U.S. Department of Health and Human Services

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

HIV/AIDS Bureau

Division of Community HIV/AIDS Programs

Ryan White HIV/AIDS Program Part C Early Intervention Services Program: New Geographic Service Areas

Funding Opportunity Number: HRSA-23-119

Funding Opportunity Type(s): New

Assistance Listings Number: 93.918

Application Due Date: April 3, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: February 1, 2023

Hanna Endale
Chief, Atlantic Branch
Division of Community HIV/AIDS Programs (DCHAP)
Email: PARTCEIS@hrsa.gov

See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. §§ 300ff-51 to -67 and 300ff-121 (sections 2651-2667 and 2693 of the Public Health Service (PHS) Act).

508 COMPLIANCE DISCLAIMER

Note: 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.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2023 Ryan White HIV/AIDS Program (RWHAP) Part C HIV Early Intervention Services (EIS) Program: New Geographic Service Areas. The purpose of this program is to provide comprehensive primary health care and support services in an outpatient setting for low income people with HIV in a new geographic service area(s), as described by the applicant.

Under this announcement, applicants must propose to provide: (1) counseling for individuals with respect to HIV; (2) targeted HIV testing; (3) periodic medical evaluations of individuals with HIV and other clinical and diagnostic services regarding HIV; (4) therapeutic measures for preventing and treating the deterioration of the immune system, and for preventing and treating conditions arising from HIV; and (5) referrals for people with HIV to appropriate providers of health and support services. These services are to be provided directly or through referrals, contracts, or memoranda of understanding (MOUs).

HRSA anticipates awarding up to 10 new service areas under HRSA-23-119.

Newly proposed service areas must not geographically overlap with existing service areas as defined in Appendix B in this Notice of Funding Opportunity. Applicants applying for more than one service area must submit a separate application for each service area.

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part C HIV Early Intervention Services Program: New Geographic Service Areas
Funding Opportunity Numbers:	HRSA-23-119
Due Date for Applications:	April 3, 2023
Anticipated FY 2023 Total Available Funding:	$2,300,000

Estimated Number and Type of Award(s):	Up to 10 grants
Estimated Annual Award Amount:	Up to $350,000 per award
Cost Sharing/Match Required:	No
Project Period/Period of Performance	June 1, 2023 through April 30, 2025 (23 months)
Eligible Applicants:	Public and nonprofit private entities that are: a) Federally-qualified health centers under section 1905(1)(2)(B) of the Social Security Act; b) Grantees under section 1001 (regarding family planning) other than States; c) Comprehensive hemophilia diagnostic and treatment centers; d) Rural health clinics; e) Health facilities operated by or pursuant to a contract with the Indian Health Service; f) Community-based organizations, clinics, hospitals and other health facilities that provide early intervention services to those persons infected with HIV/AIDS through intravenous drug use; or g) Nonprofit private entities that provide comprehensive primary care services to populations at risk of HIV/AIDS, including faith-based and community-based organizations. Tribes and tribal organizations that meet the above criteria are eligible to apply. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Day: Thursday, February 16, 2023
Time: 2– 4 p.m. ET
Meeting ID: 160 571 9001

Weblink: https://hrsa-gov.zoomgov.com/j/1605719001?pwd=N3loZndyMTlUUnpZNHVMTU1vSWhKQT09

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 833-568-8864 US Toll-free
Meeting ID: 160 571 9001
Passcode: 74866458

HRSA will record the webinar and make available on the TargetHIV Center website at https://targethiv.org/library/nofos.

Table of Contents

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I. Program Funding Opportunity Description

1. Purpose

HRSA-23-119 announces the opportunity to apply for funding under Ryan White HIV/AIDS Program (RWHAP) Part C Early Intervention Services (EIS) Program: New Geographic Service Areas. The purpose of this program is to provide comprehensive primary health care and support services in an outpatient setting for low income people with HIV.

Under this announcement, successful applicants must provide: (1) counseling for individuals with respect to HIV; (2) targeted HIV testing; (3) periodic medical evaluations of individuals with HIV and clinical and diagnostic services for HIV care and treatment; (4) therapeutic measures for preventing and treating the deterioration of the immune system, and for preventing and treating conditions arising from HIV; and (5) referrals for people with HIV to appropriate providers of health care and support services. These services are to be provided directly or through referrals, contracts, or memoranda of understanding (MOUs).

This competition is open to current RWHAP Part C EIS recipients and new organizations proposing to provide RWHAP Part C EIS funded services *in a new geographic service area(s) as described by the applicant*. HRSA will fund up to 10 new service areas under this notice. For the purposes of this NOFO, a new service area is a defined geographic area with a demonstrated need for comprehensive primary health care and support services in an outpatient setting for low income underserved people with HIV not adequately covered by other sources of support. Newly proposed service areas must not geographically overlap with existing RWHAP Part C EIS service areas as defined in Appendix B of this NOFO. **If you are applying for more than one service area, you must submit a separate application for each proposed service area.**

All allowable services must relate to HIV diagnosis, care, and support, and must adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services (HHS) Guidelines. Please refer to the HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) 16-02 Ryan White HIV/AIDS Program Services for a list of RWHAP allowable core medical and support services and their descriptions.

According to the RWHAP Part C legislation:

- At least 50 percent of the amount received under the grant must be expended on EIS costs (except counseling and referrals/linkage to care);
- At least 75 percent of the award (after reserving amounts for administrative costs, planning/evaluation, and clinical quality management (CQM)) must be expended on core medical services costs (Please note: EIS is a subset of this 75 percent of the award) and;
- Not more than 10 percent of the total RWHAP Part C grant funds can be expended on administrative costs.

Applicants seeking a waiver to the core medical services requirement must submit a waiver request with this application as Attachment 15.

For more details, see Program Requirements and Expectations.

2. Background

The RWHAP Part C Early Intervention Services Program is authorized by 42 U.S.C. §§ 300ff-51 to -67 and 300ff-121 (sections 2651-2667 and 2693 of the Public Health Service (PHS) Act).

The HRSA 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 quickly respond to emerging needs of RWHAP clients.

An important framework in the RWHAP is the HIV care continuum, which depicts 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 encouraged 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. HRSA encourages 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.

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Expanding the Effort: Ending the HIV Epidemic in the U.S.

According to recent data from the 2021 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2017 to 2021, 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 89.7 percent. Additionally, racial, and ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.[1]

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. This initiative seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. 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 achieve viral suppression.

Using Data Effectively: Integrated Data Sharing and Use

HRSA and CDC's 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. HRSA strongly encourages 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.

HRSA's RWHAP Compass Dashboard is a user-friendly, 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

[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021. https://ryanwhite.hrsa.gov/data/reports. Published December 2022. Accessed December 13, 2022.

RWHAP services received and the characteristics of those clients accessing the AIDS Drug Assistance Program (ADAP).

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 (e.g., 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.

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. HRSA strongly encourages complete CD4, viral load (VL), and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from 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 U.S. 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.

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.

Examples of these resources include:

- Access, Care, and Engagement Technical Assistance Center (ACE TA)
- Best Practices Compilation
- Center for Innovation and Engagement (CIE)
- Center for Quality Improvement and Innovation (CQII)
- Dissemination of Evidence-Informed Interventions (DEII)

- Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)
- Ending Stigma through Collaboration and Lifting All to Empowerment (ESCALATE)
- Engage Leadership through Employment, Validation, and Advancing Transformation and Equity for persons with HIV (ELEVATE)
- Integrating HIV Innovative Practices (IHIP)

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $2,300,000 to be available annually to fund up to 10 recipients. You may apply for a ceiling amount of up to $350,000 annually (reflecting direct and indirect) per year.

The period of performance is June 1, 2023 through April 30, 2025 (23 months). Note: Due to the scheduling of this NOFO, the FY 2023 budget period will be truncated by one month. Therefore, the first year of the project period for FY 2023 will begin on June 1, 2023 and end on April 30, 2024 (11 months). The final budget year will begin on May 1, 2024 and end on April 30, 2025 (12 months).

Funding beyond the first year is subject to the availability of appropriated funds for the RWHAP Part C EIS Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

In FY 2018, HRSA implemented a systematic revision of the distribution of RWHAP Part C funding to ensure that it is awarded across service areas based on the following objective RWHAP data: the number and current demographics of clients served, HIV-related health disparities, and the number of uninsured clients. The RWHAP Part C funding methodology ensures baseline funding for the maintenance of program operations, minimizes disruptions by constraining the maximum allowable decrease in funding, and maintains the provision of quality HIV care in existing service areas.

HRSA encourages current RWHAP Part C recipients to assess their history of expending Part C funds and examine all resources available, including program income generated as a result of the RWHAP Part C award, when considering the funding level for which to apply. You can request a funding level that is less than the $350,000 ceiling amount in light of your history of expending Part C funds and availability of other resources. HRSA HAB anticipates directing any unobligated funds to support new RWHAP Part C EIS service areas where there is the greatest burden of infection, illness, and disparities from HIV, as well as to

support the RWHAP Part C Capacity Development grant program. In addition, HRSA reserves the right to fund less than the amount requested based on a history of current RWHAP Part C recipients' unobligated balances.

HRSA did not apply this methodology to new service areas funded under this NOFO as the geographic designation for the new service area(s) will be proposed by the applicant as part of the application process. As a result, the appropriate RSR data specific to the service area were not available to apply using the methodology. Instead, HRSA established the $350,000 funding ceiling for new service areas, as this is the average amount of funding for new RWHAP Part C EIS recipients

For applicants of HRSA-23-119, the methodology also serves to address the variation in the funding per client across service areas. Under the phased approach to implementation of the methodology, the average funding per client across existing service areas is $1,078. You should strongly consider this in the development of your budget request within the funding ceiling amount of $350,000 per year. HRSA will adjust funding ceiling amounts for all service areas in the next RWHAP Part C EIS competitive cycle, and new service areas funded under this NOFO will be considered under the methodology at that time.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

As identified in section 2652(a)(1) of the PHS Act, the following public and non-profit private entities are eligible to apply:

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

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3. Other

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

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

Maintenance of Effort

You must agree to maintain non-federal expenditures for EIS services (i.e., counseling of individuals with respect to HIV, targeted HIV testing, referrals/linkage to care, therapeutic measures, and periodic medical evaluations of people with HIV and other clinical and diagnostic services related to HIV diagnosis) at a level equal to or greater than your total non-federal expenditures for EIS during the most recently completed fiscal year prior to the competitive application deadline (as required by section 2664(d) of the PHS Act). You must report that you will meet the Maintenance of Effort requirement (see Attachment 7).

