



**NEAETC COVID-19 Behavioral Health and Support Services  
Community of Practice and Learning  
Project Period: July 1, 2020 to March 31, 2021  
Application  
Due: May 27, 2020**

The New England AIDS Education and Training Center (NEAETC) is the recipient of one-time funding from the (FY) 2020 Coronavirus Aid, Relief and Economic Security Act -P.L. 116- 136 (CARES Act) to help current Ryan White HIV/AIDS Program (RWHAP) recipients **prevent, prepare for and respond** to the coronavirus disease 2019 (COVID-19).

**Scope of Work:**

HIV care providers including mental/behavioral health professionals, substance abuse professionals, social workers, case managers, community health workers, and peer navigators supported by the award are expected to provide care, resources, and referral to 50+ PLWH, and/or provide counsel and support to caregivers. All recipients are expected to participate in a virtual Community of Practice and Learning (CoPL) scheduled monthly from July 2020 to March 2021, develop written reports of their work, and participate in a “lessons learned” webinar to be scheduled after the completion of the project.

**Reporting:**

A reporting tool will be provided to document goals and strategies, accomplishments, including developed materials and tools, barriers and resolutions, and responses to summary questions regarding overall impact.

Reporting for the period July 1, 2020 - September 30, 2020 will be due 10/09/2020; and October 1, 2020 - March 31, 2021 will be due 4/14/2021 (note that all funding ends 3/31/2021).

**Budget:**

Pending final approval from the Health Resources & Services Administration (HRSA), funding will be available from July 1, 2020 to March 31, 2021 for a total of \$74,000 including indirect costs. The funding is to be used to support a minimum of one HIV care provider such as a mental/behavioral health professional, substance abuse professional, social worker, case manager, community health worker, or peer navigator. Administrative costs (non-salary and fringe) are limited to 10% and indirect is limited to 8%.

**Applications:**

Submit via email to [neaetc@umassmed.edu](mailto:neaetc@umassmed.edu) by 5PM on May 27, 2020.

**1) Agency Profile:**

- a. Agency Legal Name \_\_\_\_\_
- b. Agency Street Address 1 \_\_\_\_\_
- c. Agency Street Address 2 \_\_\_\_\_
- d. Agency City/Town \_\_\_\_\_
- e. Agency State \_\_\_\_\_
- f. Agency Zip \_\_\_\_\_
- g. Primary contact name \_\_\_\_\_
  - i. Email \_\_\_\_\_
  - ii. Phone number \_\_\_\_\_
- h. TEIN \_\_\_\_\_
- i. DUNS \_\_\_\_\_
- j. Congressional District \_\_\_\_\_
- k. Ryan White Funding Part(s) – select all that apply: A \_\_\_ B\_\_\_ C \_\_\_ D \_\_\_

**2) Description of Need:**

- a. Briefly describe unmet service needs to be met by this funding.

- b. **Service Area:** Briefly describe the service area.

- c. **Service Capacity:** Briefly describe current capacity to provide behavioral health and support services to PLWH including mental/behavioral health services, substance use disorder services, case management, outreach, and peer support.

- d. **Patient Population:** Briefly describe the demographics of the PLWH served by agency, including the total number of PLWH and PLWH aged 50 and older.

- e. **Behavioral Health and Support Services Staff:** Identify staff who will be supported by name, title and summary of responsibilities. (If applicable, note staff that have been furloughed/hours reduced, and how the funding could be used to increase their time/bring them back on staff.)

**f. Work Plan:** Identify two goals with objectives and related timeline for proposed project.

**i. Goal 1:**

**1. Objective 1 and timeline:**

**2. Objective 2 and timeline:**

**ii. Goal 2:**

**1. Objective 1 and timeline:**

**2. Objective 2 and timeline:**

3) **Budget:** Complete the following table.

**Please note:** The total cannot exceed \$74,000 including indirect.

Personnel Name	Position	FTE	Salary Requested
<b>Total Salaries:</b>			
Fringe Rate:			
<b>Total Salary and Fringe:</b>			
<b>Other Direct Costs</b>			
Travel (patient services related)			
Supplies			
Contractual			
Other			
<b>Total Direct Costs:</b>			
Indirect (limited to 8%):			
<b>TOTAL:</b>			

4) **Budget Narrative:** Please provide a brief description of each line item.

Personnel

Fringe Rate

Travel (patient services related)

Supplies

Contractual

Other