HRSA-20-091 Fiscal Year 2020 Ending the HIV Epidemic - Primary Care HIV Prevention (PCHP) Supplemental Funding

Assistance Listing #: 93.527

Modified November 7, 2019 to update eligibility section and estimated number of awards

Funding Opportunity Title:	Fiscal Year (FY) 2020 Ending the HIV Epidemic - Primary Care HIV Prevention (PCHP)
Funding Opportunity Number:	HRSA-20-091
Funding Opportunity Releases:	October 16, 2019
EHBs Application Opens:	October 16, 2019
Application Due Date:	December 16, 2019 by 5 p.m. ET
Anticipated Total Available Funding:	Approximately $50 million
Estimated Number of Awards:	Approximately 202 awards
Estimated Award Amount:	Varies; formula-derived award with base funding of $250,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	PCHP funding will be awarded as a supplement to your current Health Center Program operational grant (H80) award. You will request 2 years of funding through your PCHP application. Year 1 funds are available for use beginning April 1, 2020.
Eligible Applicants:	PCHP funding is available to approximately 202 health centers receiving H80 funding in the 57 geographic locations identified by Ending the HIV Epidemic: A Plan for America. A list of eligible health centers is available on the PCHP technical assistance webpage, and HRSA informed these health centers of the availability of the PCHP funding.

TECHNICAL ASSISTANCE

The Health Resources and Services Administration (HRSA) will offer technical assistance to applicants seeking PCHP funding. Technical assistance will provide an overview of these instructions and an opportunity for applicants to ask questions on the application process and PCHP objectives. Visit the PCHP technical assistance

webpage at https://bphc.hrsa.gov/program-opportunities/funding-opportunities/pchp for details about live and recorded events, frequently asked questions, example documents, and other resources. See Agency Contacts for where to direct program, application system, and budget questions.

HRSA Health Center Program

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I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

Existing health centers will use fiscal year (FY) 2020 Ending the HIV Epidemic - Primary Care HIV Prevention (PCHP) supplemental funding to expand HIV prevention services[1] that decrease the risk of HIV transmission in geographic locations identified by Ending the HIV Epidemic: A Plan for America, focusing on supporting access to and use of pre-exposure prophylaxis (PrEP).[2]

2. Authority

The Health Center Program is authorized by section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. § 254b). Existing health centers receive funding under sections 330(e), (g), (h) and/or (i) of the PHS Act (42 U.S.C. § 254b(e), (g), (h), and/or (i)). PCHP supplemental funding will be awarded to existing health centers under section 330 of the PHS Act, as appropriate (42 U.S.C. § 254b).

3. Background

An estimated 1.1 million people in the United States currently live with HIV.[3] After substantial decline over a period of 5 years, the number of newly diagnosed HIV infections leveled off in 2013, to about 39,000 per year.[4] Ending the HIV Epidemic: A Plan for America is an initiative announced in 2019 to reduce the number of new HIV infections by 75 percent within 5 years, and by at least 90 percent within 10 years. Initially, this effort will focus on previously identified HIV hot spots, which are: 48

[1] HIV prevention is described by the Centers for Disease Control and Prevention to include multiple strategies, such as pre- and post-exposure prophylaxis, and taking antiretroviral therapy as prescribed. See Appendix A for example activities that support HIV prevention, and CDC HIV prevention resources, available at https://www.cdc.gov/hiv/basics/prevention.html.

[2] Clinical indication for PrEP is described by the U.S. Preventive Services Task Force Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis recommendations released June 2019 and the Centers for Disease Control and Prevention U.S. Public Health Service "Preexposure Prophylaxis for the Prevention of HIV Infection in the United States- 2017 Update."

[3] Department of Health and Human Services, Centers for Disease Control and Prevention. HIV in the United States and dependent areas. Published January 2019. Accessed June 25, 2019. Available at https://www.cdc.gov/hiv/statistics/overview/ataglance.html.

[4] Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2016. HIV Surveillance Supplemental Report 2019;24(No. 1). Published February 2019. Accessed June 25, 2019. Available at https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-24-1.pdf.

counties; Washington, D.C.; and San Juan, Puerto Rico; and seven states that have a substantial rural HIV burden.[5]

The Ending the HIV Epidemic initiative includes the following four pillars, or key strategies that leverage the confluence of data, HIV care and prevention models, medications, and laboratory tools available today:

- **Pillar One: Diagnose** all people with HIV as early as possible after transmission;
- **Pillar Two: Treat** people with HIV rapidly and effectively to reach sustained viral suppression;
- **Pillar Three: Prevent** new HIV transmission by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs);[6] and
- **Pillar Four: Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Testing[7] is an essential element of prevention services because individuals must know their HIV status to prevent transmission. Unfortunately, opportunities to reduce HIV transmission and improve health outcomes are too frequently missed. Seven in 10 people with HIV saw a healthcare provider in the 12 months before diagnosis, but were not identified as having HIV.[8] Early diagnosis is critical because the nearly 15 percent of persons living with HIV whose infections are undiagnosed account for almost 23 percent of all new HIV infections.[9] Health centers are a key point of entry to health care for individuals at risk for or undiagnosed with HIV. In 2018, 2 million health center patients received an HIV test, and of those who tested positive for HIV, over 85 percent were successfully linked to HIV treatment.

Health centers' integrated service delivery model has many strengths that make it a strong framework to implement the initiative's Diagnose and Prevent strategies. The integration of comprehensive primary care services, which includes HIV prevention, with behavioral health and enabling services leads to improved patient outcomes. For

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[5] Centers for Disease Control and Prevention. HIV Surveillance Report, 2017; vol. 29. Published November 2018. Accessed June 25, 2019. Available at https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf.

[6] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Summary of Information on The Safety and Effectiveness of Syringe Services Programs (SSPs). Published May 2019. Accessed August 1, 2019. Available at https://www.cdc.gov/ssp/syringe-services-programs-summary.html.

[7] Universal testing (i.e., testing of all individuals regardless of risk) is advised by the U.S. Preventive Services Task Force Human Immunodeficiency Virus (HIV) Infection: Screening recommendations released June 2019, and the Centers for Disease Control and Prevention: HIV/AIDS Testing resources.

[8] Dailey AF, Hoots BE, Hall HI, et al. Human Immunodeficiency Virus Testing and Diagnosis Delays — United States. *MMWR Morb Mortal Wkly Rep* 2017;66:1300-1306.