HRSA will enforce statutory MOE requirements through all available mechanisms.

Multiple Applications

Multiple applications from an organization with the same Unique Entity Identifier (UEI) are allowed if the applications propose separate and distinct geographic service areas.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-119 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA’s *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 Application Guide* in addition to

the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's *SF-424 Application Guide.* You must submit the application in the English language and budget figures expressed in U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.
- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.v Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-119, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

- HRSA will redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-119 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 15: Core Medical Services Waiver Request and Other Attachments.*

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the PHS Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department, or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e), which sunsets / terminates on September 30, 2023. Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) website.

Program Requirements and Expectations

Recipients must adhere to the following clinical, administrative, and fiscal statutory requirements and program expectations.

Clinical Requirements:

- ***HIV Counseling, Testing, and Referral (CTR)*** – RWHAP Part C funds can be used to provide HIV Counseling, Testing, and Referral (CTR) services to high-risk targeted populations in the designated service area in order to identify people with HIV and link them into medical care. However, recipients must coordinate these services with other HIV prevention and testing programs to avoid duplication of effort. You should establish linkages and formal referral mechanisms to ensure follow-up care and treatment for those persons identified as having HIV. Please note that RWHAP Part C funds cannot (1) supplant CTR efforts paid for by other sources, (2) support routine CTR services in the general patient population, or (3) support testing activities in the general population. If HIV CTR is provided, these services must comply with sections 2661 to 2663 of the PHS Act. The revised HHS Guidelines for CTR are available at: https://clinicalinfo.hiv.gov/en/guidelines. The CTR program also must assure the confidentiality of patient information in compliance with applicable federal, state, and local laws.

  Pre-exposure prophylaxis (PrEP) or non-occupational post-exposure prophylaxis (nPEP) is intended for persons who do not have HIV; therefore, RWHAP Part C funds shall not be used to pay for PrEP or nPEP medication or associated medical services. However, RWHAP recipients, including Part C providers, may provide services such as counseling and targeted testing, which should be part of

a comprehensive PrEP program. For further guidance, please see the HAB Program Letter on PrEP.

- ***Medical Care Evaluation and Clinical Care*** – RWHAP Part C recipients must provide comprehensive patient-centered primary health care services in an outpatient setting for low-income people with HIV throughout their entire designated service area. In addition, recipients must ensure, directly or via referral, access for clients to core medical services as described in HAB PCN 16-02. If a program is unable to provide any of these services directly, it must enter into formal arrangements, such as contracts or MOUs, with appropriate providers.

  Recipients must also be able to diagnose, provide prophylaxis, and treat or refer clients with tuberculosis, Hepatitis B or C, and sexually transmitted infections. Program-wide clinical protocols should be in place to address these co-morbidities. In addition, program clinical staff should track and coordinate all inpatient care. They should develop plans for the resumption of patient care in the program if a patient has been discharged from the hospital or if there is any other disruption in outpatient care. Finally, recipients must also have a system in place for after-hours and weekend clinical coverage for medical and dental services; and patients must be involved and fully educated about their medical needs and treatment options within the standards of medical care.

- ***Clinical Guidelines*** – All clinical care must be provided in accordance with HHS Guidelines, which can be found on the HIV.GOV website at: https://clinicalinfo.hiv.gov/en/guidelines. HRSA strongly encourages you to require, at least yearly, continuing education opportunities for RWHAP Part C program staff to ensure they remain knowledgeable of clinical advances in the treatment of HIV and are familiar with the most recent HHS Guidelines.

- ***Referral Systems*** - You must have a process in place for referring patients to needed health care and support services such as oral health, specialty care, medical case management, etc. The referral system should include the tracking and monitoring of those referrals, including the documentation of the referral's outcome in the medical record so that follow-up may occur.

- ***Linkage to Clinical Trials*** – You must have a plan in place for referring appropriate patients to biomedical research facilities or community-based organizations that conduct HIV-related clinical trials. For information on these protocols, visit the NIH HIV Clinical Trials Network website at: https://www.niaid.nih.gov/research/hiv-research-enterprise

- ***Clinical Quality Management (CQM)*** – Section 2664(g)(5) of the PHS Act requires RWHAP Part C recipients to establish a CQM program to (1) assess the extent to which HIV health services provided to patients under the grant are consistent with HHS Guidelines for the treatment of HIV and related opportunistic infections, (2) develop strategies for ensuring that such services are consistent

with the guidelines for improvement in the access to quality HIV health services, and (3) ensure that needed improvements in the access and quality of HIV health services are addressed. Please see HAB PCN 15-02 *Clinical Quality Management* and related Frequently Asked Questions for PCN 15-02 for information on CQM program requirements.

- ***Coordination/Linkages to Other Programs*** – Coordination must occur with all available and accessible community resources, such as federally-funded and non-federally-funded programs (e.g., substance use disorder treatment, mental health treatment, homelessness, housing, other support service programs). This may also include other publicly funded entities providing primary care services, such as Federally Qualified Health Centers (FQHCs) and behavioral health treatment service organizations, including those funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). HRSA expects recipients to collaborate with entities that provide ongoing HIV prevention activities and establish formal linkages with them for referral of people with HIV into care and treatment services at your site.

  HRSA expects recipients located near existing RWHAP Part C funded programs to coordinate/collaborate with those programs and to avoid duplication of services provided in the service area. A searchable RWHAP recipient database is available at: http://findhivcare.hrsa.gov/index.html. In addition, HRSA requires recipients to coordinate services with other RWHAP providers, including Parts A, B, D, Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), the Dental Reimbursement Program, and the Community-Based Dental Partnership Program. HRSA encourages recipients located in an Eligible Metropolitan Area (EMA) or a Transitional Grant Area (TGA) to participate in the activities of the RWHAP Part A Planning Council and demonstrate that they have coordinated with and not duplicated Part A services. HRSA encourages RWHAP Part C recipients to participate in the RWHAP Part B state/territory planning body and/or RWHAP Part B HIV Care Consortium. Further, HRSA expects RWHAP Part C recipients to provide services consistent with their jurisdiction's Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need.

- ***Medicaid Provider Status*** – All providers of services available under the state Medicaid plan must have entered into a participation agreement under the state plan and be qualified to receive payments under such plan or receive a waiver from this requirement. This requirement may be waived for entities with which RWHAP Part C recipients have an agreement to provide services under the award that do not impose a charge or accept reimbursement available from any third party payer, including reimbursement under any insurance policy or under any Federal or State health benefits program. Recipients providing services directly pursuant to the award will not be eligible for a waiver.

- ***Clinic Licensure*** – Primary medical care providers and case management agencies must be fully licensed to provide clinical and case management services, as required by their state and/or local jurisdiction (see Attachment 13).

Administrative/Fiscal Requirements:

- ***Involvement by People with Lived Experience*** – People with HIV who receive services at a RWHAP-funded organization should be actively involved in the development, implementation, and evaluation of program and CQM activities. To receive effective input from people with HIV, programs should provide necessary training, mentoring, and supervision. Examples of involvement include but are not limited to the following:
  - Representation on the organization's Board of Directors.
  - Representation on a newly established or existing consumer advisory board.
  - Recruiting people with HIV to serve as volunteer peer trainers to work directly with patients to help them address issues related to making healthy decisions, treatment decisions and adherence, gaining access to clinical trials, and chronic disease self- management, etc.
  - Participation on workgroups, committees, and task forces, such as a Quality Committee, a Linkage/Retention initiative, or a Patient Education Committee.
  - Serving as peer educators, outreach workers, or staff in the clinic, with fair and equitable pay for the job they are hired to perform.
  - Participation through patient satisfaction and needs assessment surveys, forums, and focus groups.

- ***Imposition of Charges for Services*** – Patients cannot be denied services if they are unable to pay. The RWHAP statute prohibits imposing a charge on individuals whose income is at or below 100 percent of the Federal Poverty Level (FPL) and requires that recipients impose a charge on individuals with incomes greater than 100 percent of the FPL, according to a publicly available schedule of charges.

  - ***Annual Cap on Charges*** – The RWHAP statute requires recipients to limit the amount of charges for HIV-related services they can impose on patients per year:

Individual Income	Maximum Charge*
At or below 100 percent of FPL	N/A – no charge
101 to 200 percent of FPL	No more than 5 percent of annual gross income
201 to 300 percent of FPL	No more than 7 percent of annual gross income
Over 300 percent of FPL	No more than 10 percent of annual gross income

- *Waiver of imposition of charges requirements: Entities operating as free clinics, meaning those that do not impose a charge or accept reimbursement available from any third party payer, may request a waiver of the imposition of charges requirements from HRSA.

Recipients must track the patient's income and charges imposed and have a system in place to ensure that they are able to cap out-of-pocket charges.

- ***Payor of Last Resort*** – With the exception of programs administered by or providing the services of the Indian Health Service, the RWHAP is the payor of last resort. RWHAP Part C funds may not be used for a service if payment has been made, or reasonably can be expected to be made by a state compensation program, an insurance policy, a federal or state health benefits program, or by an entity that provides health services on a pre-paid basis.

  In accordance with the RWHAP client eligibility determination and payor of last resort requirements (see HAB Program Letter on Rapid Eligibility and HAB PCN 21-02 Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program), HRSA HAB expects all RWHAP recipients and subrecipients to establish, implement, and monitor policies and procedures to determine client eligibility based on each of the three factors outlined in Section IV. of PCN 21-02, including documentation requirements. HRSA HAB does not require documentation to be provided in-person nor be notarized.

