Ryan White HIV/AIDS
Part C Capacity Development Program

Pre-Application Technical Assistance Conference Call
HRSA-17-042
January 26, 2017

Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau, Division of Community HIV/AIDS Programs
Director: Mahyar Mofidi, DMD, Ph.D.
Deputy Director: Stacey Evans, Ph.D.
Agenda

• HAB Vision and Mission
• Purpose
• New and Noteworthy
• Award Information
• Program Funding Opportunity Description
• Application and Submission Information
• Application Review Information
• Grant Submission Tips
• Question and Answer
Acronyms

- Application Guide
- CQM: Clinical Quality Management
- DUNS: Data Universal Numbering System
- EHB: Electronic Handbooks
- EHR: Electronic Health Records
- FOA: Funding Opportunity Announcement
- HAB: HIV/AIDS Bureau
- GMS: Grants Management Specialist
- MIS: Management Information System
- PLWH: People Living with HIV
- PO: Project Officer
- RWHAP: Ryan White HIV/AIDS Program
- SAM: System for Award Management
- WICY: Women, Infant, Children, and Youth
HIV/AIDS Bureau Vision and Mission

Vision
Optimal HIV/AIDS care and treatment for all

Mission
Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV and their families
HRSA-17-042 Purpose

To assist applicants to strengthen organizational infrastructure to respond to the changing health care landscape and to increase capacity to develop, enhance, or expand access to high quality HIV primary health care services for low-income, uninsured, underinsured, and underserved people living with HIV (PLWH). Applicants may propose one activity in either:

1) HIV Care Innovation, or
2) Infrastructure Development

*Please refer to pages 1 to 3 of the FOA.*
New and Noteworthy

• Public and nonprofit entities are eligible to apply (foreign entities are not eligible to apply)

• Ceiling funding amount has increased to $150,000

• The HIV Care Innovation category includes one new activity

• Infrastructure Development Category changes

• Deadline for the application is February 28, 2017

• Salary rate limitation has increased to $187,000
Award Information

- Approximately $2,250,000 is available to fund up to 15 grants.

- Applicants may submit proposals for only one of the following two categories: 1) HIV Care Innovation or 2) Infrastructure Development.

- Applicants may request funding amounts of up to $150,000 for the one year project period (9/1/17-8/31/18). Requests exceeding this amount will be deemed nonresponsive and will not be considered under this FOA.

- Applicants may propose an expansion of an activity currently supported with Part C Capacity Development or Part D Supplemental funding; however, the same activity funded in FY 2016 will not be considered for funding in FY 2017.

- Funding is not intended to support long-term activities.

*Please refer to pages 5 to 6 of the FOA.*
Funding for Only **One Activity** under the FY 2017 Part C Capacity Development

1. **HIV Care Innovation:**
   - HIV Case Finding;
   - Motivational Interviewing;
   - Patient-Based Treatment Adherence;
   - Chronic Disease Self-Management; or
   - Transitioning Youth into Adult HIV Care **NEW**

   **OR**

2. **Infrastructure Development (Expansion and Enhancement):**
   - Electronic Health Records (EHR);
   - Financial Management Systems; or
   - Management Information System
HIV Case Finding

- Train designated staff in HIV case finding techniques through local health departments and/or CDC-funded training centers (http://nnptc.org) and apply these skills in the clinical setting to link persons into HIV primary care after HIV testing to address one or more stages of the HIV care continuum.
HIV Care Innovation

Motivational Interviewing

• Train staff in Motivational Interviewing through the local AIDS Education and Training Centers (AETCs) or other resources to engage patients in HIV care.

• Develop policies and procedures to facilitate staff application of the training in the clinical setting to address one or more stages of the HIV care continuum.
HIV Care Innovation

Patient-Based Treatment Adherence

- Implement an innovative, patient-based treatment adherence program to provide long term adherence support for chronically non-adherent patients and apply the program to address one or more stages of the HIV care continuum.
HIV Care Innovation

Chronic Disease Self-Management

• Institute a clinic-wide Chronic Disease Management Program for HIV/AIDS based on the Stanford program or other resources for patient self-management to engage patients in long-term disease control and apply the program to address one or more stages of the HIV care continuum.