[9] Fauci AS, Redfield RR, Sigounas G, Weahkee MD, Giroir BP. Ending the HIV Epidemic: A Plan for the United States. *JAMA.* 2019;321(9):844–845.

example, integrated HIV and primary care leads to reduced transmission of HIV infection, improved health outcomes for people with HIV infection, and the prevention, identification, and treatment of co-infections and co-morbidities, such as sexually transmitted infections and substance use disorders.[10] Integration achieves these positive effects in part through expanded use of PrEP;[11] earlier HIV diagnosis and treatment;[12] improved linkage to treatment, retention in care, and care coordination;[13] and reduced HIV-related stigma.[14] Furthermore, the health centers' use of inter-professional teams, patient-centric approaches, care management, and coordinated care has demonstrated success in overcoming common barriers to patients initiating and continuing services for HIV prevention and treatment (i.e., medical visit, medication, and enabling services).[15]

Prescribing and supporting the use of PrEP has significantly advanced prevention efficacy. Among people for whom sexual behavior is their primary HIV risk, PrEP can reduce the risk of contracting HIV by more than 90 percent. Among people who inject drugs, PrEP can reduce the risk of contracting HIV by more than 70 percent.[16] Fewer than 10 percent of American adults at substantial risk for HIV have been prescribed PrEP.[17] About 7,300 are in need of financial assistance for both PrEP medication and

[10] Remien RH, Berkman A, Myer L, Bastos FI, Kagee A, El-Sadr WM. Integrating HIV care and HIV prevention: legal, policy and programmatic recommendations. *AIDS*. 2008;22 Suppl 2(Suppl 2):S57–S65.
[11] Silapaswan A, Krakower D, & Meyer KH. Pre-Exposure Prophylaxis: A Narrative Review of Provider Behavior and Interventions to Increase PrEP Implementation in Primary Care. *J Gen Intern Med*. 2017 Feb;32(2):192-198.
[12] Myers JJ, Bradley-Springer L, Kang Dufour MS, et al. Supporting the integration of HIV testing into primary care settings. *Am J Public Health*. 2012;102(6):e25–e32.
[13] U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care. Integrating HIV Care, Treatment & Prevention Services into Primary Care – A Toolkit for Health Centers. Rockville, Maryland: U.S. Department of Health and Human Services, 2017.
[14] Nyblade L, Stockton MA, Giger K, et al. Stigma in health facilities: why it matters and how we can change it. *BMC Med*. 2019;17(1):25. Published 2019 Feb 15.
[15] U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care. Integrating HIV Care, Treatment & Prevention Services into Primary Care – A Toolkit for Health Centers. Rockville, Maryland: U.S. Department of Health and Human Services, 2017.
[16] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. PrEP. Published July 2019. Accessed June 25, 2019. Available at https://www.cdc.gov/hiv/basics/prep.html.
[17] Huang YA, Zhu W, Smith DK, Harris N, Hoover KW. HIV Preexposure Prophylaxis, by Race and Ethnicity — United States, 2014-2016. *MMWR Morb Mortal Wkly Rep* 2018;67:1147-1150.

clinical care to prevent HIV infection.[18,19] Increasing PrEP use among groups at high risk of acquiring HIV could prevent almost 50,000 HIV infections by 2020.[20]

PCHP funding is the first to support health center engagement in the Ending the HIV Epidemic initiative, and will focus on health centers in the identified geographic locations. Eligible health centers, in addition to receiving Health Center Program funds, either receive funding through the Ryan White HIV/AIDS Program (RWHAP) or are geographically positioned to work with RWHAP-funded organizations to leverage both Health Center Program and RWHAP investments. By initially targeting areas with existing Health Center Program and RWHAP investments, PCHP will enhance health center capacity to more seamlessly facilitate timely linkage to treatment for HIV positive patients, and enable health centers to better target new resources for HIV prevention services. The resulting strong foundation of experience and best practices will support successful expansion in future years. See Eligible Applicants for details.

Health centers will increase access to HIV prevention services for their entire service area, while maintaining a focus on the overlapping target geographic location identified by the Ending the HIV Epidemic initiative. In addition to expanding HIV prevention services offered by their organization, health centers will enhance partnerships with health departments, and other community and faith-based organizations to facilitate referrals of individuals in need of HIV prevention services to health centers. Health centers will further leverage these partnerships and those with RWHAP-funded organizations to link individuals testing positive for HIV to treatment.

For information on HRSA-supported HIV and primary care resources, technical assistance, and training, visit the HRSA webpages on Ending the HIV Epidemic: A Plan for America, and HIV and Health Centers.

II. AWARD INFORMATION

1. Summary of Funding

PCHP funding will be added to your Health Center Program operational grant, or H80, award and is expected to extend in future years to support the Ending the HIV Epidemic initiative. Through your PCHP application, you will request 2 years of funding. Approximately $50 million in federal funding is expected to be available to support PCHP in FY 2020. PCHP is subject to availability of appropriated funding for the Health

[18] Huang YA, Zhu W, Smith DK, Harris N, Hoover KW. HIV Preexposure Prophylaxis, by Race and Ethnicity — United States, 2014-2016. *MMWR Morb Mortal Wkly Rep* 2018;67:1147-1150.
[19] Smith, D. K., Van Handel, M., & Huggins, R. (2017). Estimated coverage to address financial barriers to HIV preexposure prophylaxis among persons with indications for its use, United States, 2015. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *76*(5), 465–472.
[20] Ending the HIV Epidemic: A Plan for America. HIV.gov. Published February 5, 2019. Accessed June 25, 2019. Available at https://www.hiv.gov/blog/ending-hiv-epidemic-plan-america.

Center Program. The maximum amount that you may request per year is determined by a formula:

- Base value of $250,000, plus
- $0.50 per patient reported in the 2018 Uniform Data System (UDS), plus
- $2 per patient tested for HIV reported in the 2018 UDS.

Health centers will use PCHP funds for the following activities. Health centers will use PCHP funds to increase access to and use of PrEP through enhanced outreach and HIV testing, as stated in the purpose and objectives. Proposed activities should address the health care team's cultural and clinical competence, and patients' barriers to seeking HIV prevention care, such as trauma, stigma, and financial concerns. To the extent practicable, your proposed activities to increase access to PrEP should incorporate the use of available medication assistance and donation programs before using PCHP funds to purchase PrEP.[21] You may also use PCHP funds to support care coordination and linkage to treatment within the health center or to a RWHAP-supported provider as necessary for those diagnosed with HIV. PCHP-funded activities should use evidence-based strategies, when possible.