- RWHAP recipients and subrecipients are expected to develop protocols to facilitate the rapid delivery of RWHAP services, including the provision of antiretrovirals for those newly diagnosed or re-engaged in care. If services are initiated prior to eligibility being established, RWHAP recipients and subrecipients must conduct a formal eligibility determination within a reasonable timeframe and reconcile (i.e., properly account for) any RWHAP funds to ensure that they are only used for allowable costs for eligible individuals. RWHAP recipients and subrecipients must ensure that reasonable efforts are made to use non-RWHAP resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payers to extend finite RWHAP funds. RWHAP recipients and subrecipients must maintain policies and document their efforts to ensure that they assist clients to vigorously pursue enrollment in health care coverage and that clients have accessed all other available public and private funding sources for which they may be eligible (e.g., Medicaid, Medicare, Children's Health Insurance Program (CHIP), state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, health plans offered through other private health insurance) to extend finite RWHAP Part C grant resources.

  RWHAP Part C funds cannot be used to supplement the maximum cost allowance for services reimbursed by third party payers such as Medicaid, Medicare, or other insurance programs. Please note that recipients cannot use direct or indirect federal funds such as RWHAP Parts A, B, D, and F Dental to duplicate reimbursement for services funded under Part C. Additionally, recipients

cannot bill services reimbursed by RWHAP Part C to RWHAP Parts A, B, D, or F.

- ***Information Systems*** – Recipients must have an information system that has the capacity to manage and report at a minimum, the following administrative, fiscal, and clinical data:
  - Client Demographic/Clinical Data and Service Provision Data as required by the RSR – see the most recent Annual RSR Instruction Manual;
  - Source and use of program income;
  - Services according to funding source;
  - Time and effort supported by grant funds; and
  - Number of people with HIV who received specific core medical and support services by funding source.

- ***Service Availability*** – HIV medical services should be available to clients no later than 90 days from the RWHAP Part C EIS award issuance date.

- ***Subawarded Services*** – In addition to the information included in 45 CFR § 75.352, subrecipient agreements must include: (1) the total number of people with HIV to be served; (2) eligibility for Medicaid certification of the medical providers and ambulatory care facilities; (3) details of the services to be provided; and (4) assurance that providers will comply with RWHAP Part C legislative and program requirements, including data sharing, submission of the RSR, and participation in the CQM program.

  Per 45 CFR §§ 75.351 - .353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, RWHAP legislative and programmatic requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.

- ***Medication Discounts*** – HRSA expects RWHAP grant recipients that purchase, are reimbursed for, or provide reimbursement to other entities for outpatient prescription drugs to secure the best prices available for such products and to maximize results for their organization and its patients (see 42 CFR part 50, subpart E). Eligible health care organizations/covered entities that enroll in the 340B Drug Pricing Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at: https://www.hrsa.gov/opa/.

- ***Program Income*** -- All program income generated as a result of awarded funds is considered additive and must be added to the grant amount and used for otherwise allowable costs to further the objectives of the RWHAP Part C grant program. Please see HAB PCN 15-03 for more information on the RWHAP and program income.

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

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

In addition to the requirements listed in the SF-424 Application Guide, please indicate the project title as "*FY 2023 RWHAP Part C EIS Program*" and include the following information in this order:

- General overview of the HIV epidemiology in the entire proposed service area.
- Specify the service area by the most relevant geographic subunit (e.g., county, zip code).
- Description of the key services to be supported by this request, the amount requested, and the target populations (including sub-populations) to be served.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities

Narrative Section	Review Criteria
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need*

  Specify the entire service area by the most relevant geographic subunit (e.g., county, zip code). Remember that newly proposed service areas must not geographically overlap with existing RWHAP Part C EIS service areas as defined in this NOFO in Appendix B. Provide the following information:

  - Your organization's experience in providing comprehensive outpatient primary health care and support services to people with HIV;
  - Your organization's experience with the administration of federal funds;
  - A brief description of people with HIV in the designated service area (i.e., your target population, inclusive of any subpopulations); and
  - How your organization will utilize RWHAP Part C funds to support the HIV care continuum in your service area.

  Reminder: if applying for more than one service area, you must submit a separate application for each service area under the correct funding opportunity number.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need*

  The purpose of this section is to use quantifiable data to demonstrate the burden of the HIV epidemic in the designated service area and the need for RWHAP Part C funding to meet the outpatient primary health care and support service needs of the target population(s), particularly in relation to identified gaps and challenges in the HIV care continuum. There are two (2) required components of the needs assessment section:

  1. Target populations currently being served by your organization; and
  2. The local HIV service delivery system and any recent changes, including changes as a result of the COVID-19 pandemic.

1. **Populations Currently Being Served by Your Organization**

Base this overview on the most recent three years of HIV surveillance data available for the service area and the past three calendar years (CY) of data (i.e., CY19, CY20, and CY21) for your patient population(s). Clearly cite all data sources. Please address each bullet with a table and any associated narrative explanation.

- Describe the burden of HIV in the population(s) being served by your organization and compare it to the overall burden of HIV in the service area using newly diagnosed cases (diagnosed incidence) and total number of people with diagnosed HIV (diagnosed prevalence) data. Present data by race, ethnicity, age, gender, and transmission categories to highlight particular disparities. Clearly describe if there are specific highly impacted groups (i.e., subpopulations) within the service area who have the greatest needs and who will be a focus for RWHAP Part C funded services. This demonstrates your intent to address the goals to end the HIV epidemic through the reduction of HIV-related health disparities. Identify any trends that have emerged during the last three years (CY19 through CY21), including those related to the COVID-19 pandemic, such as any increases or decreases in HIV incidence/prevalence among specific subpopulations. Provide the above information in a table format.

- Describe the unmet need based on your evaluation of the gaps in the HIV care continuum for the population(s) of people with HIV who are served by your organization. Provide data on the five stages of the HIV care continuum for the identified focus population(s) with disparate rates of HIV using the most recent three calendar years of available data (e.g., CY19 through CY21). The stages in the HIV care continuum are: diagnosis of HIV infection, linkage to care, retention in care, receipt of antiretroviral therapy (ART), and achievement of viral suppression. Clearly define the numerator and the denominator for each stage. Use the same numerators and denominators as outlined for the HHS Common HIV Core Indicators. Provide the data in a table format. A detailed resource for how to calculate data indicators for each stage can be found here in the CDC's HIV Resource Library. The table may list the stages in the left-hand column and, across the top of the table, list the measurement periods by calendar year (each year as a separate column).

- Briefly describe how you used RWHAP Part A or B Unmet Need estimates of people with HIV in your own program and budget planning efforts. Include any subpopulations in the designated service area wo (1) are unaware of their HIV status, or (2) know they have tested positive for HIV.

2. **The Local HIV Service Delivery System and Recent Changes**

Describe the HIV services available to people with HIV in the proposed designated service area and demonstrate how the proposed RWHAP Part C services will not duplicate other funded services. The presentation of the local HIV service delivery system should cover three broad areas:

- **HIV service providers**
  - Provide a map of the entire service area, noting your clinical services location(s) and the location of other local providers of HIV primary care services. Include this map as Attachment 9.

  - In addition to a map, provide a table listing (1) name of organization, (2) specific services each one provides, (3) target populations served, and if possible (4) the number of unduplicated clients served annually. Include this table in the narrative and include all public and private organizations (including any other RWHAP providers) that provide HIV outpatient primary health care services to people with HIV in the entire designated service area. The CDC and HRSA Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, together with the RWHAP Part A and Part B Programs, may serve as resources for this information.

- **Gaps in local services and barriers to care**
  Based on the unmet need and gaps in the HIV care continuum as described in the Needs Assessment section, describe where current HIV core medical and support services need strengthening. Describe any corresponding significant barriers (individual/structural), including those arising from COVID-19 pandemic, that prevent people with HIV from accessing needed services and achieving improved outcomes in the entire designated service area.

- **Description of the current health care landscape**
  Describe the health care environment and any significant changes that have affected the availability of health care services, including:

  a. Your clients by payor source in CY21 only (e.g., Medicaid, Medicare, CHIP, state-funded HIV programs, employer-sponsored health insurance coverage, other private health insurance, and/or other third party payors).
  b. How the Medicaid program provides services to people with HIV in your state, including a description of eligibility, a listing of the HIV core medical and support services covered by Medicaid, and any gaps in coverage for these services. For example, identify if there are limits on the number of primary care or mental health visits, the types of oral health services that are reimbursable, medical/non-medical case management services, or prescription medication coverage.
  c. Any gaps in coverage for HIV core medical and support services from other major health care payor sources (e.g., employer-sponsored health insurance coverage, state-funded HIV programs, Medicare, AIDS Drug Assistance Program (ADAP) funding, and/or other third party payor) in the designated service area. For example, identify if there are limits on the number of primary care or mental health visits, the types of oral health services that are reimbursable, medical/non-medical case management services, or prescription medication coverage.
  d. Any recent economic, system, or demographic shifts (e.g., in specific populations, closings of local hospitals, community health care providers, or major local employers), public health emergencies such as COVID-19, or natural disasters that have affected care to your clients.

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- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response*

Utilizing the section headings provided below, describe the proposed outpatient core medical and support services you will provide to address the unmet needs/service gaps/barriers identified in your needs assessment section. For example, if a service area is lacking access to oral health care, you should describe how you will address this unmet need in the Core Medical Services subsection, or if the HIV viral suppression rate is low (e.g., as compared to your state's average rate) among a specific subpopulation in your clinic, your application should address this gap in the HIV Care Continuum Services subsection. The section headings are:

1) HIV Care Continuum Services
2) Core Medical Services
3) Support Services
4) Referral System
5) Coordination and Linkages with other HIV Programs
6) Health Care Coverage, Benefit Coordination, and Third Party Reimbursement

1) HIV Care Continuum Services

A) HIV-Diagnosed

Please describe:

- How HIV CTR services are delivered in the service area.
- How CTR services will be targeted to subpopulations identified in the needs assessment section and not duplicate CTR services already funded by other sources (i.e., other RWHAP Parts, CDC, SAMSHA, or state funds), if you are proposing to use RWHAP Part C funds to support CTR services. Use the HIV care continuum data presented in the Needs Assessment section to support your use of RWHAP Part C funds for CTR services.

