

U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

HIV/AIDS Bureau

Division of State HIV/AIDS Programs (DSHAP)

**Ryan White HIV/AIDS Program Part B States/Territories Supplemental Grant
Program**

Funding Opportunity Number: HRSA-24-065

Funding Opportunity Type(s): New, Limited Competition

Assistance Listing Number: 93.917

Application Due Date: April 30, 2024

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
We will not approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.

Issuance Date: February 27, 2024

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HIV/AIDS Bureau
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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 300ff-29a (Title XXVI, § 2620 of the Public Health Service Act).

508 COMPLIANCE DISCLAIMER

Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII Agency Contacts](#).

SUMMARY

Funding Opportunity Title:	Ryan White HIV/AIDS Program (RWHAP) Part B States/Territories Supplemental Grant Program
Funding Opportunity Number:	HRSA-24-065
Assistance Listing Number:	93.917
Due Date for Applications:	April 30, 2024
Purpose:	The purpose of this funding is to supplement formula- based funding provided through the HIV Care Grant Program – the RWHAP Part B States/Territories Formula and AIDS Drug Assistance Program (ADAP) Formula and ADAP Supplemental Awards Notice of Funding Opportunity (HRSA-22-033) .
Program Objective(s):	States/territories must demonstrate that RWHAP Part B Supplemental funding is necessary to provide comprehensive HIV care and treatment services for people with HIV in the state/territory.
Eligible Applicants:	<p>Current recipients funded under (HRSA-22-033) Division of State HIV/AIDS Programs (DSHAP) (which include all 50 States the District of Columbia, and eight territories) except the Republic of the Marshall Islands and the Commonwealth of the Northern Mariana Islands.</p> <p>Per statute, Native American tribal governments and tribal organizations are not eligible.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>

Anticipated FY 2024 Total Available Funding:	\$48,000,000. Approximately \$6,000,000 will be used for priority funding. <i>We're issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds are not appropriated.</i>
Estimated Number and Type of Award(s):	Up to 30: limited competition, new grants
Estimated Award Amount:	Up to \$9,000,000 per award, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	September 30, 2024, through September 29, 2025 (1 year)
Agency Contacts:	Business, administrative, or fiscal issues: Marie Mehaffey Grants Management Specialist Division of Grants Management Operations Office of Federal Assistance Management Email: MMehaffey@hrsa.gov Program issues or technical assistance: Kibibi Matthews-Brown Senior Program Advisor, Division of State HIV/AIDS Programs HIV/AIDS Bureau Email: KMatthews-Brown@hrsa.gov

Application Guide

You (the applicant organization / agency) are responsible for reading and complying with the instructions included in this NOFO and in [HRSA Application Guide \(Application Guide\)](#). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

We have scheduled the following webinar:

Topic: HRSA-24-065 (X08) Recipient TA Webinar

Wednesday, March 20, 2024
2 p.m. ET

Weblink: <https://hrsa-gov.zoomgov.com/join/91234567890>

Attendees without computer access or computer audio can use the following dial-in information:

Call-In Number: 1-833-568-8864
Meeting ID: 160 188 9736
Passcode: 70151273

We will record the webinar and will post to [TargetHIV](#) when available.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) States/Territories Part B Supplemental Grant Program, which includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Republic of Palau, and the Federated States of Micronesia. The purpose of this program is to supplement formula-based funding provided through the HIV Care Grant Program – RWHAP Part B States/Territories Formula and AIDS Drug Assistance Program (ADAP) Formula and ADAP Supplemental Awards Notice of Funding Opportunity ([HRSA-22-033](#)).

States/territories use RWHAP Part B Supplemental Grant Program funding in conjunction with RWHAP Part B HIV Care Grant Program funding to develop and/or enhance access to a comprehensive continuum of high-quality care and treatment services for low-income people with HIV. To obtain funding, states/territories must demonstrate that RWHAP Part B supplemental funding is necessary to provide comprehensive HIV care and treatment services for people with HIV in the state/territory. Proposed activities should include the provision of core medical and/or support services, as defined in [HRSA HAB Policy Clarification Notice \(PCN\) 16-02: RWHAP Services: Eligible Individuals and Allowable Uses of Funds](#), and other activities to ensure responsiveness to unmet needs. States/territories must describe how proposed activities will address unmet needs and improve client-level health outcomes across the HIV care continuum, including viral suppression.

Eligible RWHAP Part B states/territories that are focus areas, or have counties that are focus areas, for the Ending the HIV Epidemic in the U.S. (EHE) initiative should consider if there is a demonstrated need for RWHAP Part B supplemental funding due to the EHE initiative efforts using criteria below.

As required in section 2620(b) of the Public Health Service (PHS) Act, states/territories must demonstrate the severity of the need for RWHAP Part B supplemental funding using quantifiable data in one or more of the following areas:

1. The unmet need for such services, as determined under section 2617(b) of the PHS Act.
2. An increasing need for HIV/AIDS-related services, including relative rates of increase in the number of cases of HIV/AIDS.
3. The relative rates of increase in the number of cases of HIV/AIDS within new or emerging subpopulations.
4. The current prevalence of HIV/AIDS.

5. Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area.
6. The impact of co-morbid factors, including co-occurring conditions, determined relevant by the Secretary.
7. The prevalence of homelessness.
8. The prevalence of individuals who were released from federal, state, or local prisons during the preceding three (3) years and had HIV/AIDS on the date of their release.
9. The relevant factors that limit access to health care, including geographic variation, adequacy of health insurance coverage, and language barriers.
10. The impact of a decline in the amount of RWHAP Part B funding received on services available to all individuals with HIV/AIDS identified and eligible under this title.

Pursuant to section 2620(c) of the PHS Act, the Secretary prioritizes funds to states/territories to address the reduction or disruption of services related to a decline in the amount of formula funding. Such a decline in funding is determined by comparing the amount of formula funding received in the current fiscal year (FY) to the amount received in FY 2006.

If you are a state/territory with current or potential shortfalls in ADAP resources, we strongly encourage you to prioritize use of RWHAP Part B supplemental funds to augment ADAP resources when the following conditions exist:

1. Existing or anticipated ADAP waiting list,
2. Capped enrollment,
3. Reductions in ADAP formulary,
4. Reduction in the percentage of federal poverty level (FPL) eligibility requirement, and/or
5. Other ADAP restrictions within the state/territory.