• Develop policies and procedures to apply the program.
Transitioning Youth (ages 13-24) into Adult HIV Care

- Implement transition planning/activities that include but are not limited to policies and procedures, and staff training to assist youth in transitioning from pediatric to adult HIV medical care.
- Focus on innovative approaches that build organizational capacity to effectively implement and manage the transition for the youth population.
- Recommended activities should include collaborations with pediatric/adolescent programs, capacity building to support transition, and mechanisms for post-transition assessment.
- Efforts should include measurements for successful transition and must address one or more of the stages of the HIV care continuum.
Infrastructure Development

Electronic Health Records (EHR)

• Enhancing or expanding existing EHRs to improve quality, safety, and efficiency of patient health care. This does not include the purchase of an EHR.

• Describe the plan to enhance or expand EHR and identify specific linkages to the HIV care continuum stage(s).
Infrastructure Development

**Financial Management Systems**

- Enhancement to or expansion of an existing financial accounting system or software.
- Develop protocols and billing policies based on the use of this enhanced system and illustrate how the activity will address one or more of the stages of the HIV care continuum:
Infrastructure Development

Management Information System

• Identifying, establishing and strengthening administrative, managerial, and Management Information System (MIS) structures to offer, enhance, or expand comprehensive HIV primary healthcare.

• Activity may include enhancements to interface with existing EHR to improve data collection and quality management activities that address one or more of the stages of the HIV care continuum:
 Eligibility Information

• Eligible applicants include public and nonprofit private entities. Faith-based and community-based organizations, and Tribes and tribal organizations are eligible to apply for these funds.

• Foreign entities are **not** eligible to apply
Two Components of the HRSA-17-042 Announcement:

1) Program Specific Instructions
   • Part C Capacity Development FOA HRSA-17-042 (“FOA”)

2) HRSA’s General Guidance
   • **SF 424 Application Guide** (“Application Guide”)
   • Links are found throughout the FOA (beginning pp. ii and 7.)
Application Structure

Applicants must include the following sections in their application (Section IV of FOA):

(i) Project Abstract
(ii) Project Narrative
   - Introduction
   - Needs Assessment
   - Methodology
   - Work Plan
   - Resolution of Challenges
   - Evaluation and Technical Support Capacity
   - Organizational Information

(iii) Budget
(iv) Budget Narrative
(v) Attachments (8)

The total size of all uploaded files may not exceed the equivalent of 30 pages when printed by HRSA.
Project Abstract

Include:
• Project Title: “FY17 RWHAP Part C Capacity Development Program”
• The amount requested for the one-year project period
• Summary of the proposed capacity development activity to improve health outcomes along the HIV care continuum with the specific stage(s) in the HIV care continuum to be addressed by the activity.
• Amount requested (up to $150,000)
• The statutory preference requested, if applicable.

* Note: Abstract must be single-spaced and no more than one page in length.

See page 7 in the FOA and page 41 in the SF424 Application Guide.
Project Narrative

Major Sections:
• Introduction
• Needs Assessment
• Methodology
• Work Plan
• Resolution of Challenges
• Evaluation and Technical Support Capacity
• Organizational Information

Please see pages 8 to 12 in the FOA.
Introduction

• Briefly describe the purpose of the proposed project.
• Clearly state the proposed activity – within HIV Care Innovation or Infrastructure Development.
• Explain why it is needed and how health outcomes along the HIV care continuum will improve.
• Address how the proposed project will meet one or more of the National Goals to End the HIV Epidemic.
• Indicate if requesting a statutory/funding preference (see Section V of the FOA).
Needs Assessment

• Describe unmet need based on evaluation of the gaps in the HIV care continuum.