B) Linkage to Care

Please describe:

- How newly-identified individuals with HIV are linked into and provided with outpatient primary health care and support services and how these newly-identified individuals are successfully transitioned into care.
- Any targeted linkage efforts that are specific to subpopulations in the proposed service area as identified in the Needs Assessment section.
- Referral relationships and collaborations with any community-based organizations, medical providers, HIV testing sites, local health departments, or local jails and/or transitional facilities (see HAB PCN 18-02) serving as important referral sources or points of entry into care. Please be aware that HRSA may request documentation of those relationships as part of the post-award administration process.

C) Retention in Care

Please describe:

- Strategies you use to retain people with HIV in medical care, including any related to telehealth.

- Any targeted efforts to retain subpopulations who have poor health outcomes in HIV health care.

D) Antiretroviral Therapy and Viral Suppression
Please describe:

- The successes and challenges of your current strategies, including any related to telehealth, to monitor viral suppression in your clinic population, and how these have influenced your selection of treatment adherence interventions.
- Your innovative approaches to improve ART acceptance and viral suppression in key populations (e.g., youth, Black/African American women) who are disproportionately affected by the HIV epidemic with poor health outcomes.

2) Description of Core Medical Services
Please describe:

- Which core medical services will be provided, and how they will be provided (if not provided directly by your organization, detail the referral system for care including the accessibility of the service and the coordination of care by your organization). Refer to HAB PCN 16-02 for more information on core medical services.
- The strategies used to engage your clients, including women and minority populations, to learn about and enroll in HIV-related clinical research trials as appropriate. Indicate if your clients express any barriers to participating in clinical trials, and if so, how you overcome these barriers.
- How you provide risk reduction counseling to people with HIV according to the HHS Guidelines, including prevention counseling that is part of a comprehensive PrEP program. Identify any chronic care models (e.g., inter-professional collaborative model, patient centered medical home) or any strategies/interventions (e.g., peer navigator programs, chronic disease self-management) used to maximize desired health outcomes for your clients.
- Any major gaps and barriers associated with accessing core medical services before and during the COVID-19 pandemic for the proposed target population(s) and/or subpopulation(s) and how these have been or will be addressed. Indicate if any telehealth strategies were used.
- The availability of state(s) ADAP or other locally available pharmacy assistance programs. If there is an ADAP waiting list in the proposed geographic area, discuss how your program ensures that all eligible patients will have access to HIV and HIV-related therapeutic medications, applicable vaccines, etc.

3) Description of Support Services
Please describe:

- Which support services will be provided, and how they will be provided (if not provided directly by your organization). If you propose to use RWHAP Part C funds for any support services, explain how each of the Part C funded support services will be provided and how each is linked to improving or maximizing health outcomes. Refer to HAB PCN 16-02 for more information on support services.

4) **Description of Referral System and Care Coordination**
Please describe:
- How referrals to specialty/subspecialty medical care and other health and social services are assessed and provided for clients. Also describe how these referrals are tracked and the results entered into the health record, including whether the appointment was kept.
- The strategies used to improve care transitions (including transitioning youth with HIV into adult care). Also provide information that supports the effectiveness of these strategies. Identify any challenges or barriers experienced and how you address these barriers for an effective transition.
- The coordination of HIV medical and support services for pregnant women with HIV during the perinatal and post-partum periods, as well as services for their exposed infants.

5) **Health Care Coverage, Benefit Coordination and Third Party Reimbursement**
Please describe:
- Process(es) used to ensure clients are assessed, informed, and enrolled, as appropriate, into other forms of insurance including Medicaid, Medicare, CHIP, private insurance, and other options.
- How you ensure clients are educated about any out-of-pocket costs, including deductibles, co-pays, coinsurance, schedules of charges, or nominal fees, and how the collection of these fees are subject to the RWHAP cap on annual patient out-of-pocket charges.
- Your system or procedures for managing and tracking program income. This includes third party reimbursement, patient fee collection, income generated by participation in the 340B Drug Discount Program, or any other sources of program income derived from RWHAP-funded activities.

6) **Coordination and Linkages with Other HIV Programs**
Please describe your organization's participation in, coordination, and/or linkage(s) with the following publicly funded HIV care and prevention programs in your service area. In **Attachment 11**, include a list of organizations for which signed Letters/MOUs are available, with a brief description of the activities/services to be provided by each identified organization and the location of the partner(s). HRSA recommends submitting this information in table format. Please be aware that HRSA may request copies of those agreements as part of the post-award administration process.
- RWHAP Part A - If the program is located in a RWHAP Part A Eligible Metropolitan Area or Transitional Grant Area, indicate the amount of RWHAP Part A funds allocated to provide the core medical and support services that you propose to fund in your RWHAP Part C EIS application. Identify how the budget for the RWHAP Part C EIS grant has been developed in coordination with the planning process for localities funded under RWHAP Part A.
- RWHAP Part B - Identify how the budget for the RWHAP Part C EIS grant has been developed in coordination with the State and Territory's Integrated Plans.
- If your organization receives RWHAP Part A and/or Part B funding:
    a. Identify the amount of funding received for each RWHAP Part A and/or Part B funded service category, including the specific services supported.

b. Describe how the services proposed in this application are not duplicative of services supported by RWHAP Part A and/or Part B.
c. Include in Attachment 10 a letter from the RWHAP Part A and/or Part B Recipient's Authorizing Official/Representative that documents your organization's involvement with RWHAP Parts A and/or B HIV Body and/or Planning Council, if applicable. Provide the requested letter(s) that address why RWHAP Part C EIS funds are necessary to support the needs described in this application and how your proposed services are not duplicative of other available services. If you cannot obtain this letter(s), please explain why.

- Other RWHAP Providers - Describe your organization's participation in, coordination, and/or linkage with any other RWHAP programs in your area (i.e., Part D; Part F-Dental Reimbursement Program, Community Based Dental Partnership, and nearest RWHAP AETC(s) or Special Projects of National Significance).
- Other Federally Funded Services - Describe your organization's collaboration with other primary health care services (if any exist in the area). These include, but are not limited to, publicly funded Federally Qualified Health Centers, mental health and substance use disorders treatment programs including those funded by SAMHSA, and research programs including those funded by NIH.

▪ *WORK PLAN -- Corresponds to Section V's Review Criteria #4 Impact*

A work plan is a concise easy-to-read overview of your goals, strategies, objectives, activities, timeline, and those responsible for making the program happen. The work plan must include measurable objectives for core medical and support services (as defined by HAB PCN 16-02).

Establish and provide measurable objectives in the four areas below for each year of the proposed period of performance (23 months). Provide a table as Attachment 12.

- HIV Testing and Counseling (HIV Diagnosed)
- Access to Care (Linkage)
- Core Medical and Support Services (Retention in Care)
- ART and Viral Suppression

Your work plan objectives are for all clients eligible to receive services funded by RWHAP Part C, inclusive of the populations served by any subrecipient. If your budget includes subrecipient(s), provide measurable objectives broken out for each subrecipient(s) within the recommended table format.

HIV Testing and Counseling - HIV-Diagnosed
If you are requesting the use of RWHAP Part C funds for CTR, provide the projected number of persons who will:

- Receive targeted testing and counseling services
- Have a confirmatory positive HIV test result

Access to Care - Linkage to Care
Provide the projected number of:

- Newly diagnosed individuals who will enroll in care within one month of HIV diagnosis

Retention in Care - Core Medical and Support Services
Provide the projected number of people with HIV who will:

- Receive Core Medical Services (see HAB PCN 16-02) (Please only list each core medical service that you are supporting with RWHAP Part C funds.)
- Receive Support Services (see HAB PCN 16-02) (Please only list each support service that you are supporting with RWHAP Part C funds.)

ART and Viral Suppression
Provide the projected percent (specify the numerator and denominator as well as percent) of people with HIV who will:

- Receive ART
- Be virally suppressed. Provide a total as well as by targeted subpopulation, as identified in your Needs Assessment section.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Response*

  Describe the approaches you will use to resolve the challenges and barriers identified throughout this application in your organization and in the larger context of implementing the RWHAP Part C proposed project (e.g., changes in the health care landscape, subpopulation disparities). In lieu of a narrative for this section, include a table with the following headers: Challenges, Resolutions, Outcomes/Current Status.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #5 Resources/Capabilities*

  CQM Program Infrastructure
  - List the number of staff FTEs assigned to CQM and their positions. Describe the CQM program staff roles and responsibilities, including the key leaders and members of the quality committee.
  - Describe how stakeholders, particularly your clients with HIV, are involved in the planning, implementation, and evaluation of your HIV program, including examples (e.g., focus groups, surveys, consumer advisory boards) that you have recently conducted or plan to conduct in the upcoming period of performance.

  CQM Performance Measures
  - Describe the proposed data collection plan and processes for performance measurement (e.g., frequency of data collection, key activities, and responsible staff). Include information on data collection from subrecipient(s) as applicable.
  - Describe the process for selecting, reporting, and disseminating results on the performance measures to stakeholders.

- Describe how performance measure data are analyzed to assess disparities in care and the actions taken to eliminate those disparities. Summarize the performance measure data collected during the past period of performance and note any trends, especially related to HIV outpatient primary health care services and other core medical services.

Continuous Quality Improvement (CQI)

- Describe the CQI methodology you are using to identify priorities for quality improvement projects. Provide examples of specific quality improvement projects undertaken, including any for HIV outpatient primary health care services and/or medical case management in the past three years. Include a statement of the clinical issue, baseline data, interventions implemented, and follow-up data. Describe the involvement of stakeholders in the selection of quality improvement activities.
- Describe the quality improvement (QI) activities planned for the upcoming period of performance. Include viral suppression and retention in medical care as QI projects, highlighting upcoming efforts with any subpopulations identified in your Needs Assessment.

Information Systems

Accurate records of services provided, and clients served are critical to HRSA's implementation of the RWHAP legislation and fulfillment of responsibilities in the administration of grant funds. As such, HRSA requires recipients to report medical information at the client level of service using a unique identifier, collect data for funded services, and transmit data electronically through the RSR.