2. Background

The RWHAP Part B States/Territories Supplemental Grant Program is authorized by 42 U.S.C. § 300ff-29a (Title XXVI, § 2620 of the Public Health Service Act).

The Ryan White HIV/AIDS Program

The [HRSA Ryan White HIV/AIDS Program](#) (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among priority populations.

The RWHAP has five statutorily defined Parts (Parts A, B, C, D, and F) that provide funding for core medical, support services, and medications; technical assistance (TA); clinical training; and the development of innovative interventions and strategies for HIV care and treatment to respond to emerging needs of RWHAP clients.

An important framework in the RWHAP is the HIV care continuum, which is comprised of the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication to achieve viral suppression. Supporting people with HIV to reach viral suppression not only increases their own quality of life and lifespan, it also prevents sexual transmission to an HIV-negative partner.

The HIV care continuum framework allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are required to assess the outcomes of their programs and should work with their community and public health partners to improve outcomes across the HIV care continuum. We encourage recipients to use the [performance measures](#) developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

Strategic Frameworks and National Objectives

National objectives and strategic frameworks like [Healthy People 2030](#), the [National HIV/AIDS Strategy \(NHAS\) \(2022–2025\)](#); the [Sexually Transmitted Infections National Strategic Plan for the United States \(2021–2025\)](#); and the [Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination \(2021–2025\)](#) are crucial to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and provide a blueprint for collective action across the Federal Government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to the extent possible.

Expanding the Effort: Ending the HIV Epidemic in the United States

As demonstrated by recent data from the [2022 Ryan White HIV/AIDS Program Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2017 to 2022, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 85.9 percent to 89.6 percent. Additionally, racial and ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.^[1]

^[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2022. <https://ryanwhite.hrsa.gov/data/reports>. Published December 2023. Accessed January 11, 2024.

In February 2019, the [Ending the HIV Epidemic in the U.S](#) (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients, specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed, to the essential HIV care, treatment, and support services needed to help them reach viral suppression.

Using Data Effectively: Integrated Data Sharing and Use

HRSA and the Centers for Disease Control and Prevention's (CDC) Division of HIV Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, conducting needs assessments, determining unmet need estimates, reporting, quality improvement, enhancing the HIV care continuum, and public health action. We strongly encourage RWHAP recipients to:

- 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](#)
- Establish data sharing agreements between surveillance and HIV programs to ensure clarity about the process and purpose of the data sharing and utilization.

Integrated data sharing, analysis, and utilization of HIV data by state and territorial health departments can help further progress toward reaching the NHAS goals and improve outcomes on the HIV care continuum.

We strongly encourage complete CD4, viral load (VL), and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from secure integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic in the United States can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

HRSA's [RWHAP Compass Dashboard](#) is an interactive data tool to allow users to visualize the reach, impact, and outcomes of the RWHAP and supports data utilization to understand outcomes and inform planning and decision making. The dashboard provides a look at national-, state-, and metro area-level data and allows users to

explore RWHAP client characteristics and outcomes, including age, housing status, transmission category, and viral suppression. The RWHAP Compass Dashboard also visualizes information about RWHAP services received and the characteristics of those clients accessing the AIDS Drug Assistance Program (ADAP).

In addition, RWHAP recipients and subrecipients are encouraged to develop data sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden across programs. As outlined in Policy Clarification Notice 21-02, [Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program](#), recipients and subrecipients should use electronic data sources (for example, Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify client eligibility information, such as income and health care coverage (that includes income limitations), when possible. RWHAP recipients and subrecipients should first use available data sources to confirm client eligibility before requesting additional information from the client.

Program Resources and Innovative Models

HRSA has several projects and resources that may assist RWHAP recipients with program implementation. These include a variety of HRSA HIV/AIDS Bureau (HAB) projects focused on specific TA, evaluation, demonstration, and intervention activities. A full list is available on [TargetHIV](#). Recipients should be familiar with these resources and are encouraged to use them as needed to support their program implementation.

II. Award Information

1. Type of Application and Award

Application type(s): New, Limited Competition

We will fund you via a grant.

2. Summary of Funding

We estimate \$48,000,000 will be available to fund 30 recipients. You may apply for a ceiling amount of up to \$9,000,000 (reflecting direct and indirect costs).

The period of performance is September 30, 2024, through September 29, 2025 (1 year).

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will proceed with the application and award process.

The amount of each award will be based on the total amount of funding available and your ability to demonstrate the need for additional funding due to the severity of the HIV epidemic in the state/territory, unmet need for core

medical services, and/or unique service delivery challenges. Funding will be based on the external Merit Review Panel (MRP) review and scoring of the criteria published in Section V.1 of this notice. The applications will be evaluated as follows:

- a. The MRP will score applications and establish the rank order for awarding funds.
- b. We will fund applicants based upon funding availability up to the requested amount for allowable services under this NOFO (see **Section VIII. Other Information** for further details), as long as the amount requested falls under the amount allowable detailed previously in this NOFO.
- c. If determined eligible for priority funding, we will calculate the amount to be included in the final award. (See [Section V.2 Review and Selection Process, Priority Funding](#) for further details.)

[45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#) applies to all HRSA awards.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *Application Guide*.

**Note*: One exception is a governmental department or agency unit that receives more than \$35 million in direct federal funding.

III. Eligibility Information

1. Eligible Applicants

Under Sections 2620 and 2689(11) of the PHS Act, all "States" – defined as all 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands – are eligible for RWHAP Part B supplemental funding, unless any such state/territory had an unobligated balance of more than five percent of a prior year's formula funds which include the Republic of the Marshall Islands and Commonwealth of the Northern Mariana Islands. Per statute, Tribes and tribal organizations are not eligible.

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

We may not consider an application for funding if it contains any of the following non-responsive criteria:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

Multiple Applications

We will only review your **last** validated application before the Grants.gov [due date](#).

IV. Application and Submission Information

1. Address to Request Application Package

We **require** you to apply online through [Grants.gov](#). Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: [How to Apply for Grants](#). If you choose to submit using an alternative online method, see [Applicant System-to-System](#).

Note: Grants.gov calls the NOFO “Instructions.”