The Ending the HIV Epidemic: A Plan for America is a multi-pronged approach that spans the public and private sectors. PCHP projects should consider how to leverage and build upon existing and forthcoming Ending the HIV Epidemic activities, including those of health departments and RWHAP-funded organizations. See Appendix A: Example Uses of PCHP Funding for more information.

The funding start date is April 1, 2020. You must apply for 2 years of PCHP funding. Depending on the number of approvable PCHP applications, HRSA may adjust your year 1 award amount consistent with available funds. The maximum amount that you may request for year 2 is equal to that for year 1. However, at the time that year 2 awards are made, HRSA may increase or otherwise adjust PCHP award recipients' year 2 funding amounts based on their performance and/or available resources. See Appendix B: Application Instructions for detailed guidance.

Year 1 funding may be used through the end of your FY 2020 Health Center Program operational grant (H80) budget period.

- Award recipients with a April 1 H80 budget period start date do not need to take additional action as the supplemental funding aligns with your FY 2020 H80 budget period.
- All other award recipients must obtain approval of a carryover request to use PCHP funding throughout your FY 2020 H80 budget period.

[21] Medication assistance and donation programs have their own application and/or data tracking requirements. PCHP funding can be used to support staffing and/or systems to satisfy those requirements.

Year 2 and future PCHP funding are contingent upon:

- Availability of appropriated funds for the Health Center Program in subsequent fiscal years;
- Satisfactory recipient performance; and
- A decision that continued funding is in the best interest of the federal government.

HRSA may take appropriate actions, including not awarding or reducing year 2 PCHP funding, if you do not demonstrate increased access to PrEP, or within 8 months of award add at least 0.5 FTE personnel who will support access to and use of PrEP.

Implementation progress will be reported through tri-annual progress updates. Ongoing progress toward implementing your PCHP project will be monitored via annual Budget Period Progress Report (BPR) Non-Competing Continuation (NCC) reports and annual UDS reports. If you do not demonstrate adequate progress toward achieving proposal objectives, HRSA may reduce or not award future PCHP funding.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

PCHP funding is available to approximately 202 health centers receiving H80 funding in the geographic locations identified by the Ending the HIV Epidemic initiative.

- All health centers currently[22] receiving RWHAP funding either directly or as a sub-recipient (co-funded) that have at least one operational service delivery site[23] in one of the geographic locations.
- All health centers that have at least one operational service delivery site in counties without co-funded health centers.
- The four health centers that have at least one operational service delivery site proximate to the five RWHAP-funded organizations in Oklahoma.

See the PCHP technical assistance webpage for a list of eligible health centers. The health centers not receiving RWHAP funding (i.e., not co-funded) must submit a memorandum of understanding or agreement with a RWHAP-funded organization. See Appendix B: Application Instructions: Attachments for detailed guidance.

[22] As of November 1, 2019.
[23] Verified as operational as of November 1, 2019.

2. Cost Sharing/Matching

Cost sharing or matching is not required. PCHP funding must be requested consistent with and, if approved, will be made available to each award recipient in the same sub-program funding proportions as the existing H80 award.

IV. PROJECT DEVELOPMENT

1. PCHP Objectives

Your proposal must demonstrate how you will use PCHP supplemental funding to achieve the following objectives.

1. **Outreach**: Engage new and existing patients in HIV prevention services, identifying those at risk for HIV using validated screening tools, as indicated on your Project Plan Form.
2. **HIV Testing**: Increase the number of patients tested for HIV. Provide an estimate on your Project Overview Form and describe how it will be met on your Project Plan Form.
    - 2a. **PrEP Prescriptions**: For patients who test negative, provide HIV prevention education, and prescribe and support the use of clinically indicated PrEP. Provide an estimate on your Project Overview Form and describe how it will be met on your Project Plan Form.
    - 2b. **Linkage to Treatment**: For patients who test positive, link them to HIV treatment. Provide an estimate on your Project Overview Form and describe how it will be met on your Project Plan Form.
3. **Partnerships**: Establish new and/or enhance existing partnerships with health departments, and community and faith-based organizations to support identification of at-risk individuals, testing, linkage to treatment, and other activities that will help achieve the PCHP purpose and objectives, as indicated on your Project Plan Form.
4. **Personnel**: Within 8 months of award, add at least 0.5 FTE personnel who will identify individuals for whom PrEP is clinically indicated and support their access to and use of PrEP. PCHP funds may support additional personnel who will help achieve the PCHP purpose and objectives. Provide all proposed personnel increases on your Staffing Impact Form and describe how they will be met on your Project Plan Form.

- All proposed personnel must support a health center staffing plan that will:
  - Address stigma and other access barriers;
  - Enhance patients' knowledge of HIV, PrEP, and HIV status; and
  - Support HIV risk reduction, access to and use of PrEP, and linkage to HIV treatment.

2. Technical Assistance Resources

In addition to establishing partnerships with health departments, RWHAP-funded organizations, and community and faith-based organizations, you should consider other resources that may assist you in developing your PCHP project. Leverage available HRSA-supported technical assistance organizations working in this area, such as AIDS Education Training Centers (AETCs), National Training and Technical Assistance Cooperative Agreements (NCAs), and your respective Primary Care Association, Health Center Controlled Network, and state Primary Care Office. The Lesbian, Gay, Bisexual, and Transgender People and Health Information Technology NCAs have existing and forthcoming materials that may advance your project concept and implementation success.

Telehealth[24] can be an important tool for delivering services and resources to target populations. Specifically, tele-PrEP (i.e., PrEP-related clinical services delivered virtually in alignment with the health center's current scope of project) can increase medication access and adherence for patients at risk for HIV who face barriers to accessing care, such as social stigma. The HRSA-supported Telehealth Resource Centers offer technical assistance and coaching to advance the use of telehealth.

Additionally, the Centers for Disease Control and Prevention (CDC) and state and local health departments may have helpful materials, as well as data and technology platforms (e.g., survey tools, health information exchanges). The PCHP technical assistance webpage also provides links to a variety of references. Refer to Appendix A: Example Uses of PCHP Funding for more information.

