eau Claire, Florence, Forest, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Oconto, Oneida, Ozaukee, Racine, Walworth, Washington, Waukesha