Select “Subscribe” and enter your email address for HRSA-24-065 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You’re responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There’s an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **60 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, we will determine eligibility using [Section III. Eligibility Information](#) of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO’s workspace application package

- Abstract (standard form (SF) "Project Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.v [Attachments](#).

If you use an OMB-approved form that is not in the HRSA-24-065 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-065 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals¹ (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in [45 CFR § 75.371](#). This includes suspending or debarring you.²
- If you cannot certify this, you must include an explanation in *Attachments 8-15: Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the *Application Guide*)

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. *Project Abstract*

Use the Standard Office of Management and Budget (OMB)-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide*.

¹ See definitions at [eCFR :: 2 CFR 180.995 -- Principal](#), and [eCFR :: 2 CFR 376.995 -- Principal \(HHS supplement to government-wide definition at 2 CFR 180.995\)](#).

² See also 2 CFR parts [180](#) and [376](#), [31 U.S.C. § 3354](#), and [45 CFR § 75.113](#).

Provide a summary of the application in the Project Summary box of the Project Abstract Summary Form using 4,000 characters or less. The following information should be included:

- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable
- List all grants program funds requested in the application, if applicable
- If requesting a funding preference, priority, or special consideration as outlined in Section V. 2. indicate here.

Additionally in this same section, provide a brief paragraph addressing the information below:

- a. Why RWHAP Part B supplemental funding is necessary to ensure a comprehensive system of HIV care and treatment for people with HIV in your state/territory;
- b. How this supplemental funding will improve viral suppression and achieve positive client-level health outcomes across the HIV care continuum; and
- c. Describe the severity of the HIV epidemic in the state/territory, using quantifiable data on:
 1. Epidemiology
 2. Co-morbidities
 3. Cost of care
 4. Service needs of emerging populations
 5. Unmet need for core medical services (as defined by HRSA HAB [Policy Clarification Notice 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Use of Funds](#)) and unique service delivery challenges

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	Review Criteria
Introduction	<i>Criterion 1: Need</i>

Narrative Section	Review Criteria
Organizational Information	<i>Criterion 5: Resources/Capabilities</i>
Need	<i>Criterion 1: Need</i> <i>Criterion 6: Support Requested</i>
Approach	<i>Criterion 2: Response</i>
Work Plan	<i>Criterion 2: Response</i> <i>Criterion 4: Impact</i> <i>Criterion 5: Resources/Capabilities</i> <i>Criterion 6: Support Requested</i>
Resolution of Challenges	<i>Criterion 2: Response</i>
Evaluation and Technical Support Capacity	<i>Criterion 3: Evaluative Measure</i> <i>Criterion 5: Resources/Capabilities</i>
Budget Narrative	<i>Criterion 6: Support Requested</i>

ii. **Project Narrative**

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- Introduction—Corresponds to Section V’s Review Criterion [#1 NEED](#)
 - Briefly describe how the state/territory will utilize RWHAP Part B supplemental funding in support of a comprehensive system of high-quality care and treatment for people with HIV.
 - Describe the current prevalence of HIV/AIDS in the state/territory and provide corresponding data tables or figures as in [Attachment 6](#).
 - You may provide your HIV/AIDS Epidemiological Overview of the Integrated HIV Prevention and Care Plan/Statewide Coordinated Statement of Need, CY 2022-2026 (FY2022 Integrated Plan) or another comparable documentation to meet this requirement.
 - Describe how the comprehensive system of care and treatment will improve outcomes across the HIV care continuum.

- *Organizational Information -- Corresponds to Section V's Review Criterion(a) [#5 RESOURCES/CAPABILITIES](#)*

- Briefly describe, regardless of if using RWHAP Part B supplemental funding for staffing:
 - How the state/territory will ensure proper oversight, management, and administration of FY 2024 RWHAP Part B supplemental funding, including a brief overview of the capabilities of your organization, and the quality and availability of facilities and personnel.
- If you propose to use FY 2024 RWHAP Part B supplemental funding for staffing, then provide:
 - A staffing plan and job descriptions for key personnel as [Attachment 1](#).
 - Biographical sketches of key personnel as [Attachment 2](#), and
 - A project organizational chart as [Attachment 3](#)

- *Need-- Corresponds to Section V's Review Criterion(a) [#1 NEED](#) and [#6 SUPPORT REQUESTED](#)*

- The RWHAP statute, Section 2620(b) of the PHS Act, requires RWHAP Part B supplemental funding applicants to demonstrate need in one or more of the categories listed. **You only need to respond to the need sections below that are relevant to your request for RWHAP Part B supplemental funding.**
- The needs assessment narrative and data must support the service category(ies) (as described in HRSA HAB [Policy Clarification Notice16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Use of Funds](#)) chosen to respond to the demonstrated need and the request for funds.

1) ***Need for HIV-Related Services***

- **If you are applying for RWHAP Part B supplemental funding due to a need for HIV-related services in the state/territory which may include:**
 - Addressing unmet need,

- An increased need due to an increase in relative rates or prevalence in HIV cases, or
 - The decline in the amount of funding received for HIV services.
- Please provide a narrative describing all relevant factors that will be addressed, and how requested funds will be used to address each factor.
- **If you are applying for RWHAP Part B supplemental funding to augment ADAP services in the state/territory**, please provide a narrative identifying which of the following conditions exist, and its impact on developing and/or enhancing access to a comprehensive continuum of high-quality care and treatment services for people with HIV.
 - How requested funds will be used to address this condition/s:
 - a) Existing or anticipated ADAP waiting list,
 - b) Capped enrollment,
 - c) Reductions in ADAP formulary,
 - d) Reduction in the percentage of FPL eligibility requirement, and/or
 - e) Other ADAP restrictions within the state/jurisdiction.
- **If you are applying for RWHAP Part B supplemental funding due to unmet need in the state/territory**, indicate that in this section and provide the Unmet Need Framework and corresponding narrative from your application in response to NOFO # [HRSA-22-033](#) as [Attachment 7](#).
 - If you have updated your Unmet Need Framework and corresponding narrative since the submission of your application in response to NOFO # HRSA-22-033, then submit the updated framework and corresponding narrative as [Attachment 7](#).
- **If you are NOT applying for RWHAP Part B supplemental funding due to need for HIV-related services in the state/territory**, then please indicate that requested funds are to address a different demonstrated need as listed in Section 2620(b) of the [PHS Act](#) (see [Section I.1.](#) of this NOFO) and **do not provide a narrative addressing need for HIV-related services.**