3. Ineligible Costs

You may **not** use PCHP funding for the following:

- Costs already supported with H80 funding;

[24] Telehealth is the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

- Purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology;[25]
- New construction activities, including additions or expansions;
- Minor alteration or renovation (A/R) projects;[26]
- Installation of trailers and pre-fabricated modular units;
- Facility or land purchases;
- Purchase of vehicles to transport patients or health center personnel (mobile units are allowed);
- Needles and syringes for illegal drug injection;[27] or
- Devices solely used for illegal drug injection (e.g., cookers).[22]

Under existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all funding awarded under this opportunity and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

V. APPLICATION AND SUBMISSION INFORMATION

1. Application Announcement, Deadline, and Award Notice

HRSA sent an email to eligible health centers via the individuals registered as project director, business official, and authorizing official in the H80 grant folder in the HRSA Electronic Handbooks (EHBs). This email specified your maximum budget request as determined by the PCHP funding formula according to current sub-program funding[28] proportions, and provided details on how to access the application module in EHBs.

Applications are due in EHBs by **5 p.m. ET on December 16, 2019**. HRSA anticipates making awards before the funding start date of April 1, 2020.

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[25] The Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology have established standards and other criteria for structured data. For additional information, refer to https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html

[26] Minor A/R projects include work to repair, improve, and/or reconfigure the interior arrangements or other physical characteristics of a location.

[27] See the Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016, available at https://www.cdc.gov/hiv/pdf/risk/hhs-ssp-guidance.pdf.

[28] Health Center Program sub-program funding streams are: Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC).

2. Application Requirements

Your proposal must respond to the funding purpose and fulfill the PCHP objectives. Refer to Appendix B: Application Instructions for detailed guidance on how to complete each application component.

3. DUN and Bradstreet Universal Numbering System and System for Award Management

Every applicant is required to have a valid Dun and Bradstreet Universal Numbering System (DUNS) number, also known as the Unique Entity Identifier, and to maintain an active System for Award Management (SAM) registration at all times. If you have not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that you are not qualified to receive an award.

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

4. Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

By submission of this proposal, you certify that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. Failure to make required disclosures can result in any of the remedies described in 45 C.F.R. § 75.371, including suspension or debarment. (See also 2 C.F.R. parts 180 and 376, and 31 U.S.C. § 3321.)

5. Financial Management and Accounting

Recipients must have accounting structures and internal controls in place that provide accurate and complete information for costs associated with this award. HRSA funding and expenditures for PCHP must be tracked and documented in alignment with the specifications described in 45 C.F.R. § 75.302.

VI. REPORTING REQUIREMENTS

1. Reporting and Additional Requirements

Award recipients must report PCHP progress through:

- Tri-annual progress updates;
- A narrative description of progress via the annual Budget Period Progress Report (BPR) beginning with the FY 2021 BPR; and
- Annual UDS reports.

Health centers will provide estimates for and provide PCHP-specific progress updates on:

- Health center visits during which an HIV test was performed.
- Patients tested for HIV.
- Patients with a documented HIV test performed between the ages of 15 and 65 years.
- Patients at risk for HIV who were prescribed PrEP.
- Patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of HIV diagnosis.
- Personnel FTE added to support HIV prevention services.

In tri-annual progress reports, health centers will also provide metrics such as the number of new HIV diagnoses made.

2. Application Reviews

HRSA has procedures for assessing the technical merit of applications to provide for an objective review. HRSA will conduct reviews for completeness, eligibility, and allowable costs. HRSA reserves the right to request budget modifications and/or narrative revisions if an application is not fully responsive to the PCHP instructions or if ineligible activities or purchases are proposed.

Before award, HRSA will assess the H80 award status of all applicants. You are not eligible to receive PCHP funding if you meet any of the following exclusionary criteria at the time of award:

- Have stopped receiving H80 funding.
- Have any conditions on your H80 award related to Health Center Program requirement area(s) that are in the 30-day final phase of Progressive Action.
- Are in the process of phasing out your H80 award (e.g., relinquishment, discontinuation).

The Health Center Program is subject to the provisions of Executive Order 12372, as implemented by 45 C.F.R. part 100. See Executive Order 12372 in the HHS Grants Policy Statement. Award recipients must comply with applicable requirements of all other federal laws, executive orders, regulations, and policies governing the Health Center Program.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 C.F.R. § 75.205).

HRSA reviews applications receiving a favorable prefunding review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine if HRSA can make an award, if special conditions are required, and what level of funding is appropriate. HRSA may conduct onsite visits and/or use the organization's current compliance status to inform final funding decisions.

Award decisions, including funding level, are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 C.F.R. § 75.205.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 C.F.R. § 75.212).

VI. AGENCY CONTACTS

For assistance completing the PCHP application, contact the appropriate resource below.

Table 1: PCHP Points of Contact

Electronic submission issues	Technical assistance resources
Health Center Program Support Online (preferred): BPHC Contact Form • Complete the Contact Form, Contact Record, Organization, Contact Verification screens • Select "Applicant" for Requestor Type • Select "EHBs" on the Health Center or EHBs Question screen	**PCHP technical assistance webpage** Provides example forms, responses to frequently asked questions, and other resources.

• Select “Application Systems Question” for the Issue Type • Enter your question and include “HRSA-20-091” and your EHBs application tracking number Phone: 1-877-464-4772 (select option two)	
Proposal and submission questions	**Business, administrative, and fiscal questions**
PCHP Technical Assistance Team Online (preferred): BPHC Contact Form • Complete the Contact Form, Contact Record, Organization, Contact Verification screens • Select “Applicant” for Requestor Type • Select “Health Center” on the Health Center or EHBs Question screen • Select “Applications” for the Issue Type • Select “Primary Care HIV Prevention (PCHP)” for the Issue Sub-type • Enter your question and include your EHBs application tracking number Phone: 301-594-4300	**Francesca Mack** Office of Federal Assistance Management Division of Grants Management Operations fmack@hrsa.gov 301-443-6363

APPENDIX A: EXAMPLE USES OF PCHP FUNDING

The following are example activities and purchases that may support expanding HIV prevention services that decrease the risk of HIV transmission, with a focus on supporting access to and use of PrEP, and achieving the PCHP objectives.