- Describe the current information system in use to track health care service data. Existing recipients should discuss their experience and challenges with collecting, reporting, and analyzing client-level data for the RSR. New applicants should describe their capacity to manage, collect, and report the RSR (refer to RSR Instruction Manual).

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria #5 Resources/Capabilities*

  In this section, describe your organization's capacity and expertise to provide HIV outpatient primary health care and support services by detailing your administrative, fiscal, and clinical operations. At a minimum, please describe:

  - The mission and vision of your organization and how a RWHAP Part C EIS project fits within the scope of that mission and vision.
  - The structure of your organization. Include in Attachment 5 an organizational chart that clearly shows where the RWHAP Part C EIS program fits within your organization and how the program is divided into departments, if applicable. If the program is divided into departments, the chart should show the professional staff positions that administer those departments and the reporting relationships for the management of the HIV program.
  - Your organization's experience in providing core medical (including medical case management) and support services as described in HAB PCN 16-02, whether in person or through telehealth.

- Your systems that ensure staff are trained/educated in and use the most current HHS Guidelines, and that RWHAP Part C clinic-specific policies and procedures are being followed, including any training through the regional/local AETC. Information about the RWHAP AETC network can be found at http://hab.hrsa.gov/abouthab/partfeducation.html.
- Your experience with fiscal management of grants and contracts, including information on what kind of accounting systems are in place, what internal systems you use to monitor grant expenditures, and how you will manage and monitor subrecipient performance and compliance with RWHAP Part C EIS requirements.
- How your organization will ensure that you properly document any sub-awarded funds or funds expended on contracts.
- Your processes to perform and monitor fiscal assessment of all people with HIV for their eligibility for RWHAP supported services or other payor sources for health care services.
- How you will collect, track, and use program income to support the objectives of the RWHAP Part C program.
- Your organization's participation or intent to participate in the 340B Drug Pricing Program (see 42 CFR part 50, subpart E, section 340B of the PHS Act, and https://www.hrsa.gov/opa/).

iii. *Budget*

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's SF-424 Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

In addition to the SF-424 Application Guide requirements, you **must** also provide the line item budget and budget narrative according to the following five allowable RWHAP Part C cost categories: **EIS, Core Medical Services, Support Services, CQM, and Administrative Costs**.

1) **Early Intervention Services (EIS) Costs—**At least 50 percent of the amount received under the grant must be expended on the following Part C EIS costs, either directly or through referrals, contracts, or MOUs:

   - Targeted HIV testing
   - Other clinical and diagnostic services regarding HIV, and periodic medical evaluations for people with HIV

- Providing therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV

You must ensure that at least 50 percent of the award will be expended on targeted HIV testing, clinical and diagnostic services regarding HIV and periodic medical evaluations for people with HIV, and providing therapeutic medications. Clinical and diagnostic services may include medical case management, mental health, oral health, and other clinical services, in addition to outpatient ambulatory health services. The legislative budgetary requirement of at least 50 percent for the EIS Cost Category excludes counseling and referrals/linkage to care, although the budget allocation for these services cannot be zero (see next section).

2) **Core Medical Services Costs** (At least 75 percent of the award – after reserving amounts for administrative costs, planning/evaluation, and clinical quality management – must be expended on core medical services.) Core medical services, by statute, include the following service categories (further described in HAB PCN 16-02):
   - AIDS Drug Assistance Program Treatments
   - AIDS Pharmaceutical Assistance
   - EIS
     - Counseling individuals with respect to HIV
     - Referrals/linkage to care
   - Health Insurance Premiums and Cost Sharing Assistance for Low Income Individuals
   - Home and Community-Based Health Services
   - Home Health Care
   - Hospice
   - Medical Case Management, including Treatment Adherence Services
   - Medical Nutrition Therapy
   - Mental Health Services
   - Oral Health Care
   - Outpatient/Ambulatory Health Services
   - Substance Abuse Outpatient Care

   As a reminder, 50 percent of the award must be allocated to the EIS cost category, as described above in IV.2.iii.1. Since allocations for counseling and referrals/linkage to care cannot be zero, they must be allocated under the Core Medical Services cost category (not EIS cost category).

3) **Support Services Costs-** Support services as described in HAB PCN 16-02 are those services needed by people with HIV to achieve optimal HIV medical outcomes. These include:
   - Child Care Services
   - Emergency Financial Assistance
   - Food Bank/Home Delivered Meals
   - Health Education/Risk Reduction

- Housing
- Legal Services
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management Services
- Other Professional Services
- Outreach Services
- Permanency Planning
- Psychosocial Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Services (residential)

4) **CQM Costs-** CQM includes those costs required to implement HAB PCN 15-02. This incorporates those costs required to assess the extent to which services are consistent with the current HHS Guidelines for the treatment of HIV and related opportunistic infections, develop strategies for ensuring such services are consistent with the guidelines, and ensure improvements are made in the access to and quality of HIV health services. Examples of CQM costs include CQM coordination; CQI activities; data collection for CQM purposes (collection, aggregation, analysis, development and implementation of a data-based strategy for CQI implementation); CQM staff training/technical assistance (including travel and registration) to improve clinical care services; attendance for approximately three staff members at the National Ryan White Conference on HIV Care and Treatment; training subrecipients on CQM; participation in the Integrated Plan process and local planning; and people with HIV involvement in the design, implementation, and evaluation to improve services. HRSA expects that **grant funding spent on clinical quality management shall be kept to a reasonable leve**l.

5) **Administrative Costs-** (Not more than 10 percent of the total RWHAP Part C grant award may be expended on administrative costs) – Administrative Costs are those direct and indirect costs associated with the administration of the RWHAP Part C EIS grant. Staff activities that are administrative in nature should be allocated to administrative costs. Planning and evaluation costs are subject to the 10 percent cap. For further guidance on the treatment of costs under the 10 percent administrative expenses limit, refer to HAB PCN 15-01 Treatment of Costs under the 10 Percent Administrative Cap for Ryan White HIV/AIDS Programs Parts A, B, C and D and Frequently Asked Questions for PCN 15-01.

   Please note there are associated Indirect Costs that are considered Administrative Costs. Please refer to HAB PCN 15-01 and the SF-424 Application Guide regarding Indirect Cost Allowance guidelines.

Line-item budget: In order to evaluate applicant adherence to RWHAP Part C legislative budget requirements, you must submit separate program-specific line item budgets for both

portions of the 23-month period of performance. The budget allocations on the line item budget must relate to the activities proposed in the project narrative, including the work plan. Allocations of provider time and effort should be reasonable for the number of clients to be served.

The requested yearly line-item budget must not exceed the ceiling amount of $350,000. Note: The FY 2023 budget period is truncated by one month and begins on June 1, 2023. However, for their budget, applicants should request and allocate the same funding amount to both the FY 2023 and FY 2024 budgets, recognizing that the Year One budget is only 11 months. Submit separate budget documents for each budget period.

In addition, the total amount requested on the SF-424A must match the total amount listed on the line-item budget. Please list personnel separately by position title and individual name or note if position is vacant. Upload the line item budgets as **Attachment 1**.

Salary Rate Limitation - As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, 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." See Section 4.1.iv Budget – Salary Rate Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary rate limitations may apply in the following FY, as required by law.

NOTE: HRSA recommends that the budgets be converted or scanned into PDF format for submission. Do not submit Excel spreadsheets. Submit the program-specific line-item budget in table format, listing the program cost categories (i.e., EIS, Core Medical Services, Support Services, CQM, and Administrative costs) across the top and object class categories (e.g., Personnel, Fringe Benefits, Travel) in a column down the left hand side.

iv. *Budget Narrative*

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition to the directions in Section 4.1.v. of HRSA's SF-424 Application Guide, you must provide a narrative that clearly explains the amounts requested for each line in the budget. For Year Two, the budget justification narrative should highlight only the changes from Year One or clearly indicate that there are no substantive budget changes during the period of performance. The budget narrative must be clear and concise.

For each object class category (e.g., Personnel, Fringe Benefits, Travel), divide the budget narrative according to the five RWHAP Part C EIS Cost Categories: **EIS, Core Medical Services, Support Services, CQM, and Administrative.**

Descriptions must be specific to the cost category. Other RWHAP Part C EIS specific budget information includes:

- **Travel:** List travel costs according to local and long distance travel. For local travel, you should list the mileage rate, number of miles, reason for travel, and staff member/ people with HIV completing the travel. You should list any clinical staff traveling to provide care in the EIS/Core Medical Services category. List any patient transportation in the Support Services category. In the CQM category, list staff travel to CQM related conferences and continuing education workshops/conferences.

Allowable travel costs also include attendance for approximately three staff members at the National Ryan White Conference on HIV Care and Treatment, etc. HRSA expects your organization to support the travel and training for HIV related CME/CEU activities where appropriate and to use your local AETCs as a resource for training needs.

- **Contractual:** Subrecipients providing services under this award must adhere to the same requirements as the recipient. All RWHAP Part C legislative requirements and program expectations that apply to the recipients also apply to subrecipients of their award. Your organization is accountable for your subrecipients' performance of the project, program, activity, and appropriate expenditure of funds under the award. **As such, recipients are required to monitor all subrecipients.** Assurance that subrecipients are tracking the source, documenting the allowable use, and reporting program income earned at the subrecipient level is a RWHAP requirement. Your subrecipients must also report and validate program expenditures in accordance with core medical and support services categories to determine that they comply with legislative mandates and required distribution of funds.

As a reminder, for Year Two, the budget narrative should highlight only the changes from Year One or clearly indicate that there are no substantive budget changes during the period of performance. Do not repeat the same information across years in the budget narrative.

v. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**. You must upload attachments into the application. Any *hyperlinked* attachments will not be reviewed/opened by HRSA.

Attachment 1: Program-Specific Line Item Budget (Required)

Submit as a PDF document a program-specific line item budget for each budget period of the period of performance.

Attachment 2: Federally Negotiated Indirect Cost Rate Agreement (If applicable)

Submit a copy of the current agreement. This does not count toward the page limit.