• Reference the specific proposed activity under the HIV Care Innovation or the Infrastructure Development option.

• Provide CY 2015 and 2016 data for each stage of the HIV care continuum.

• Describe the specific target population(s) that will be impacted by the proposed activity.

• The proposed activity may address a gap across the entire HIV population served by your organization or it may address a subgroup of patients served by your organization that experiences poor health outcomes such as low viral suppression.

• Clearly define the data provided, including the definitions of the numerators and denominators used.
Sample Table for Baseline Data

<table>
<thead>
<tr>
<th>HIV Care Continuum Stage</th>
<th>2015 Numerator/Denominator and (%)</th>
<th>2016 Numerator/Denominator and (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis of HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linkage to Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retention in Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipt of ART</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achievement of Viral Suppression</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Sample Table Including Specific Target Populations

<table>
<thead>
<tr>
<th>HIV Care Continuum Stage</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linkage to Care (Total)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linkage to Care (Young MSM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retention in Care (Total)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retention in Care (Young MSM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number on ARVs (Total)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number on ARVs (Young MSM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viral Load less than 200 cop/mL (Total)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viral Load less than 200 cop/mL (Young MSM)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Methodology

In this section:

• Propose methods that will be used to address the selected activity;
• Identify collaboration and coordination efforts and strategies; and
• Describe proposed plans for how the activity will be continued beyond the project period.

REMINDER: The selected activity must be under one of the two categories for funding under this FOA:

1. HIV Care Innovation, or
2. Infrastructure Development

Please refer to pages 9-10 of the FOA
Work Plan-Narrative

- Identify the specific proposed activity and discuss how the activity is expected to address the specified stage of the HIV care continuum.
- Applicants should list all action steps that will be necessary to implement the proposed project and accomplish the proposed objectives.
- Use applicable performance measures for evaluation.

*Please refer to page 10 of the FOA*
## Sample Work Plan – Table

**Problem Statement:** Only 60% of PLWH on antiretroviral therapy achieved viral load suppression in 2014.

Goal: Improve the percent of PLWH on ART with viral load suppression to 65% in calendar year 2015 and 75% in 2016.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Key Action Steps</th>
<th>Completion Date</th>
<th>Evaluation Method</th>
<th>Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated clinic staff to complete treatment adherence training</td>
<td>RN, Pharmacists, MCMs will undergo adherence training.</td>
<td>Month/Year</td>
<td>Track # of persons who complete the adherence training quarterly</td>
<td>95% of designated staff will be trained by month 6</td>
</tr>
<tr>
<td>Revise the clinic schedule and room assignments</td>
<td></td>
<td>Month/Year</td>
<td>Track # of appointment slots for treatment adherence</td>
<td>Increase # of treatment adherence slots by 50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Track # of PLWH attending treatment adherence appointments.</td>
<td>Increase # of kept adherence appointments by 25%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HAB Viral Load suppression indicator</td>
<td>Increase VL suppression to 65% in 2015</td>
</tr>
</tbody>
</table>
Resolution of Challenges

- Discuss any challenges likely to be encountered in designing and implementing the activity described in the work plan, and in measuring improvement in the HIV care continuum.

- Discuss approaches that will be used to resolve identified challenges.

- Challenges should be specific to the proposed activity and relate to overall goal(s) or objective(s) proposed in the work plan.
Evaluation and Technical Support Capacity

• **Data Collection and Management**
  - Describe data collection systems and the methods used to collect and monitor the outcomes of the proposed activity in the work plan.
  - Outline how data will be collected, verified, and reported.

• **Project Evaluation**
  - Describe evaluation and CQM program activities to assess the impact.
  - Discuss the performance measures selected, the timeline and expected outcomes.
  - HHS core/ HAB HIV indicators are recommended.
  - Discuss how evaluation results will be disseminated to staff, consumers, and the community.

*Please refer to page 11 of the FOA*
Organizational Information

• **Organizational Capabilities**
  • Describe the current capabilities and expertise of your organization.