Access to PrEP

- Support PrEP access through care coordination that will help patients obtain PrEP medication through patient assistance programs, donation programs, and the 340B Drug Discount Program.
- Purchase Food and Drug Administration (FDA)-approved PrEP medications to facilitate same-day PrEP initiation.[29]
- Enhance workflows and use of technology, including EHR enhancements and tele-PrEP, to improve PrEP access and adherence, evaluation for co-occurring conditions, and necessary follow up.
- Support PrEP adherence through care integration and coordination support that address co-existent behavioral health conditions and social determinants of health.
- Provide professional development about PrEP prescribing practices and addressing barriers to PrEP, such as follow up for required testing and stigma, to increase PrEP initiation, patient engagement, and self-management.
- Revise policies and procedures to better ensure a culturally competent, welcoming environment to engage all patients, including at-risk populations.
- Support PrEP adherence through such strategies as hiring a PrEP navigator, providing patient education and counseling, and collaborating with community-based organizations working with at-risk populations.
- Leverage partnerships with Health Center Controlled Networks and the Health Information Technology NCA to support data-driven quality improvement of PrEP and other prevention services through such strategies as strengthening information exchange with health departments regarding referrals and re-engaging patients in care, and using pharmacy data on PrEP prescriptions filled to promote adherence.
- Purchase home laboratory kits to support adherence to PrEP follow-up test recommendations.

Outreach

- On behalf of the health center, organize and participate in community health fair events to attract and enroll community members and raise awareness of HIV, PrEP, post-exposure prophylaxis (PEP), and how to reduce HIV infection risk.

[29] Kamis K, Scott K, Gardner E, et al. 859. Same-Day HIV Pre-exposure Prophylaxis (PrEP) Initiation During Drop-in STD Clinic Appointments Is a Safe, Feasible, and Effective Method to Engage Patients at Risk for HIV in PrEP Care. *Open Forum Infect Dis*. 2018;5(Suppl 1):S20. Published 2018 Nov 26.

- Engage new patients by providing outreach and HIV prevention education and services at community locations throughout the service area, in accordance with current scope of project Form 5C: Other Activities/Locations.
- Leverage partnerships with health departments, RWHAP-funding organizations, and other community and faith-based organizations (e.g., emergency departments, emergency medical services, police departments, corrections departments, opioid treatment programs, housing programs) to increase referrals received for HIV prevention services.
- Coordinate with health departments and other community and faith-based organizations to develop and enhance joint social media campaigns to reach individuals at risk for HIV infection.
- Provide training and education to patients, families, and communities on the availability of evidence-based resources and strategies to prevent HIV and related conditions, including mental health conditions, substance use disorders, viral hepatitis, endocarditis, and sexually transmitted infections.
- Strengthen partnerships to ensure use of culturally-appropriate approaches to engage communities at risk for HIV, including people experiencing homelessness, people who inject drugs, migrant communities, and people identifying as lesbian, gay, bisexual, and transgender (LGBT) (e.g., opioid treatment programs, medication-assisted treatment providers, organizations providing counseling and behavioral therapy, SSPs (consistent with applicable federal and state law, including but not limited to federal restrictions on use of grant funds), housing programs, faith-based organizations, and community centers).
- Participate in SSPs (consistent with applicable federal and state law, including but not limited to federal restrictions on use of grant funds) and condom distribution programs to increase access to interventions to reduce HIV transmission, where legally permissible.

Testing

- Enhance workflows to support universal HIV testing (i.e., an opt-out screening protocol) by enhancing clinical decision support, EHR forms and reports, and data extraction from health information exchanges.
- Establish workflows to support rapid access to HIV testing, PrEP, and PrEP follow up (e.g., PrEP clinics), including those that facilitate access through any service, such as behavioral health, oral health, and women's health.
- Increase use of clinical decision support to provide appropriate follow-up HIV testing and other recommended laboratory tests for patients using PrEP and patients who previously tested negative for HIV who are at risk for acquiring HIV.
- Increase use of clinical decision support and enhanced workflows to facilitate risk-based HIV testing.
- Increase use of clinical decision support to screen for common co-occurring conditions including sexually transmitted infections, viral hepatitis, endocarditis,

mental health conditions, and substance use disorders, and provide appropriate care as indicated, such as education and counseling, vaccination, and treatment.
- Purchase HIV home-tests for distribution to patients and at outreach events, along with promotion of health center services.

Workforce
- Hire PrEP navigators to provide care coordination to patients testing negative but who are at risk for acquiring HIV to increase PrEP access and adherence.
- Hire primary care providers and clinical pharmacists who can deliver HIV prevention services, including follow-up HIV testing, prescribing PrEP and PEP, co-occurring condition management, and HIV treatment.
- Hire and/or contract with enabling services providers who can support culturally appropriate HIV prevention services, such as care coordinators, patient educators, outreach and enrollment specialists, and translators.
- Hire primary care and/or enabling service providers to support the delivery of integrated primary and HIV care services, linkage to treatment, and care coordination necessary for persons who test positive for HIV, including internal and external referrals for appropriate treatment.
- Contract with a practice transformation facilitator to implement evidence-based prevention and treatment strategies within an integrated HIV-primary care model by redefining roles, creating new roles, and modifying workflows.
- Build new and enhance existing care coordination workflows, including infrastructure to support the delivery of virtual care, to help address barriers to HIV prevention and treatment services, and the identification and management of co-occurring conditions, including viral hepatitis, sexually transmitted infections, endocarditis, and mental health and substance use disorder services.
- Build new and enhance existing workflows to support the appropriate transition from PEP to PrEP.

Professional Development and Training
- Support training for providers and staff in accessing available resources to help patients access PrEP.
- Support the preparation of licensed and pre-license professionals and paraprofessionals to provide HIV prevention services through such activities as peer mentorship; learning collaboratives; targeted recruiting; developing, implementing, and evaluating experiential training; coordinating student and post-graduate rotations, residencies, and/or fellowships; and building academic partnerships.
- Enhance strategic partnerships, including those with AETCs, RWHAP-funded organizations, and NCAs, to support provider and staff professional development through such activities as education, clinical consultation, peer coaching, learning collaboratives, and other technical assistance.