2) Assessment of New or Emerging Populations with Special Needs

- The RWHAP statute requires the state/territory to determine the needs of new or emerging populations who may have limited access to existing HIV care and services.
- These needs and service gaps should be addressed in the FY 2024 work plan narrative of this application. You can use RWHAP Part B supplemental funding to address identified needs.
- **If you are applying for RWHAP Part B supplemental funding due to new or emerging populations in the state/territory**, identify no more than six new or emerging populations to be served. Provide a narrative that addresses each of the following elements:
 - Unique challenges that each population presents to the service delivery system and how funds will be used to overcome those challenges;
 - Service gaps for each population and how funds will be used to address service gaps;
 - Estimated cost of care associated with delivering services to each of these populations and how funds will be used to cover those costs; and
 - Current HIV viral suppression rates for each population and how funds will be used to increase such viral suppression rates.
- **If you are NOT applying for RWHAP Part B supplemental funding due to new or emerging populations in the state/territory**, then please indicate that requested funds are to address a different demonstrated need as listed in Section 2620(b) of the [PHS Act](#) (see Section I.1. of this NOFO) and **do not provide a narrative addressing new or emerging populations.**

3) ***Impact of Co-Morbidities and Other Factors on the Cost and Complexity of Providing Care***

- **If you are applying for RWHAP Part B supplemental funding due to the impact of co-morbidities in the state/territory**, please provide:
 - Quantitative evidence in a table format on the impact of co-morbidities on the cost and complexity of providing HIV care and treatment, including the data sources.

- You only must include information in the table for co-morbidities you plan to use RWHAP Part B supplemental funding to address. You must submit the table as [Attachment 4](#).
- Please provide the following information in the table:
 - Rates of sexually transmitted infections (STIs), including syphilis, hepatitis, tuberculosis, substance use, and mental health disorders.
 - Estimated number of people who are homeless.
 - Estimated number of people with HIV who were released from federal, state, or local prisons during the preceding 3 years.
 - The number and percent of people without insurance coverage (including those without Medicaid).
 - The number and percent of people with HIV living at or below 138 percent and 400 percent of the 2024 FPL (see <https://aspe.hhs.gov/poverty-guidelines>). Also, include the percentage of FPL used to determine RWHAP eligibility in the state/territory.
- Include a narrative explanation of the data provided in the table using the available program and surveillance data sources.
- **If you are NOT applying for RWHAP Part B supplemental funding due to the impact of co-morbidities in the state/territory**, then please indicate that requested funds are to address a different demonstrated need as listed in Section 2620(b) of the [PHS Act](#) (see Section I.1. of this NOFO) and **do not provide a narrative addressing the impact of co-morbidities**.

4) *Access to Health Care*

- **If you are applying for RWHAP Part B supplemental funding due to factors that limit access to health care in the state/territory**, including, but not limited to:
 - Geographic variation,
 - Deficiencies of health insurance coverage, or
 - Language barriers
- Please provide a narrative describing each factor that will be addressed.

- How each factor impacts access to care, and how requested funds will be used to address each factor.
- **If you are NOT applying for RWHAP Part B supplemental funding due to factors that limit access to health care in the state/territory**, then please indicate that requested funds are to address a different demonstrated need as listed in Section 2620(b) of the [PHS Act](#) (see Section I. 1. of this NOFO) and **do not provide a narrative addressing factors that limit access to health care.**

This section will help reviewers understand whom you will serve with the proposed project.

- *Approach -- Corresponds to Section V's Review Criterion(a) [#2 RESPONSE](#)*

Describe how your state/territory will implement the following actions to address demonstrated needs indicated above:

- Use programmatic and fiscal forecasting tools to increase your ability to meet projected program service needs for the period of performance;
 - Develop new, maintain existing, streamline, and/or diversify service delivery models, service contracts, strategic partnerships, and/or collaborations;
 - Sustain activities beyond the federal funding period. Recipients are expected to sustain key elements of proposed projects. These may include but not be limited to strategies or services and interventions which have been effective in improving program operations and improving health outcomes for the population of focus, including activities that have been previously funded through Ryan White HIV/AIDS Program Part B States/Territories Supplemental Grant Program; and
 - Provide opportunities for involvement of clients, families, and communities with and affected by HIV, as appropriate.
- *Work Plan -- Corresponds to Section V's Review Criterion(a) [#2 RESPONSE](#), [#4 IMPACT](#), [#5 RESOURCES/CAPABILITIES](#), and [#6 SUPPORT REQUESTED](#)*
 - The Work Plan Narrative should be commensurate with your request for RWHAP Part B supplemental funding, address demonstrated needs identified in the Need section and correspond with the approach proposed in the Approach and Evaluation sections.

- Describe how funded services 1) will be implemented to promote access to high- quality HIV care, 2) will address any significant health disparities in your state/territory, and 3) will maximize positive health outcomes along the HIV care continuum.
- Describe the core medical and support services that will be provided to address the demonstrated needs described in the Need section.
- Funded services should show impact along the HIV care continuum. A core medical or support service category may be related to more than one stage on the HIV care continuum. (For example, proposed activities falling under the Outpatient/Ambulatory Health Service category may have a positive impact on diagnosis, linkage to care, retention in care, antiretroviral therapy (ART) prescription, and viral suppression.) Please see the [HIV Care Continuum Crosswalk](#) developed by us to assist with identifying funded services that impact each stage of the HIV care continuum.
- Describe implementation of each of the following through current or planned activities:
 - Addressing gaps, barriers, and significant health disparities across the HIV care continuum that may exist among people with HIV;
 - Addressing unmet need and reducing the number of persons out of care;
 - Addressing the needs of new or emerging populations who may have limited access to existing HIV care and services;
 - Improving engagement of people with HIV and health outcomes at each stage of the HIV care continuum;
 - Engaging people with HIV and other internal and external stakeholders in planning programmatic activities;
 - Utilizing the HIV care continuum in planning, prioritizing, targeting, and monitoring available resources in response to needs of people with HIV; and
 - Ensuring geographic parity for all activities supported by RWHAP Part B supplemental funding.
- Include goals and objectives that are tied to stages of the HIV care continuum and the core medical and support services to be provided.
- Objectives should be specific, measurable, achievable, realistic, and time-framed (SMART).