Attachment 3: Staffing Plan and Biographical Sketches for Key Personnel (see Section 4.1. of HRSA's SF-424 Application Guide) (Required)

Include biographical sketches for staff occupying the key positions. Keep each biographical sketch brief (a paragraph at most). Include the role, responsibilities, and qualifications of proposed project staff, including education, training, HIV experience, and expertise. The staffing plan should include all positions funded by the grant, as well as staff vital to program operations and the provision of the RWHAP Part C-supported HIV services whether or not paid by the grant. Key staff include, at a minimum, the program

coordinator and the program medical director, all medical care providers funded directly or through a contract or covered by MOU, and the quality management lead. For each staff, note all sources of funding and the corresponding time and effort. It may be helpful to supply this information in a table. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs. If a biographical sketch is included for an identified individual whom you have not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Job Descriptions for Key Vacant Positions (If Applicable)

Describe the roles and responsibilities for key personnel vacancies. Also describe the educational and experience qualifications needed to fill the positions and the FTE associated with the position(s). Limit each job description to one page in length. It may be helpful to supply this information in a table.

Attachment 5: Project Organizational Chart (Required)

Include an organizational chart that clearly shows where the RWHAP Part C EIS program fits within your organization. If the program is divided into departments, the chart should show the professional staff positions that administer those departments, and the reporting relationships for the management of the HIV program.

Attachment 6: Signed and Scanned RWHAP Part C EIS Additional Agreements and Assurances (Required)

Review the RWHAP Part C EIS Additional Agreements and Assurances located in Appendix A. This document must be signed by the Authorized Organization Representative (AOR), scanned, and uploaded.

Attachment 7: Maintenance of Effort (MOE)

You must provide a baseline aggregate total of the actual expenditure of non-federal funds for the fiscal year prior to the application and estimates for the next fiscal year using a table similar to the one below. In addition, you must provide a description of baseline data and the methodology used to calculate the MOE.

NON-FEDERAL EXPENDITURES

FY Prior to Application (Actual)	Current FY of Application (Estimated)
Actual prior FY non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	Estimated current FY non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Recipients must maintain non-federal expenditures for EIS at a level equal to or greater than their total non-federal expenditures for EIS during the most recently completed fiscal year prior to the competitive application deadline.

The costs associated with the RWHAP Part C Early Intervention Services include:

- Counseling of individuals with respect to HIV
- Targeted HIV testing
- Referral/linkage to care
- Other clinical and diagnostic services related to HIV diagnosis, and periodic medical evaluations for people with HIV
- Therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV

Attachment 8: Request for Funding Preference (Required)

Provide information, including supporting documentation, data, and other details according to the instructions for funding preferences for either rural areas or underserved populations. **HRSA will review the information to determine whether you qualify for a funding preference.** See Section V.2 for more information.

Attachment 9: Map of Service Area (Required)

Provide a map of the entire service area, noting your clinical services location(s) and the location of other local providers of HIV primary care services.

HAB recommends that you use an official state or local map showing jurisdictional boundaries (e.g., https://www.census.gov/quickfacts/, state public health websites) to display the proposed service area.

Attachment 10: Letter(s) from RWHAP Part A and/or Part B Recipient of Record (Required)

Include a letter from the RWHAP Part A and/or Part B Recipient's AOR that documents your organization's involvement with RWHAP Part A and/or Part B HIV Body and/or Planning Council, as applicable. Provide requested letter(s) that address why RWHAP Part C EIS funds are necessary to support the needs described in your application and how your proposed services are not duplicative of other available services. If you cannot obtain this letter(s), provide an explanation as to why.

Attachment 11: List of Provider Organizations with Contracts and/or MOUs (If Applicable)

If you propose to work with partners, include a list of organizations for which signed Letters/MOUs are available with a brief description of the activities/services to be provided by each identified organization and the location of the partner(s). HRSA recommends submitting this information in table format. Please be aware that HRSA may request copies of those agreements as part of the post-award administration process.

Attachment 12: Work Plan (Required)

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. You must establish measurable objectives and provide them in the five areas stated in Section IV. ii. Project Narrative for each year of the proposed period of performance (two years). Provide a table to outline the work plan.

Attachment 13: Table of Provider Medicaid and Medicare Numbers (National Provider Identifier) and Clinic Licensure Status (Required)

Use a table that identifies all providers' Medicaid and Medicare numbers and clinic licensure status. Include the Medicaid and Medicare provider number(s) for employed and contracted primary care and specialty care provider(s). If your jurisdiction does not require clinic licensure, describe how that can be confirmed in state regulation or other information. Official documentation may be required prior to an award being made or in the post-award period.

Attachment 14: Proof of Non-Profit status (Required)

Include your proof of non-profit status (**required**, <u>not</u> counted in the page limit).

Attachment 15: Core Medical Services Waiver Request and Other Attachments (If Applicable)

Include Core Medical Services waiver request if submitting with the application (counted in the page limit). If unable to attest to the statements in this certification stated in Section IV.2, an explanation shall be included.

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

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (https://sam.gov/content/home | SAM Knowledge Base)
- Grants.gov (https://www.grants.gov/)

For more details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is ***April 3, 2023 at 11:59 p.m. ET***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Summary of emails from Grants.gov in HRSA's *SF-424 Application Guide*, Section 8.2.5 for additional information.

5. Intergovernmental Review

RWHAP Part C Capacity is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request up to $350,000 for each proposed new service area(s) to which you are applying. If you are applying for more than one service area you must submit a separate application for each service area.

Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- Funding restrictions included in PCN 16-02
- Charges that are billable to third party payors (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, Department of Housing and Urban Development (HUD) funding for housing services, other RWHAP funding including AIDS Drug Assistance Program)
- To directly provide housing or health care services (e.g., HIV care, counseling and testing) that duplicate existing services
- Payments for clinical research
- Payments for nursing home care
- Cash payments to intended clients of RWHAP services
- Purchase or improvement to land
- Purchase, construction, or major alterations or renovations on any building or other facility (see 45 CFR part 75 – subpart A Definitions)
- PrEP or non-occupational Post-Exposure Prophylaxis (nPEP) medications or the related medical services. As outlined in the updated November 16, 2021 RWHAP and PrEP program letter, the RWHAP legislation provides grant funds to be used for the care and treatment of people with HIV, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as clinician visits and laboratory costs. RWHAP Part C Capacity funds can be used toward risk reduction counseling and targeted testing, a component of primary HIV care, which may include counseling and testing and information on PrEP to eligible clients and their partners, within the context of a comprehensive PrEP program.

- Purchase of sterile needles and syringes for the purpose of hypodermic injection of any illegal drug use. Some aspects of syringe services programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See Syringe Services Programs.
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.
- Research
- Foreign travel

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 HRSA's *SF-424 Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds is considered additive and must be added to the grant amount and used for otherwise allowable costs to further the objectives of the RWHAP Part C 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 C services to eligible clients.

Program income means gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided on 45 CFR § 75.307(f). Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income.

Except as otherwise provided in Federal statutes, regulation, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. Please see 45 CFR § 75.307 and HRSA HAB PCN 15-03 Clarifications Regarding the RWHAP and Program Income for additional information.

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V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank RWHAP Part C Capacity Development Program applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (12 points)-Corresponds to Sections IV's Introduction *and* Needs Assessment*.*

- The completeness of the data provided that demonstrate the burden of HIV infection in the target population(s) served by the applicant's organization in comparison to the entire service area.
- The strength of the applicant's narrative that identifies the specific subpopulations that have the greatest needs for receiving RWHAP Part C funded services.
- The strength of the applicant's description of unmet need, gaps in services, and barriers to care across the target population using the HIV care continuum as a framework and citing appropriate references.
- The completeness of the applicant's documentation of the types of services currently available and the other RWHAP providers throughout the entire service area.
- The strength of the applicant's description of the current health care landscape within the entire designated service area, and its impact on the delivery of HIV outpatient primary health care and support services.

Criterion 2: RESPONSE (30 points) - Corresponds to Section IV's Methodology*, and* Resolution of Challenges*.*

- The strength of the applicant's description of the utilization of RWHAP Part C EIS funds in support of a comprehensive continuum of core medical and support services to meet the needs of people with HIV throughout the entire service area.
- The strength of the applicant's description of how CTR services will be coordinated with other organizations within the service area, and of how CTR services will be directed to high risk populations within the service area.
- The strength of the applicant's description of the applicant's system for linking newly diagnosed individuals to care.
- The clarity and completeness of the applicant's description of retention strategies that are keeping people with HIV in care.

- The strength of the applicant's description of innovative interventions for improving HIV viral suppression in targeted subpopulations identified in the application.
- The strength of the applicant's description of the applicant's ability to transition HIV-positive youth into the adult HIV primary care system.
- The strength of the applicant's narrative that demonstrates how referrals to specialty and subspecialty medical care and other health and social services are tracked and monitored.
- The feasibility of the applicant's plan for outreach and enrollment of RWHAP clients into new health coverage options.
- The clarity of the applicant's narrative that demonstrates a process is in place to inform clients about HIV-related clinical research trials and refer those interested clients to the relevant resources.
- The strength of the applicant's description of the availability of and access to support services for the applicant's target population throughout the entire service area.
- The strength of the applicant's narrative that demonstrates the availability of and access to other core medical services.
- The strength and completeness of the applicant's description of the applicant's readiness to provide HIV medical services within 90 days of receipt of the Notice of Award.

Criterion 3: EVALUATIVE MEASURES (16 points) - Corresponds to Section IV's Evaluation and Technical Support Capacity

- The strength of the proposed CQM program infrastructure, including evidence of key leaders and dedicated staff, descriptions of roles and responsibilities for CQM staff, dedicated resources, and involvement of key stakeholders.
- The strength of the applicant's narrative that describes the level of involvement people with HIV have in developing, implementing, and evaluating the RWHAP Part C EIS Program.
- The feasibility of the applicant's data collection plan and processes (e.g., frequency, key activities, and responsible staff).
- The strength of the applicant's narrative that demonstrates the applicant's ability to analyze and evaluate the applicant's performance measure data for health outcome disparities and to take action to eliminate them.
- The strength and completeness of the applicant's narrative that describes a recently conducted HIV primary care quality improvement project including baseline data, interventions, and follow up data.
- The strength of the applicant's narrative which demonstrates the capacity to manage, collect, and report client level data and to comply with all program reporting requirements.