• **Project Experience**
  • Describe particular organizational skills or capabilities contributing to the implementation of the proposed capacity development activity.

• **PLWH Involvement**
  • Describe how PLWH and organizations representing them are included in the decision-making process and execution of the capacity development activity.

*Please refer to pages 11 to 12 of the FOA*
# Sample Staffing Plan

<table>
<thead>
<tr>
<th>Name</th>
<th>Education/Credentials</th>
<th>Title</th>
<th>Project Role</th>
<th>FTE</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs. Doe</td>
<td>MPH</td>
<td>Program Coordinator</td>
<td>Oversight of grant award and project implementation</td>
<td>1.0</td>
<td>5 years as program coordinator, previously was Data/CQM Manager for same entity</td>
</tr>
<tr>
<td>Dr. Jones</td>
<td>MD</td>
<td>Medical Director</td>
<td>Oversight of clinic staff, SOPS and CQI projects</td>
<td>1.0</td>
<td>15 years providing HIV primary care</td>
</tr>
<tr>
<td>Ms. Kona</td>
<td>Assoc Degree</td>
<td>CQM Coordinator, Retention Specialist</td>
<td>Oversight of CQM Activities</td>
<td>.5</td>
<td>4 years working in HIV clinic scheduling appointments, making referrals, medical data entry</td>
</tr>
<tr>
<td>Mr. Lewis</td>
<td>MSW</td>
<td>Medical Case Manager</td>
<td>Treatment adherence training</td>
<td>.75</td>
<td>3 years providing HIV medical case management</td>
</tr>
</tbody>
</table>
Budget Requirements

Budget Information consists of three major parts:

1. Budget Information for Non-Construction Programs (SF 424A Application Guide, federal line item budget)
2. Program-specific line item budget (in table format and PDF)
3. Budget justification narrative
Budget: Program-Specific Line Item

• Refer to the FOA to correctly categorize proposed budget allocations in the program-specific line item budget.

• Submit a reasonable, allowable and allocable program-specific line item budget in a PDF format, NOT an Excel spreadsheet, as Attachment 1.

• List personnel by position title with the name of individual and title within organization necessary to execute the capacity development activity.
  
  o The full time equivalent (FTE) should be designated or “in-kind” if work activity will not be charged to the capacity development grant.
Budget: Line Item and Justification Narrative Tips

• List ALL staff names and position titles to be funded;
• Clearly describe each line-item in the budget justification narrative, specific to the cost category;
• Include details of subawards and/or contracts, by cost category in both the line-item budget and budget justification narrative;
• Include calculations for all items in the budget justification narrative (unit cost, total number of units, and number of persons to be served);

Please refer to pages 13 to 14 of the FOA
Salary Limitation

Please note that effective January 8, 2017, the salary rate limitation applicable to RWHAP domestic grants and cooperative agreements increased from $185,100 to **$187,000**.

- The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s SF-424 Application Guide for additional information. Note that these or other salary limitations may apply in FY 2017, as required by law.

- As a reminder, RWHAP funds and program income generated by RWHAP awards may not be used to pay salaries in excess of the rate limitation.
Ryan White HIV/AIDS Program
Salary Rate Limitation Example

- Individual’s full time salary: $255,000.

<table>
<thead>
<tr>
<th>50% of time will be devoted to the project</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct salary</td>
<td>$127,500</td>
</tr>
<tr>
<td>Fringe (25% of salary)</td>
<td>$31,875</td>
</tr>
<tr>
<td>Total amount</td>
<td>$159,375</td>
</tr>
</tbody>
</table>

- Amount that may be claimed on the Federal grant due to the legislative salary limitation:
  - Individual’s base full time salary *adjusted* to Executive Level II: $187,000