- Activities proposed in the work plan should align with their corresponding objectives and identify the specific outcomes to be achieved during the period of performance. Please present these goals and objectives in table or outline format for clarity.
- *Resolution of Challenges -- Corresponds to Section V's Review Criterion(a) [#2 RESPONSE](#)*
 - Discuss any challenges you anticipate encountering in planning and implementing the proposed project. Be sure to discuss anticipated challenges regarding each demonstrated need for which you are requesting funding, as described in the Need section.
 - Describe the specific activities or strategies you will use to identify risks and mitigate or resolve anticipated challenges for each demonstrated need. The approach and work plan narrative sections should reflect the proposed activities or strategies, as appropriate.
- *Evaluation and Technical Support Capacity -- Corresponds to Section V's Review Criterion(a) [#3 EVALUATIVE MEASURES](#) and [#5 RESOURCES/CAPABILITIES](#)*
 - Describe how you will evaluate your proposed program, assess whether proposed SMART objectives have been achieved, and ensure continuous quality improvement.
 - The evaluation plan should align with the methodology and work plan narrative proposed in this application.
 - Describe the specific goals, objectives, benchmarks, and/or outcomes you will use for program evaluation and continuous quality improvement. Describe the staff (e.g., position, knowledge, skills, experience), systems (e.g., software, tools), procedures (e.g., actions, responsible parties, timelines), and other resources that will support your evaluation.
 - Identify what data you will collect and how you will analyze and use the collected data for continuous quality improvement.
 - Describe what control mechanisms you will use to ensure accurate and timely data collection, analysis, reporting, and use.
 - Describe how you will share evaluation results internally with program staff and externally with key stakeholders to improve program implementation and outcomes.

iii. **Budget**

The Application Guide directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the Application Guide and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at [45 CFR § 75.307](#).

Specific Instructions

RWHAP States/Territories Part B Supplemental Grant Program requires the following:
Project Line-Item Budget

You must submit a separate line-item budget using Section B Object Class Categories of the SF-424A. The program budget categories for the line-item budget include:

- Administration – This column must include all funds allocated to the following award activities: recipient administration, planning and evaluation, and clinical quality management;
- ADAP – This column must include all funds allocated to ADAP activities;
- Consortia – This column must include all funds allocated to consortia; and
- Direct Services – This column must include all funds allocated to the following award activities: State direct services, home and community-based care, and health insurance premium and cost sharing assistance.

Important Notes:

1. **Use of Funds:** RWHAP Part B supplemental funding can be used for the same activities under the RWHAP Part B HIV Care Program or another RWHAP Part, only if these funds **are additive to these activities** and not duplicative of those funds. Please see Section IV.6 and Section VIII.1. of this NOFO for additional information on the use of funds.
2. **Core Medical Services Requirement:** RWHAP Part B

supplemental funding is subject to Section 2612(b)(1) of the PHS Act, which requires that no less than 75 percent of the portion of the grant award remaining after reserving amounts for administration, planning and evaluation, and clinical quality management be used to provide core medical services that are needed in the state/territory for people with HIV who are identified and eligible under the RWHAP. The core medical and support service category definition effective for awards can be found in HRSA HAB [Policy Clarification Notice \(PCN\) 16-02: RWHAP Services: Eligible Individuals and Allowable Use of Funds](#).

If you are seeking a waiver of the core medical services requirement, you must submit a waiver request either in advance of the grant application, with this grant application, or up to four (4) months into the grant award budget period. Include a core medical services waiver request as [Attachment 5](#) if it is submitted with the grant application. Contact your project officer regarding submission procedures if submitting your request separate from this application. Submission must be in accordance with HRSA HAB [Policy Notice \(PN\) 21-01 Waiver of the RWHAP Core Medical Services Expenditures Requirement](#).

- 3. Caps on Expenses:** Recipient administrative costs may not exceed 10 percent of the total RWHAP Part B States/Territories Supplemental Grant Program award. Planning and evaluation costs may not exceed 10 percent of the total grant award. Collectively, recipient administration and planning and evaluation may not exceed 15 percent of the total award.

If a RWHAP Part B grant recipient has contracted with an entity to provide statewide or regional RWHAP management and fiscal oversight (i.e., the entity has entered into a vendor or procurement relationship with the recipient and is acting on behalf of the recipient), the cost of that contract, exclusive of subawards to providers, would count toward the recipient's 10 percent administrative cap.

Recipients may allocate up to five percent of the total grant award or \$3,000,000 (whichever is less) for clinical quality management (CQM).

Subrecipient administrative costs are capped at **10 percent in the aggregate**.

Subrecipient administrative activities include:

- Usual and recognized overhead activities, **including**

- **established indirect rates** for agencies;
- Management oversight of specific programs funded under the RWHAP; and
- Other types of program support such as quality assurance, quality control, and related activities (exclusive of RWHAP clinical quality management).

Providers that have contracted to provide health care services for the lead agency are considered first-tier entities (subrecipients) of the recipient and are subject to the aggregate 10 percent administrative cap for subrecipients. For further guidance on the treatment of costs under the 10 percent administrative cap, refer to HRSA HAB [Policy Clarification Notice \(PCN\) 15-01: Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D.](#)

4. **Payor of Last Resort:** The RWHAP is the payor of last resort, and recipients must vigorously pursue alternate sources of payments for client services. Please see HRSA HAB [Policy Clarification Notice \(PCN\) 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program.](#) Recipients are required to use effective strategies to coordinate with third-party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons. Third-party payment sources include Medicaid, Children's Health Insurance Programs, Medicare, including Medicare Part D, basic health plans, and private insurance. Subrecipients providing Medicaid eligible services must be Medicaid certified.

As required by the [Consolidated Appropriations Act, 2023 \(P.L. 117-328\)](#), Division H, § 202, "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." Effective January 2024, the salary rate limitation is \$221,900. As required by law, salary rate limitations may apply in future years and will be updated.

iv. Budget Narrative

See Section 4.1.v. of the [Application Guide](#).

In addition, RWHAP Part B Supplemental Grant Program requires the following:

Budget Narrative Format

The budget narrative must explain the amounts requested for RWHAP Part B supplemental funding and the relevant RWHAP budget categories (i.e., Administration, ADAP, Consortia, and Direct Services).