- Support providers to serve as on-hand consultants at the point of care for other health center providers and staff in topics essential to HIV prevention services (e.g., diagnosing and treating common co-occurring conditions such as substance use disorders and mental health conditions, sexually transmitted infections, and viral hepatitis; risk reduction counseling; patient engagement; and care coordination).
- Support training and accredited continuing education for providers and staff in taking sexual health histories; supporting patients' behavior changes to reduce risk; maximizing the success of PrEP; and implementing effective high-impact HIV prevention interventions, including testing, PrEP, PEP, diagnosis, and linkage to treatment.
- Support training and accredited continuing education for leadership, providers, and staff on the potential, allowed activities for health centers that support SSPs, such as providing comprehensive primary care services, HIV testing, provision of PrEP and PEP, substance use disorder and mental health services, and increasing access to these services through peer counseling, care management, and transportation.
- Support training and accredited continuing education for leadership, providers, and staff to address stigma, cultural competence, patient health literacy, and other barriers that may impede access to needed HIV prevention services.
- Support training and accredited continuing education for health center personnel, including physicians, nurses, assistants, pharmacy staff, community health workers, patient advocates, and other personnel, on guidelines for HIV testing and delivering test results to patients.

Health Information Technology

- Enhance the use of telehealth to deliver HIV prevention services, such as tele-PrEP, by establishing contracts to provide peer coaching, receiving referred patients from HIV-testing sites, embedding live streaming consulting into the EHR, and leveraging the technical assistance available through HRSA-funded Telehealth Resource Centers and the Health Information Technology NCA.
- Leverage strategic partnerships with Health Center Controlled Networks and the Health Information Technology NCA to support data-driven quality improvement through activities such as enhancing electronic patient engagement and achieving cost efficiencies through care integration.
- Purchase systems and/or contract for services to provide virtual care, such as those that increase patient engagement and self-management, home monitoring of symptoms and medication adherence, 24-hour access, and synchronous and asynchronous patient visits.
- Enhance the EHR to include domains to record HIV risk factors, post-hospitalization or emergency department follow up, and history of related co-occurring conditions, including infectious diseases and substance use disorders.

- Enhance the EHR to facilitate reporting, including to UDS, of PrEP prescription, follow-up testing, and adherence.
- Enhance the EHR with clinical decision support to facilitate the consistent use of clinical guidelines on HIV testing, prevention, referral, and treatment, as well as appropriate management of PrEP.
- Enhance the EHR to support or improve health information exchange with clinical and community-based partners, such as health departments and pharmacies for prescription fill information (i.e., RxFill).
- Follow the principles and standards in the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action to strengthen participation in cybersecurity information sharing and analysis systems that protect patients' clinical information, and provide necessary training to personnel to ensure robust and consistent security of patients' health information.
- Enhance education for patients, families, communities, staff, and providers on the use of mobile applications that help patients use PrEP as prescribed.

APPENDIX B: APPLICATION INSTRUCTIONS

You will complete and submit your PCHP application in EHBs. No Grants.gov submission is required.

Application components are listed below, followed by detailed instructions. This information should be used in conjunction with the EHBs User Guide. The EHBs User Guide and other resources to help you develop and complete your application submission are available on the PCHP technical assistance webpage.

1. SF-424A Basic Information and Budget Forms
2. Budget Narrative
3. Federal Object Class Categories Form
4. Project Overview Form
5. Project Plan Form
6. Staffing Impact Form
7. Equipment List Form (if applicable)
8. Attachments

1. SF-424A Basic Information and Budget Forms

Enter or update required information on the SF-424A Parts 1 and 2, and the Budget Information Form. Fields that are not marked as required may be left blank.

- Budget Information Form: In Section A, enter the federal and non-federal costs for **year one (12 months)** of funding for each currently funded sub-program (i.e., CHC, HCH, MHC, and PHPC). PCHP funding must be requested by and will be provided to award recipients in the same sub-program funding proportions as their existing H80 award. See your notification email for your maximum funding request amount and sub-program proportions.
- Project Description/Abstract: A focused project description/abstract is required for this application that:
    - Indicates if your health center currently receives RWHAP funding;
    - Describes how the proposed staffing plan supported by PCHP funds will lead to an increase in patients receiving PrEP; and
    - Describes how the estimates for patients receiving PrEP align with health center capacity and the service area's unmet need.

2. Budget Narrative (attachment)

Upload a Budget Narrative that clearly explains and justifies the federal and non-federal PCHP expenditures for year 1 and year 2 by object class category.[30] The sum of line item costs for each category must align with those presented on the Federal Object Class Categories Form. Refer to the example Budget Narrative available on the PCHP technical assistance webpage for guidance.

All contractual arrangements must be appropriate for health center oversight of the proposed project, and include any contractors and sub-recipients, or parent, affiliate, or subsidiary arrangements. Include any proposed costs for activities that health departments, community and faith-based organizations, and RWHAP-funded organizations will perform in support of the PCHP project. Also include any in-kind donations from these or other organizations in support of the PCHP project in the non-federal fields, as appropriate.

You must demonstrate that PCHP funds will be used for costs addressing the PCHP purpose and objectives. Your current H80 award may not support proposed PCHP costs. Your Budget Narrative must clearly detail proposed costs for each federal object class category, with calculations for how each cost is derived, and not include any ineligible cost. PCHP funding may support eligible costs associated with SSPs, which are an effective public health approach to reduce the spread of infectious diseases such as HIV.[31]

If new personnel who will support your PCHP project are hired between the time of this NOFO release and April 1, 2020, they must be paid through funding other than your H80 award before April 1, 2020. You must succinctly explain this situation, including the transient nature of the initial funding, in your Budget Narrative. Any pre-award action is taken at your own risk.

Guidance by Federal Object Class Category

- **Personnel**: List costs for each direct hire staff and provider who PCHP funding will support, not including fringe benefits and travel. The example Staffing Impact Form on the PCHP technical assistance webpage lists the allowable position types. PCHP funds may not be used to support personnel positions not listed on the Staffing Impact Form.

[30] For details on allowable costs, see 45 C.F.R. part 75, available at http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75.

[31] Guidance on using federal funding to support SSPs is provided by Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016 and the HRSA-Specific Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016.