<table>
<thead>
<tr>
<th>50% of time will be devoted to the project</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct salary</td>
<td>$93,500</td>
</tr>
<tr>
<td>Fringe (25% of salary)</td>
<td>$23,375</td>
</tr>
<tr>
<td>Total amount</td>
<td>$116,875</td>
</tr>
</tbody>
</table>
## Maintenance of Efforts (MOE)

### NON-FEDERAL EXPENDITURES

<table>
<thead>
<tr>
<th>Applicant’s FY Prior to Application (Actual)</th>
<th>Applicant’s current FY of Application (Estimated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual prior FY non-federal funds expended for early intervention services proposed in this application.</td>
<td>Estimated current FY non-federal funds designated for early intervention services proposed in this application.</td>
</tr>
<tr>
<td>Amount: $__________</td>
<td>Amount: $__________</td>
</tr>
</tbody>
</table>
Attachments

List of Attachments can be found in Section V of the FOA pp. 13-15

• Upload attachments in the order specified
• Label each attachment clearly
• Unless otherwise noted, attachments count toward the 30-page limit of the application.

Please refer to pages 13 to 15 of the FOA
Cost Allowability

Allowable Cost - Meets the criteria for authorized expenditures specified in the program legislation, the cost principles (45 CFR 75, Subpart E), and program policy. The costs must also be:

- Reasonable;
- Necessary;
- Allocable; and otherwise
- Allowable.
Funding Restrictions
RWHAP Part C Capacity Development Funds May Not Support:

- Charges that are billable to third party payors
- Directly provide health care services that duplicate existing services
- PrEP medications and related medical services
- Purchase or construction of new facilities or capital improvements
- Purchase of or improvement to land
- Cash payments to intended recipients of RWHAP services
- Purchase of sterile needles and syringes as part of an SSP
- Development of materials designed to promote or encourage intravenous drug use or sexual activity
- Fundraising expenses
- Lobbying activities and expenses
- International travel
- Long-term activities

No more than 10% of the award can be used for administrative expenses. See pages 16-17 of the FOA for a complete list.
Application Review Information

In order to be reviewed:

• Applications must be submitted on time.
• Submission in Grants.gov by the published deadline with a confirmed validation and receipt by HRSA.
• Applications must be within the 30-page limit.
• Applications may not request more than the ceiling amount of $150,000.
• Applications must address the programmatic goals and requirements outlined in the FOA.
• Applications will be reviewed based on the criteria listed in the FOA (pages 17-19).

Applicants are deemed nonresponsive if ceiling amount exceeds $150,000.
## Review Criteria

<table>
<thead>
<tr>
<th>Review Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Need</td>
<td>20</td>
</tr>
<tr>
<td>(2) Response</td>
<td>25</td>
</tr>
<tr>
<td>(3) Evaluative Measures</td>
<td>10</td>
</tr>
<tr>
<td>(4) Impact</td>
<td>15</td>
</tr>
<tr>
<td>(5) Resource and Capabilities</td>
<td>10</td>
</tr>
<tr>
<td>(6) Support Requested</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*Please refer to pages 17-19 of the FOA*
Funding Preference

• 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.

• Funding preference will be granted to any qualified applicant that submits Attachment 6 and demonstrates that they meet the criteria for preference(s) as follows:
  • Qualification 1: RURAL AREAS
  • Qualification 2: UNDERSERVED POPULATIONS

*Please refer to pages 19 and 20 of the FOA*
Application: Where is it?

• Located at www.grants.gov.

• Also found at
  • www.hrsa.gov/grants
  • Application Guide www.hrsa.gov/grants/apply/applicationguide/

• Adobe Reader 8.1.1 version or later is required.
Application Submission Tips

• Read the FOA and the SF424 Application Guide carefully and follow all instructions.
• Include your agency name and the name of this application on all pages (Ryan White FY17 Part C Capacity Development Program).
• Refer to the Application Guide, pg. 54, section 4.7. for additional Tips for Writing a Strong Application.
• Apply early; do not wait until the last minute in case you run into challenges!
• Make sure the person who can submit for your organization will be available.
• Please ensure the DUNS and SAM Requirements are met. Please refer to page 15 of FOA for additional guidance.
• Have all your PIN numbers and passwords handy!
Grants.gov Contact Information

• When to contact Grants.gov Helpdesk
  • Error messages
  • Other technical issues
  • Application DID NOT transmit to HRSA
  • If you have any submission problems, please contact Grants.gov immediately!