The narrative should explain how the listed line-items support the overall service delivery system and include justification for any applicable object class categories:

- Personnel,
- Fringe Benefits,
- Travel, Equipment,
- Supplies,
- Contractual,
- Construction,
- Other, and
- Indirect Charges.

For employees who are less than one (1) full-time equivalent (FTE) on the award, please identify all funding sources outside of RWHAP Part B supplemental funding for Personnel and Fringe Benefits costs.

Agreements and Assurances

The RWHAP Part B Program Agreements and Assurances submitted with the FY 2022 HIV Care Grant Program – RWHAP Part B States/Territories Formula and AIDS Drug Assistance Program (ADAP) Formula and ADAP Supplemental Awards application will be in effect for this supplemental funding opportunity. **You do not need to resubmit the RWHAP Part B Agreements and Assurances with this application.**

v. Attachments

Provide the following attachments in the order we list them.

Most attachments count toward the [application page limit](#). Indirect cost rate agreement and proof of non-profit status (if it applies) are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the Application Guide) (Does not count towards the page limit.)

Provide a staffing plan and job descriptions for all key personnel included in the budget. Limit each job description to one page. Include the role, responsibilities, and qualifications of the proposed project staff. If the program will **not** use RWHAP Part B supplemental funding for staffing, attach a one-page document that indicates “Attachment 1: Not Applicable.”

Attachment 2: Biographical Sketches of Key Personnel (Does not count towards the page limit.)

Provide biographical sketches of all key personnel included in the budget. Limit each biographic sketch to one page.

If the program will **not** use RWHAP Part B supplemental funding for staffing, provide a one-page document that indicates “Attachment 2: Not Applicable.”

Attachment 3: Project Organizational Chart

Provide a project organizational chart highlighting the key personnel included in the budget. Limit the project organizational chart to one page.

If the program will **not** use RWHAP Part B supplemental funding for staffing, provide a one-page document that indicates “Attachment 3: Not Applicable.”

Attachment 4: Tables, Charts, etc. (Does not count towards the page limit.)

Provide the cost and complexity co-morbidities table and narrative as Attachment 4.

If the program will **not** use RWHAP Part B supplemental funding due to the impact of co-morbidities in the state/territory, provide a one-page document that indicates “Attachment 4: Not Applicable.”

Attachment 5: Core Medical Services Waiver, if applicable (Does not count towards the page limit.)

If you are applying for a waiver at this time, you may provide a Core Medical Services Waiver request and supporting documents as Attachment 5. See Important Notes in Section IV.2.iii of this NOFO.

If you are **not** applying for a waiver now, provide a one-page document that indicates “Attachment 5: Not Applicable.”

Attachment 6: Epidemiological Data Snapshot (Required from all applicants; no more than four (4) pages in length.)

Provide data tables or figures referenced in the Project Narrative Introduction using the most recent available epidemiological data as Attachment 6.

Attachment 7: Unmet Need Framework and Narrative (Does not count towards the page limit.)

If you are applying for RWHAP Part B supplemental funding due to unmet need, provide the Unmet Need Framework and narrative as Attachment 7.

If the program will **not** use RWHAP Part B supplemental funding due to unmet need, provide a one-page document that indicates “Attachment 7: Not Applicable.”

Attachments 8-15: Other Relevant Documents [15 is the maximum number of attachments allowed.]

Provide any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (e.g., in-kind services, dollars, staff, space, equipment).

If you do not have any other relevant documents, provide a one-page document that indicates “Attachments 8-15: Not Applicable.”

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: [General Service Administration’s UEI Update](#)

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.³

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we’re ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- [System for Award Management \(SAM\) \(SAM Knowledge Base\)](#)
- [Grants.gov](#)

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

³ Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)).

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called “notarized letter”) will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on the BUY.GSA.gov blog](#) to know what to expect.

For more details, see Section 3.1 of the *Application Guide*.

Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on April 30, 2024, at 11:59 p.m. ET. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

RWHAP States/Territories Part B Supplemental Grant Program does not follow the terms of [Executive Order 12372](#) in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

6. Funding Restrictions

You may request funding for a period of performance of up to one year, at no more than \$9,000,000 (inclusive of direct **and** indirect costs).

The General Provisions in Division H that reference the [Consolidated Appropriations Act, 2023 \(P.L. 117-328\)](#) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

You cannot use funds under this notice for the following:

1. Charges that are billable to third party payers including but not limited

- to private health insurance, prepaid health plans, Medicaid, Medicare;
2. International travel;
 3. Construction (however, minor alterations and renovations to an existing facility to make it more suitable for the purpose of the grant program are allowable with prior HRSA approval);
 4. PrEP or Post-Exposure Prophylaxis (nPEP) medications or the related medical services (see the [June 22, 2016, RWHAP and PrEP program letter](#));
 5. [Syringe Services Programs \(SSPs\)](#). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy; however, the purchase of syringes and materials used to inject illicit drugs are not allowable;
 6. Cash payments to intended recipients of RWHAP services; or
 7. Development of materials designed to directly promote or encourage intravenous drug use or sexual activity.

Section 2681(c) of the PHS Act requires that, "as a condition of receipt of funds, a state shall provide assurances to the Secretary that health support services funded under this title will be integrated with other such services, that programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV/AIDS is enhanced." Therefore, the expectation is that these funds are used to supplement and not supplant other federal awards or state/territorial funds.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of the *Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Unobligated Balances (UOB) Penalties: Supplemental Funds

Under the RWHAP statute, the HHS Secretary has flexibility regarding the imposition of penalties for UOBs. If an expenditure of ADAP rebate funds would trigger a penalty or a higher penalty than would otherwise have applied, the state/territory may request that the Secretary deem the UOB to be reduced by the amount of rebate funds.

Ordinarily, supplemental funds, including those awarded under this announcement, are not permitted to be carried over but are subject to offset. In order to give full effect to the statutory provision, you may carryover UOB generated due to proper expenditure of ADAP rebate funds prior to drawing down these funds, if you receive an award for the subsequent year. Note that the ADAP rebate funds must have been generated through an expenditure of this award.

As with the RWHAP Part B base award, you must have a process to separately track RWHAP Part B supplemental grant funds, medication rebates (if applicable), program income (if applicable), and the unobligated and carryover funds for each of these categories, as applicable.