- **Fringe benefits**: List the components of the fringe benefit rate for proposed direct hire staff. Fringe benefits should be directly proportional to the personnel costs allocated for the PCHP project.
- **Travel**: Identify expenses associated with travel for consultants, direct hire personnel, and/or contractors. Detail travel costs consistent with the organization's established travel policy and in compliance with 45 CFR §75.474.
- **Equipment**: List tangible personal property (including information technology systems) that has a useful life of more than 1 year and a per-unit acquisition cost of at least $5,000. Annual total equipment costs may not exceed $150,000. Ensure that the equipment costs entered in the Federal Object Class Categories, Budget Narrative, and the Equipment List Forms are equal. Licenses for EHRs for new personnel and health information technology should be reported in "Other" costs in your budget, and not considered equipment.
- **Supplies**: List supplies that support your PCHP project individually, separating items into three categories: office, medical, and educational. Include equipment that does not meet the $5,000 threshold listed above.
- **Contractual**: Clearly state the purpose of each contract, including specific deliverables. You must have an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.
- **Other**: Include all costs that do not fit into any other category and provide an explanation of each cost. List EHR license fees for new personnel and health information technology, if any.
- **Indirect costs**: Include indirect costs in your budget request only if your organization has a negotiated indirect cost rate agreement or has previously claimed a de mimimis rate of 10 percent of modified total direct costs. Provide a copy of your negotiated indirect cost rate agreement as instructed in Attachments.

Personnel Justification Table

Include a Personnel Justification Table in the Budget Narrative attachment. You must include all direct hire and contractor personnel who you propose to support with PCHP funding. At a minimum, within 8 months of award, you must add at least 0.5 FTE personnel who will support access to and use of PrEP. If you will adjust any personnel between year 1 and year 2, provide separate tables for each year, otherwise provide only a table for year 1. See the example Budget Narrative available on the PCHP technical assistance webpage for all required fields. Before calculating personnel costs, annual salaries must be adjusted to not exceed the Executive Level II salary, currently set at $192,300. This salary rate limitation also applies to sub-awards/sub-contracts under a HRSA grant.

4. Federal Object Class Categories Form

Enter federal and non-federal expenses by object class category for all proposed PCHP activities and purchases for **year 1 and year 2** separately.[32] Limit federal expenses to the PCHP funding you are requesting. The total for year 1 and year 2 may not individually exceed the maximum request amount provided in your notification email. The total funding requested on this form must align with the total funding request amounts on your Budget Narrative. The year 1 total amount on the Federal Object Class Categories Form must equal the total amount on the SF-424A Budget Information Form. Annual total equipment costs may not exceed $150,000, and the year 1 amount must match the total cost presented on the Equipment List Form.

5. Project Overview Form

HIV Testing, PrEP Prescriptions, and Linkage to Treatment Estimates

Indicate on the Project Overview Form estimates for the HIV Testing, PrEP Prescriptions, and Linkage to Treatment objectives. Provide estimates for each objective in calendar year (CY) 2020 (January 1, 2020 through December 31, 2020). You will demonstrate achievement of the proposed estimates through PCHP tri-annual progress updates and the 2020 UDS report. Estimates will not affect your H80 patient target or your performance measure targets set through your last Service Area Competition application.

- HIV Testing Objective
  - HIV tests performed (consistent with the 2019 UDS Manual, Table 6A, line 21)
    - Estimate the number of health center visits during which a HIV test will be performed in CY 2020.
    - Estimate the number of patients who will be tested for HIV in CY 2020.
  - Patients with a documented HIV test (Centers for Medicare and Medicaid (CMS) electronic clinical quality measure (eCQM) CMS349v2)[33]
    - Estimate the percentage of patients with a documented HIV test performed between the ages of 15 to 65 years.
- PrEP Prescriptions Objective (proposed 2020 UDS measure)[31]
  - Estimate the number of patients at risk for HIV who will test negative for HIV and will receive a PrEP prescription in CY 2020.
  - Estimate should reflect health center capacity and the service area's unmet need, and consider health centers' role in ending the HIV epidemic by increasing PrEP prescribing, as defined by the Ending the HIV Epidemic initiative.

[32] See Summary of Funding for details.
[33] See PAL 2019-05 "Proposed Uniform Data System Changes for Calendar Year 2020," available at https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/pdf/2020-uds-proposed-pal-oqi.pdf.

  - HRSA may not award or reduce year 2 PCHP funding if you do not increase access to PrEP.
- Linkage to Treatment Objective[31]
  - Estimate the percentage of patients newly diagnosed with HIV who will be seen for follow-up treatment within 30 days of diagnosis in CY 2020.

Scope of Project

Review your Form 5A: Services Provided to determine if a scope adjustment or change in scope request is necessary to ensure that all planned services are in scope. HIV prevention services are a component of comprehensive primary care services. Therefore, they are not a separate major service category of their own on Form 5A. However, your PCHP project may require a change in other services (e.g., to add or move substance use disorder Services to Columns I and/or II, to move screening or diagnostic laboratory services from Column III to Column I).

New and enhanced partnerships with health departments, and community and faith-based organizations that will refer patients to the health center for testing do not require a change in scope. Partnerships with RWHAP-funded organizations, however, may require a change in scope (e.g., new referral arrangement for the delivery of primary care services for HIV treatment).

Review your Form 5B: Service Sites and Form 5C: Other Activities/Locations. If you propose to use PCHP funds to purchase a mobile unit and the mobile unit will not replace a mobile site in scope, you will need to request a change in scope to add a mobile site to Form 5B. If you propose to use PCHP funds to provide services at new locations that do not meet the definition of a service site or have irregular or limited timeframes, you will need to update your Form 5C.[34] You may not use the PCHP application to propose a new site. PCHP-supported activities may be conducted at a new site only after the site is added to your approved scope of project.

Access the technical assistance materials on the Scope of Project resource webpage and contact your H80 project officer for guidance in determining if a scope adjustment or change in scope will be necessary. If you require changes based upon the proposed project, provide an overview of the changes along with a timeline for making the necessary request in this section of the Project Overview Form. You must submit scope adjustment and change in scope requests outside of the PCHP application and obtain approval before implementing a new service, service delivery method, or site. You should allow 60 days for HRSA to review your request.

Technical Assistance

[34] See section III.B.1.g: Other Activities of Policy Information Notice 2008-01 for additional information, available at https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/pin2008-01.pdf.

Indicate the technical assistance topics that would support the successful implementation of your PCHP project. You must select at least one option. HRSA may use this information when considering topics for future technical assistance.

6. Project Plan Form

Provide a project plan to depict clearly and succinctly depict how you will achieve the PCHP purpose and meet the six PCHP objectives. Information included in your plan should be consistent with the information in other application components (e.g., your Project Plan Form should include all personnel proposed in your Staffing Impact Form, which should align with your Budget Narrative).