Criterion 4: IMPACT (10 points) - Corresponds to Section IV's Work Plan

- The strength of the applicant's proposed work plan as evidenced by measurable and appropriate objectives that reflect Access to Care, Counseling and Testing, Core Medical and Support Services, ART, and Viral Suppression.

- The strength of the applicant's description of a quality improvement project for improving viral suppression.

Criterion 5: RESOURCES/CAPABILITIES (27 points) - Corresponds to Section IV's Evaluation and Technical Support Capacity *and* Organizational Information*.*

- The strength of the applicant's narrative that describes how the goal of the RWHAP Part C EIS program aligns with the scope of the applicant's overall mission.
- The strength of the applicant's experience in providing comprehensive HIV outpatient primary health care and support services and the applicant's capacity to respond to the needs of subpopulations experiencing poor health outcomes.
- The strength of the applicant's experience with the administration of federal funds.
- The clarity of the applicant's organizational chart, including placement of the RWHAP Part C program within the applicant's entire organization.
- The clarity and completeness of the applicant's narrative describing the applicant's ability to manage and monitor subrecipient performance and compliance with RWHAP Part C EIS requirements, if applicable.
- The clarity and completeness of the applicant's narrative describing the applicant's processes to conduct financial assessments of people with HIV for RWHAP eligibility.
- The strength of the applicant's narrative that describes sufficient processes/systems for ensuring staff 1) are trained about evidence-based HHS Guidelines, and 2) are correctly implementing these guidelines.
- The clarity and completeness of the applicant's description of project personnel who are qualified by training and/or experience to provide HIV primary care services, and otherwise carry out the program expectations and requirements under the federal grant. The appropriateness of the staffing plan (including the full range of information requested, combining the elements of job descriptions and biographical sketches).
- The strength of the applicant's fiscal and Management Information Systems, and the applicant's capacity to meet program requirements, including monitoring grant expenditures (including sub-awarded funds or funds expended on contracts), a schedule of charges, annual caps on patient out-of-pocket charges, billing/collecting/tracking reimbursable health care services, and tracking and using program income to further the objectives of the RWHAP Part C program.
- The strength of the applicant's description of the applicant's participation, or intent to participate, in the 340B Drug Pricing Program.

Criterion 6: SUPPORT REQUESTED (5 points) - Corresponds to Section IV's Budget *and* Budget Narrative

- The extent to which the budget and budget narrative align with the work plan.
- The appropriateness of the applicant's budget in that it adheres to the following requirements: at least 75 percent of the award (after reserving amounts for administrative costs, planning/evaluation, and CQM) must be expended on core medical services; at least 50 percent of the award must

be expended on EIS costs (except counseling and referrals/linkage to care); and no more than 10 percent of the award may be expended on administrative costs. Additionally, the amount expended on CQM is reasonable given the scope of work.
- The alignment and agreement of the applicant's program-specific line item budgets, budget justification narrative, and SF-424A.
- The reasonableness with which the applicant based the budget request on the average funding per client amount of $1,078, which is the average funding per client across all existing RWHAP Part C EIS service areas.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

Funding Preference

This program includes a funding preference for some applicants, as authorized by section 2653 of title XXVI of the PHS Act. 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 receive full and equitable consideration during the review process. HRSA staff will determine the funding factors and will grant any qualified applicant that justifies their qualification for the funding preference by demonstrating that they meet the criteria for preferences(s) as follows:

Qualification 1: Increased Burden - The Secretary shall give a funding preference to any qualified applicant experiencing an increased burden in providing HIV services. To request this preference, an applicant must provide information on ALL of the following factors for the service area:

- Number of cases of HIV;
- Rate of increase of HIV cases;
- Lack of availability of early intervention services;
- Number and rate of increase of cases of sexually transmitted infections, tuberculosis, substance use disorder, and co-infection with hepatitis B or C;
- Lack of availability of primary health care providers other than the applicant;
- Distance between the applicant's service area and the nearest community that has an adequate level of availability of appropriate HIV-related services, and the length of time required for patients to travel that distance.

The relevant time period for qualifying for this preference is the two-year period preceding the fiscal year for which you are applying to receive the grant.

If your organization has not experienced an increased burden in providing HIV services, you can indicate "Not applicable" on Attachment 8.

Additional Preferences:

Qualification 2: Rural Areas

If you qualify for preference under Qualification 1, the Secretary will give an additional funding preference if you provide EIS in rural areas. RWHAP recipients are defined as rural if their service area (in part or in whole) or main organizational address is in a HRSA Federal Office of Rural Health Policy (FORHP)-designated rural area. FORHP classifies all non-metropolitan counties, as defined by the Office of Management and Budget, as rural. In addition, FORHP uses Rural-Urban Commuting Area (RUCA) codes to identify other rural areas. For more information about what defines a rural area, visit FORHP's website at https://www.hrsa.gov/rural-health/about-us/definition/index.html. To determine if your organization serves a rural area, refer to https://data.hrsa.gov/tools/rural-health.

If your proposed service area (either in part or in whole) or main organizational address is defined as rural by FORHP's Rural Health Analyzer, *print out a screenshot of the result and include the printout as supporting documentation in .pdf format as Attachment 8.*

If your organization is not applying to provide services in a rural area, you can indicate "Not applicable" on Attachment 8.

Qualification 3: Underserved Populations

If you qualify for preference under Qualification 1, the Secretary will give an additional funding preference if you provide EIS in areas that are underserved with respect to EIS. The RWHAP funds EIS under Parts A, B, C, and D. The criterion for this funding preference is the provision of HIV primary care services to underserved populations. Underserved populations include communities and subpopulations that do not have access to adequate HIV primary care services, as defined by HAB PCN 16-02. These gaps in the provision of HIV primary care services must be defined and documented in Attachment 8.

State in Attachment 8 whether your organization provides HIV primary care services for underserved populations. Provide:

- Data and information on overall HIV primary care gaps, including any inadequate or unavailable HIV primary care services, as defined by HAB PCN 16-02; and
- Data and information on specific HIV subpopulations served by your organization that are disproportionately affected by inadequate or unavailable HIV primary care services, as defined by HAB PCN 16-02.

If your organization is not providing HIV primary care services to underserved populations, you can indicate "Not applicable" on Attachment 8.

Attachment 8 is required for all applicants. HRSA will review the information and determine whether your application qualifies for a funding preference(s), although receipt of a funding preference is not a guarantee of funding.

3. Assessment of Risk

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of June 1, 2023. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and

disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Please 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 and assist HRSA recipients in meeting their civil rights obligations. 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

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

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Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Utilize health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections	Utilize health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

4101, 4102, and 4201 of the HITECH Act	

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be available in the NOA.
2) **Allocation Report and Expenditure Report** - You must submit to HRSA an Allocation Report due 60 days after the start of the budget period and an Expenditure Report due 90 days after the end of the budget period. These reports account for the allocation and expenditure of all grant funds according to Core Medical Services, Support Services, Clinical Quality Management, and Administration.
3) **Ryan White Services Report** - The RSR captures information necessary to demonstrate program performance and accountability and is due to HRSA on an annual basis. You must comply with RSR data requirements and mandate compliance by any subrecipients. Please refer to the RSR website for additional information.
4) **Audits** - You must submit audits every two (2) years to the lead state agency for RWHAP Part B, consistent with Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75 regarding funds expended in accordance with this title and include necessary client-level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.
5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

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VII. Agency Contacts

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

LCDR Benoit Mirindi, PhD., MPH.
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-6606
Fax: (301) 443-6343
Email: bmirindi@hrsa.gov

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

Hanna Endale
Chief, Atlantic Branch
Division of Community HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
Email: PartCEIS@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

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Appendix A: RWHAP Part C EIS Additional Agreements and Assurances

Ryan White HIV/AIDS Treatment Extension Act of 2009, RWHAP Part C EIS

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

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

I, the authorized representative of_____in applying for a grant under RWHAP Part C of Title XXVI, sections 2651–2667 of the Public Health Service Act, hereby certify that:

I. As required in section 2651:

A. Grant funds will be expended only for providing core medical services as described in subsection (c), support services as described in subsection (d), administrative expenses as described in section 2664(g)(3), and a clinical quality management program under 2664(g)(5).

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

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

C. Recipient will expend at least 50 percent of grant funds awarded for activities described in 2) – 4) above.

D. After reserving funds for administration and clinical quality management, recipient will use at least 75 percent of the remaining grant funds to provide core medical services that are needed in the area involved for individuals with HIV who are identified and eligible under this title (including services regarding the co-occurring conditions of the individuals).

E. RWHAP Part C services will be available through the applicant entity, either directly or, if the recipient is not a Medicaid provider, through public or nonprofit private entities, or through for-profit entities if such entities are the only available provider of quality HIV care in the area.

F. Grant funds may also be expended to provide the support services that are needed for individuals with HIV to achieve their medical outcomes.

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

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

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

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

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

VII. As required under section 2663: All testing that is conducted with RWHAP funds will be carried out in accordance with sections 2661 and 2662.