Program Income

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

Program income generated as a result of this award must be added to the grant amount and used for otherwise allowable costs to further the objectives of the RWHAP State/Territories Part B Supplemental Grant Program. HHS award regulations require recipients and/or subrecipients to track and report program income. Program income shall be monitored by the recipient, retained by the recipient (or subrecipient if earned at the subrecipient level), and used to provide RWHAP Part B services to eligible clients. Program income is gross income – earned by a recipient or a subrecipient under a grant – directly generated by the grant-supported activity or earned as a result of the award.

Program income includes, but is not limited to, income from fees for services performed (e.g., direct payment or reimbursements received from Medicaid, Medicare, and third-party insurance). Direct payments include those resulting from charges imposed by recipients and subrecipients for RWHAP Part B ADAP services as required under Section 2617(c) of the PHS Act. Recipients are responsible for ensuring that subrecipients have systems in place to account for program income, and for monitoring to ensure that subrecipients are tracking and using program income consistent with RWHAP Part B requirements. Please see [45 CFR § 75.307](#) and HRSA HAB [Policy Clarification Notice \(PCN\) 15-03: Clarifications Regarding the RWHAP and Program Income](#) for additional information.

340B rebate funds are not program income but must also be used for the purposes of the RWHAP Part B, and recipients must track and account for all rebates in accordance with 45 CFR R § 75.302(b)(3). For additional information, please refer to HRSA HAB [Policy Clarification Notice \(PCN\) 15-04: Utilization and Reporting of Pharmaceutical Rebates](#).

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide*. We may audit the effectiveness of these policies, procedures, and controls.

- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use six review criteria to review and rank RWHAP Part B States/Territories Supplemental Grant Program applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (45 points) – Corresponds to Section IV’s Project Narrative – [Introduction](#) and [Need](#) (See [Section IV.2.ii](#))

The extent to which the application demonstrates the problem and associated contributing factors:

Comprehensive System of Care and Treatment (10 Points)

- The comprehensiveness of the narrative in describing how the state/territory will utilize RWHAP Part B supplemental funding in support of a comprehensive system of high-quality care and treatment for people with HIV and improve outcomes across the HIV care continuum.

Severity of Need (20 Points)

- The comprehensiveness of the narrative in describing the demonstrated need and the relative severity of that need in a specific area or areas as required by the RWHAP statute (e.g., epidemiology including data on access to medications, need for HIV-related services, new or emerging populations, comorbid factors, and access to health care).

Data Supporting Need (15 Points)

- The extent to which the data supports the described need.

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV’s Project Narrative – [Approach](#), [Work Plan Narrative](#), and [Resolution of Challenges](#) (See [Section IV.2.ii](#))

The extent to which the proposed project responds to the “[Purpose](#)” included in the program description. The extent to which proposed goals, objectives,

and activities demonstrate a comprehensive approach to addressing the problem and overcoming identified barriers.

Approach and Work Plan Narrative (15 Points)

- 1) The appropriateness, strength, and feasibility of proposed goals and objectives for the identified project.
- 2) The appropriateness and feasibility of proposed activities, procedures, and tools (e.g., programmatic and fiscal forecasting tools) for achieving identified goals and objectives.
- 3) The strength of efforts to engage people with HIV and other internal and external stakeholders in planning programmatic activities.
- 4) The strength and adequacy of proposed partnerships, collaborations, service delivery models, and service delivery contracts for:
 - a) Addressing demonstrated need, and
 - b) Improving program operations and health outcomes.
- 5) The inclusion of SMART objectives that are tied to the proposed project.
- 6) The appropriateness of the identified client-level health outcome(s) for each core medical or support service category proposed for funding.
- 7) The strength of the proposed work plan narrative in ensuring:
 - a) Continuity of care for people with HIV, and
 - b) Sustainability of key elements of proposed projects beyond the period of performance.

Resolution of Challenges (5 points)

- 1) The demonstration of a thorough understanding of the challenges likely to be encountered or risk faced in designing and implementing proposed activities across applicable areas.
- 2) The potential for proposed approaches to resolve identified challenges or address possible risks.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV’s Project Narrative – [Evaluation and Technical Support Capacity](#) (See [Section IV.2.ii](#))

The extent to which the proposed plan will support project evaluation and continuous quality improvement. The extent to which the proposed plan will be able to assess whether program objectives have been met and that identified outcomes are attributable to the project.

- 1) The strength of the evaluation plan to monitor progress toward implementing activities, evaluate progress toward achieving identified goals and objectives, and assess impact attributable to the project.
- 2) The feasibility of proposed evaluative measures to assess:
 - a) The program objectives described in the 2024 work plan narrative, and

- b) How proposed objectives contribute to positive client health outcomes.
- 3) The clarity and appropriateness of methods proposed to collect, analyze, and utilize data to inform program development and implementation.
- 4) The clarity and appropriateness of plans for sharing results with both internal staff and external stakeholders.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Project Narrative – [Work Plan Narrative](#) (See [Section IV.2.ii](#))

The extent to which the proposed services and projected client-level outcomes in the work plan narrative clearly demonstrate their potential to positively impact the HIV care continuum.

- 1) The strength of the narrative in explaining the potential impact of the proposed activities in the 2024 work plan narrative on the stages of the HIV care continuum.
- 2) The potential for proposed core medical and support services to address needs identified across the state/territory and achieve positive client-level health outcomes across the HIV care continuum.
- 3) The potential for the proposed project to successfully address health disparities and the needs of new or emerging populations, address unmet need, and reduce the number of persons out of care.
- 4) The completeness of proposed outcome measures in the 2024 work plan narrative for assessing the impact of services on the HIV care continuum, viral suppression, and positive client-level health outcomes.