Your plan will state objectives, the activities you will take to achieve them, and their related outputs. The activities and outputs should address intermediate milestones and provide detail to demonstrate that your project is achievable. You are strongly encouraged to review the example project plan on the PCHP technical assistance webpage, which presents a complete plan.

You should clearly delineate the contributions of health departments, community and faith-based organizations, and RWHAP-funded organization partners across all relevant objectives on the Project Plan Form.

- Objectives
  - Six objectives that align with each of the PCHP objectives are pre-populated in the application module. You cannot modify these objectives.
    - Personnel FTE increases and patient estimates should align across application components.
    - Patient estimates will not affect your H80 patient target or your performance measure targets set through your last Service Area Competition application.
  - You may propose up to four additional objectives. Any self-defined objectives should be specific, measurable, assignable, realistic, and time-related (SMART).
- Activities
  - List at least two action steps that you will take to achieve each objective.
  - Activities should align with the proposed costs and may highlight existing resources that you will leverage.
  - Activities that address more than one objective should be repeated under each relevant objective.
- Outputs
  - For each objective, list at least two main accomplishments that will result from the activities.
  - Provide a target date by which you propose to accomplish each output.

        - You must achieve an increase of at least 0.5 FTE within 8 months of award for personnel who will support access to and use of PrEP.
    - Outputs that relate to more than one objective should be repeated under each relevant objective.

6. Staffing Impact Form

Enter the direct hire personnel and/or contractor FTEs who will support the expansion of HIV prevention services according to the allowed position types listed on this form. **All personnel who you will support with PCHP funds must be listed on this form.** The personnel additions must support a health center staffing plan that will:

- Address stigma and other access barriers;
- Enhance patients' knowledge of HIV, PrEP, and HIV status; and
- Support HIV risk reduction, access to and use of PrEP, and linkage to HIV treatment.

Within 8 months of award, you must add at least 0.5 FTE personnel who will support access to and use of PrEP. HRSA may not award or reduce year 2 PCHP funding if you do not achieve this increase. PCHP funds may support additional personnel who will help achieve the PCHP purpose and objectives. You may support multiple part-time positions that combine to meet the 0.5 FTE threshold (e.g., 0.25 FTE PrEP navigator and 0.25 FTE contracted patient education specialist). A personnel's FTE cannot be counted toward both the PCHP staffing increase and another H80 funding FTE increase requirement if the award is pending (e.g., FY 2019 Integrated Behavioral Health Services proposal 0.5 FTE), or has been made (e.g., FY 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services award 1.0 FTE).

The example Staffing Impact Form on the PCHP technical assistance webpage lists the allowable position types. Position descriptions are available in the 2019 UDS Manual. You will demonstrate your achievement of the proposed FTE increase through PCHP progress updates and the 2021 UDS report.

7. Equipment List Form (if applicable)

If you request PCHP funding on the Equipment line for year 1 on the Federal Object Class Categories Form, list the proposed equipment purchases for year 1 only. The total on this form must equal the total amount of federal funding requested on the Equipment line for year 1 on the Federal Object Class Categories Form and may not exceed $150,000. Any equipment purchased with award funds must be pertinent to the PCHP project, procured through a competitive process, and maintained, tracked, and disposed of in accordance with 45 C.F.R. part 75.

For a definition of equipment, see the Budget Narrative instructions. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space. Permanently affixed equipment (e.g., heating, ventilation, and air conditioning (HVAC), generators, lighting) is categorized as minor alteration or renovation (A/R). Using PCHP funding for permanently affixed equipment is not allowed.

For each item on the Equipment List Form, the following fields must be completed:

- **Type** – Select clinical or non-clinical.
- **Item Description** – Provide a description of each item.
- **Unit Price** – Enter the price of each item.
- **Quantity** – Enter of the number of each item to be purchased.
- **Total Price** – The system will calculate the total price by multiplying the unit price by the quantity entered.

The selection of all equipment should be based on a preference for recycled content, non-hazardous substances, non-ozone depleting substances, energy and water efficiency, and consideration of final disposal (disposed in a manner that is safe, protective of the environment, and compliant with all applicable regulations), unless there are conflicting health, safety, and performance considerations. You are strongly encouraged to employ the standards established by either the Electronic Product Environmental Assessment Tool (EPEAT) or Energy Star, where practicable, in the procurement of equipment. Following these standards will mitigate the negative effects on human health and the environment. Additional information for these standards can be found at http://www.epeat.net and http://www.energystar.gov.

7. Attachments

Provide the following items in the order specified below. You must clearly label each attachment.

- **Attachment 1**: Budget Narrative, including Personnel Justification Table(s), required.
- **Attachment 2**: Negotiated Indirect Cost Rate Agreement, as applicable.
  - Required if you request indirect costs.
- **Attachment 3**: Memorandum of Understanding or Agreement, as applicable.
  - Required if you do not receive RWHAP funding. This required partnership will help you leverage the relationships, experience, and infrastructure of RWHAP-funded organizations to successfully achieve the PCHP purpose and objectives, including providing a referral target for HIV treatment, as needed.
  - You must submit a memorandum of understanding or agreement with a RWHAP-funded organization that defines the nature of the relationship, provides assurance of the partnership for the duration of the 2-year

funding period, and is signed by the appropriate representatives of the health center and RWHAP-funded organization.
    - Do not duplicate information between application components. The Budget Narrative should include all related costs and donations. The Project Plan Form should describe all related activities and outputs.
- **Attachment 4**: Year 2 Equipment List Form, as applicable.
    - Required if you request PCHP funds to support equipment purchases in year 2 of the Federal Object Class Categories Form.
    - You may download a copy of the Equipment List Form from the PCHP technical assistance webpage.
    - Provide only equipment costs for year 2. The total on this form must equal the total amount of federal funding requested on the Equipment line for year 2 on the Federal Object Class Categories Form and may not exceed $150,000.
    - See Equipment List Form for additional, general guidance.
- **Attachment 5**: Other Relevant Documents, as applicable.
    - Include other relevant documents to support the proposed project, as desired (e.g., health department letter of support). If you propose to use PCHP funds to support participation in an SSP, you are **required** to submit supporting documentation. For additional information, see the Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016 and the HRSA-Specific Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016.