• Grants.gov Contact Center: 1-800-518-4726 or support@grants.gov or https://grants-portal.psc.gov/Welcome.aspx?pt=Grants.
  (24/7 except Federal holidays)
Tracking Grants.gov Submissions

- **Submission Receipt E-mail**
  - Submission Receipt (receive within 2 business days)
  - “Track My Application” link

- **Submission Validation E-mail**
  - Second e-mail from Grants.gov validating your application
  - OR
  - Rejection with errors

- **Grantor Agency Retrieval Email**
  - Third e-mail from Grants.gov
  - HRSA has confirmed receipt of application package

Grants.gov website

http://www.grants.gov/applicants/apply_for_grants.jsp
Tracking Grants.gov Submissions (2)

- Fourth email is the Agency Tracking Number Assignment E-mail.
  - Grants.gov website
  - http://www.grants.gov/applicants/apply_for_grants.jsp
  - Refer to SF-424 Application Guide Section 3.3
- An applicant must receive four (4) emails to have successfully submitted an application through Grants.gov.
- Receipt of all four separate emails may occur over a week’s time.
- Check your SPAM folder
- Do not wait until the last minute to submit an application!
### Four E-mails from Grants.gov

<table>
<thead>
<tr>
<th>Submission Type</th>
<th>E-mail</th>
<th>Subject</th>
<th>Time Frame</th>
<th>Sent By</th>
<th>Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competing Application</td>
<td>1st e-mail</td>
<td>Submission Receipt</td>
<td>Within 48 hours</td>
<td>Grants.gov</td>
<td>AOR</td>
</tr>
<tr>
<td></td>
<td>2nd e-mail</td>
<td>Most Crucial Submission Validation Receipt OR Rejected with Errors</td>
<td>Within 48 hours</td>
<td>Grants.gov</td>
<td>AOR</td>
</tr>
<tr>
<td></td>
<td>3rd e-mail</td>
<td>Grantor Agency Retrieval Receipt</td>
<td>Within Hours of second e-mail</td>
<td>Grants.gov</td>
<td>AOR</td>
</tr>
<tr>
<td></td>
<td>4th e-mail</td>
<td>Agency Tracking number assignment</td>
<td>Within 3 business days</td>
<td>Grants.gov</td>
<td>AOR</td>
</tr>
</tbody>
</table>

**SF424 Application Guide, 8.2.5, pp. 65-66**
REMINDERS

• The application must be electronically submitted through and successfully validated in Grants.gov by **February 28, 2017, 11:59 pm EST.**

• We recommend submission of the application at least four business days before the due date.

• Grants.gov Contact Center:
  
  • **1-800-518-4726** or **support@grants.gov**
  
  • *(24/7 except Federal holidays)*
Your questions are welcome!

Applicants who need additional information may contact the HRSA contacts listed on the FOA:

<table>
<thead>
<tr>
<th>Program Contact</th>
<th>Grants Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall program issues and/or Technical assistance</td>
<td>Business, administrative or fiscal issues</td>
</tr>
<tr>
<td>CDR Mindy Golatt</td>
<td>Mr. Potie Pettway</td>
</tr>
<tr>
<td><a href="mailto:MGolatt@hrsa.gov">MGolatt@hrsa.gov</a></td>
<td><a href="mailto:ppettway@hrsa.gov">ppettway@hrsa.gov</a></td>
</tr>
<tr>
<td>(301) 443-0717</td>
<td>(301) 305-3093</td>
</tr>
</tbody>
</table>

HAB TARGET Website

http://careacttarget.org/webcasts.asp