Criterion 5: RESOURCES/CAPABILITIES (5 points) – Corresponds to Section IV’s Project Narrative – [Work Plan Narrative](#), [Evaluation and Technical Support Capacity](#), and [Organizational Information](#) (See [Section IV.2.ii](#))

- 1) The extent to which project staff have the training or experience to carry out the project.
- 2) The extent to which the applicant organization has capabilities and staffing to fulfill the needs of the proposed project.
- 3) The extent to which the applicant has quality facilities available to fulfill the needs of the proposed project.
- 4) The strength of proposed methods (including measures, tools, timeframes, and staff) for monitoring progress, evaluating outcomes, and achieving continuous quality improvement in meeting the objectives and activities included in the 2024 work plan narrative.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Project Narrative – [Need](#), [Work Plan Narrative](#), [Budget](#), and [Budget Narrative](#) (See [Section IV.2.ii](#))

How reasonably the proposed budget for the period of performance aligns with the objectives and the anticipated results:

- 1) The extent to which the budget and budget narrative align with the demonstrated needs as described in the Need section.
- 2) The extent to which the identified line-items across the budget and budget narrative, align with the goals and objectives outlined in the work plan narrative.
- 3) The extent to which key staff have adequate time devoted to the project to achieve project objectives.
- 4) The extent to which costs, as outlined in the budget and required resources sections, are reasonable and align with the scope of work.

2. Review and Selection Process

Subject matter experts provide an initial impartial evaluation of your application, which we use to decide who receives awards. See Section 5.3 of the [Application Guide](#) for details. We consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO
- Other factors
 - priority funding

For this program, we will use priority funding.

Funding Priorities

This program includes a funding priority, as authorized by Section 2620(c) of the PHS Act. Specifically, such section directs the Secretary to provide funds to states/territories to address the decline or disruption of services related to the decline in the amount of formula funding. We set aside a portion of the RWHAP Part B supplemental funding to award priority funds in conformance with this statutory requirement.

You will be granted a funding priority if you received greater than a 10 percent loss in your RWHAP Part B base formula award when comparing your FY 2006 award to your FY 2024 award and apply for RWHAP Part B supplemental funding. If determined eligible for priority funding, we will calculate the amount to be awarded, and that amount will be included in the final award.

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application ([45 CFR § 75.205](#)).

First, your application must get a favorable merit review. Then we:

- Review past performance (if it applies)
- Review audit reports and findings
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

Our review and decision process includes whether to make an award, if special conditions are required, and what level of funding is appropriate. At no point in our process is any applicant guaranteed to receive an award.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the [start date](#), listed in the NOFO. See Section 5.4 of the [Application Guide](#) for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the [Application Guide](#).

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of [45 CFR part 75](#) currently in effect.
- The termination provisions in [45 CFR 75.372](#). No other specific termination provisions apply.
- Other federal regulations and HHS policies in effect. at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: [2 CFR § 200.301 Performance measurement](#).
- Any statutory provisions that apply

- The [Assurances](#) (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

Contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR § 75.101 Applicability](#) gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may assert copyright for any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for

federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

3. Reporting

Award recipients must comply with Section 6 of the *Application Guide* and the following reporting and review activities:

- 1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA.
- 2) **Program Terms Report(s).** The recipient must submit a program terms report as indicated on the NOA. We will provide further information regarding the program terms report in the NOA.
- 3) **Progress Report(s).** The recipient must submit a progress report to us at the end of the period of performance. The NOA will provide more detail.
- 4) **RWHAP Services Report (RSR).** The recipient must comply with data requirements of the RSR and mandate compliance by each of its subrecipients. The RSR captures information necessary to demonstrate program performance and accountability. All RWHAP core service and support service providers are required to submit client-level data as instructed in the RSR manual. Please refer to the [HIV/AIDS Program Client-Level Data](#) website for additional information. we will provide further information in the NOA.
- 5) **ADAP Data Report (ADR).** If the recipient expends any of the RWHAP Part B supplemental award on ADAP, it must comply with data reporting requirements of the ADR for those funds, and the recipient must mandate compliance by each of its subrecipients. Please refer to the [HIV/AIDS Program ADAP Data Report](#) website for additional information. HRSA will provide further information in the NOA.
- 6) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS), as [45 CFR part 75 Appendix I, F.3.](#) and [45 CFR part 75 Appendix XII](#) require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Marie Mehaffey
Grants Management Specialist
Division of Grants Management Operations
Office of Federal Assistance Management
Health Resources and Services Administration
Call: 301-945-3934
Email: MMehaffey@hrsa.gov

Program issues or technical assistance:

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Kibibi Matthews-Brown
Senior Program Advisor
Division of State HIV/AIDS Programs (DSHAP)
HIV/AIDS Bureau
Health Resources and Services Administration
Call: 301-443-1035
Email: KMatthews-Brown@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
[Search the Grants.gov Knowledge Base](#)

Once you apply or become an award recipient, you may need help submitting information and reports through [HRSA's Electronic Handbooks \(EHBs\)](#). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
[Electronic Handbooks Contact Center](#)

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the

new login process. For step-by-step instructions on creating a Login.gov account refer to the [EHBs Wiki Help page](#).

VIII. Other Information

Technical Assistance

See [TA details](#) in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the [Application Guide](#).

Appendix A: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified [page limit. \(Do not submit this worksheet as part of your application.\)](#)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	My attachment = ___ pages
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	My attachment = ___ pages
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	My attachment = ___ pages
Attachments Form	Attachment 1: <i>Staffing Plan and Job Descriptions for Key Personnel</i>	<i>(Does not count against the page limit)</i>
Attachments Form	Attachment 2: <i>Biographical Sketches of Key Personnel</i>	<i>(Does not count against the page limit)</i>
Attachments Form	Attachment 3: <i>Project Organizational Chart</i>	My attachment = ___ pages
Attachments Form	Attachment 4: <i>Tables, Charts, etc.</i>	<i>(Does not count against the page limit)</i>
Attachments Form	Attachment 5: <i>Core Medical Services Waiver, if applicable</i>	<i>(Does not count against the page limit)</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 6: <i>Epidemiological Snapshot (No more than four (4) pages in length.)</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 7: <i>Unmet Need Framework and Narrative</i>	<i>(Does not count against the page limit)</i>
Attachments Form	Attachment 8: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 9: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 10: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 11: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 12: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 13: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 14: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 15: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Project/Performance Site Location Form	Additional Performance Site Location(s)	<i>My attachment = ___ pages</i>
Project Narrative Attachment Form	Project Narrative	<i>My attachment = ___ pages</i>
Budget Narrative Attachment Form	Budget Narrative	<i>My attachment = ___ pages</i>
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Page Limit for HRSA-24-065 is 60 pages		My total = ___ pages