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

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

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

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

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

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

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

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

XVI. As required under section 2664(e): A schedule of charges specified in section 2664 (e) will be utilized.

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

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

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

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

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

Signature: _____ Date: _____

Title: _____

APPENDIX B: Existing Geographic Service Areas

HRSA-23-119 is a competitive announcement open to current RWHAP Part C EIS recipients and new organizations proposing to provide RWHAP Part C EIS funded services in a new geographic area, as described by the applicant. **Newly proposed service areas under HRSA-23-119 must not geographically overlap with existing service areas as defined in this appendix.**

Current Recipient Name	City	State	Service Areas
Alaska Native Tribal Health Consortium	Anchorage	AK	Statewide for all Alaska Natives and American Indians Non-Natives outside of the Municipality of Anchorage
Anchorage Neighborhood Health Center	Anchorage	AK	Municipality in AK: Anchorage; Borough: Matanuska-Susitna
Health Services Center, Inc.	Anniston	AL	Counties in AL: Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, DeKalb, Etowah, Randolph, Talladega, Tallapoosa
University of Alabama at Birmingham	Birmingham	AL	Counties in AL: Blount, Cullman, Jefferson, Shelby, St. Clair, Walker, Winston
AIDS Action Coalition of Huntsville, Inc.	Huntsville	AL	Counties in AL: Colbert, Cullman, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Winston
Mobile County Health Department	Mobile	AL	Counties in AL: Baldwin, Choctaw, Mobile
Mobile County Health Department	Mobile	AL	Counties in AL: Baldwin, Choctaw, Clarke, Mobile, Monroe, Washington
Montgomery AIDS Outreach, Inc.	Montgomery	AL	Counties in AL: Autauga, Barbour, Bullock, Butler, Chambers, Chilton, Coffee, Conecuh, Covington, Crenshaw, Dale, Dallas, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Monroe, Montgomery, Perry, Pike, Russell, Tallapoosa, Wilcox
Whatley Health Services, Inc.	Tuscaloosa	AL	Counties in AL: Bibb, Fayette, Greene, Hale, Lamar, Perry, Pickens, Sumter, Tuscaloosa, Walker

ARCARE	Augusta	AR	Counties in AR: Baxter, Clay, Cleburne, Craighead, Cross, Faulkner, Fulton, Greene, Independence, Izard, Jackson, Lawrence, Lonoke, Marion, Monroe, Prairie, Poinsett, Pulaski, Randolph, Searcy, Sharp, Stone, Van Buren, White, Woodruff
ARCARE	Augusta	AR	Counties in AR: Benton, Boone, Calhoun, Carroll, Clark, Columbia, Conway, Crawford, Dallas, Franklin, Garland, Grant, Hempstead, Hot Springs, Howard, Johnson, Lafayette, Little River, Logan, Madison, Miller, Montgomery, Nevada, Newton, Ouachita, Perry, Pike, Polk, Pope, Saline, Scott, Sebastian, Sevier, Union, Washington, Yell
Jefferson Comprehensive Care System	Pine Bluff	AR	Counties in AR: Arkansas, Ashley, Chicot, Desha, Drew, Jefferson, Lincoln, Lonoke, Prairie, Pulaski
East Arkansas Family Health Center, Inc.	West Memphis	AR	Counties in AR: Crittenden, Cross, Lee, Mississippi, Monroe, Phillips, St. Francis, Woodruff
Maricopa County Special Health Care District - DBA Valleywise Health	Phoenix	AZ	Counties in AZ: Gila, Maricopa, Pinal, Yavapai
Arizona Board of Regents, The University of Arizona	Tucson	AZ	Counties in AZ: Pima, Cochise, Graham, Greenlee, Santa Cruz and Yuma
El Rio Santa Cruz Neighborhood Health Center	Tucson	AZ	County in AZ: Pima
Open Door Community Health Centers	Arcata	CA	Counties in CA: Del Norte, Humboldt
El Proyecto Del Barrio	Arleta	CA	County in CA: Los Angeles—Service Planning Area 2
Clinica Sierra Vista	Bakersfield	CA	County in CA: Kern
AltaMed Health Services Corporation	Commerce	CA	County in CA: Los Angeles—Service Planning Areas 3 and 7
Solano County Health & Social Services Department	Fairfield	CA	County in CA: Solano
Tri-City Health Center	Fremont	CA	County in CA: Alameda

Fresno Community Hospital and Medical Center - DBA University Medical Center	Fresno	CA	County in CA: Fresno
West County Health Centers, Inc.	Guerneville	CA	County in CA: Sonoma
Regents of University of California	La Jolla	CA	County in CA: San Diego—East and Central Health Regions
Bartz-Altadonna Community Health Center	Lancaster	CA	Counties in CA: Kern (eastern region), Los Angeles (northern region of Antelope Valley)
Dignity Health - DBA Saint Mary Medical Center	Long Beach	CA	County in CA: Los Angeles—Service Planning Area 8 (Long Beach, South Bay, and South Los Angeles)
AIDS Healthcare Foundation	Los Angeles	CA	County in FL: Palm Beach
AIDS Healthcare Foundation	Los Angeles	CA	County in FL: Escambia
AIDS Healthcare Foundation	Los Angeles	CA	County in FL: Pinellas
AIDS Healthcare Foundation	Los Angeles	CA	Counties in FL: Baker, Clay, Duval, Nassau, St. Johns
Charles R Drew University of Medicine and Science	Los Angeles	CA	County in CA: Los Angeles—Service Planning Area 6
JWCH Institute, Inc.	Los Angeles	CA	County in CA: Los Angeles—zip codes 90011 and 90013
Los Angeles LGBT Center	Los Angeles	CA	County in CA: Los Angeles—Service Planning Area 4
T.H.E. Clinic, Inc.	Los Angeles	CA	County in CA: Los Angeles—Service Planning Area 6
University of Southern California, School of Medicine	Los Angeles	CA	County in CA: Los Angeles
Watts Healthcare Corporation	Los Angeles	CA	County in CA: Los Angeles—Service Planning Area 6
Contra Costa County Health Services Dept	Martinez	CA	County in CA: Contra Costa
Golden Valley Health Centers	Merced	CA	Counties in CA: Merced and Stanislaus
County of Ventura	Oxnard	CA	County in CA: Ventura
Desert AIDS Project	Palm Springs	CA	County in CA: Eastern Riverside

Plumas County Public Health Agency	Quincy	CA	Counties in CA: Lassen, Modoc, Plumas, Sierra, Siskiyou
Shasta Community Health Center	Redding	CA	Counties in CA: Modoc, Shasta, Tehama, and Trinity
Cares Community Health	Sacramento	CA	Counties in CA: El Dorado, Placer, Sacramento, Yolo, Alpine, Nevada, Sierra
County of Monterey	Salinas	CA	Counties in CA: Monterey, San Benito
San Bernardino County Public Health Department	San Bernardino	CA	County in CA: San Bernardino
Family Health Centers of San Diego, Inc.	San Diego	CA	County in CA: San Diego
City & County of San Francisco	San Francisco	CA	City in CA: San Francisco
San Francisco Community Clinic Consort	San Francisco	CA	City and County in CA: San Francisco
Santa Clara County Department of Public Health	San Jose	CA	County in CA: Santa Clara
Centro De Salud De La Comunidad San Ysidro	San Ysidro	CA	County in CA: San Diego—South Health Region
County of Orange	Santa Ana	CA	County in CA: Orange
Santa Barbara County Health Department	Santa Barbara	CA	County in CA: Santa Barbara
Santa Cruz County	Santa Cruz	CA	County in CA: Santa Cruz
Santa Rosa Community Health Centers	Santa Rosa	CA	County in CA: Sonoma
Community Medical Center	Stockton	CA	Counties in CA: San Joaquin, Solano, Yolo
Tarzana Treatment Centers, Inc.	Tarzana	CA	County in CA: Los Angeles--Service Planning Area 2
Mendocino Community Health Clinic, Inc.	Ukiah	CA	Counties in CA: Lake, Mendocino
Northeast Valley Health Corporation	Van Nuys	CA	County in CA: Los Angeles—Service Planning Area 2
Venice Family Clinic	Venice	CA	County in CA: Los Angeles—Service Planning Area 5
Ampla Health	Yuba City	CA	Counties in CA: Butte, Glenn, Colusa, Sutter, Yuba

Boulder Community Hospital	Boulder	CO	Counties in CO: Boulder, Broomfield, Clear Creek, Gilpin, Larimer, Weld
Denver Health and Hospital Authority	Denver	CO	Counties in CO: Adams, Arapahoe, Denver, Douglas, and Jefferson
St. Mary's Hospital and Medical Center	Grand Junction	CO	Counties in CO: Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, Lake, La Plata, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, Summit
Pueblo Community Health Center, Inc.	Pueblo	CO	Counties in CO: Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Las Animas, Otero, Prowers, Pueblo, Rio Grande, Saguache
Optimus Health Care, Inc.	Bridgeport	CT	Cities in CT: Bridgeport, Milford, Stamford, Town of Stratford
Southwest Community Health Center	Bridgeport	CT	City in CT: Bridgeport
Apex Community Care, Inc.	Danbury	CT	County in CT: Litchfield
Apex Community Care, Inc.	Danbury	CT	Cities in CT: Bethel, Brookfield, Danbury, New Fairfield, Newton, Redding, Ridgefield, Sherman
Community Health Services, Inc.	Hartford	CT	County in CT: Hartford
Community Health Center, Inc.	Middletown	CT	County in CT: Hartford
Cornell Scott-Hill Health Corporation	New Haven	CT	County in CT: New Haven
Fair Haven Community Health Clinic, Inc.	New Haven	CT	Census tract 1421-1426 in the City of New Haven, CT
Staywell Health Care, Inc.	Waterbury	CT	Counties in CT: Hartford, Litchfield, Middlesex, New Haven
Generations Family Health Center, Inc.	Willimantic	CT	Counties in CT: New London, Tolland, Windham
Family and Medical Counseling Service	Washington	DC	District of Columbia: Wards 7 and 8
Howard University Hospital Comprehensive Clinic	Washington	DC	Northern VA, Suburban MD and Washington, DC
Unity Health Care, Inc.	Washington	DC	District of Columbia

Whitman-Walker Clinic	Washington	DC	District of Columbia
Christiana Care Health Services, Inc.	Wilmington	DE	Counties in DE: Kent, New Castle, Sussex
Charlotte and Desoto County Health Department	Arcadia	FL	Counties in FL: Charlotte, DeSoto
Polk County Health Department	Bartow	FL	Counties in FL: Hardee, Highlands, Polk
The Mcgregor Clinic, Inc	Fort Myers	FL	County in FL: Lee
North Broward Hospital District	Ft Lauderdale	FL	County in FL: Broward
Okaloosa County Health Department	Ft Walton Bch	FL	Counties in FL: Okaloosa, Walton
University of Florida	Gainesville	FL	County in FL: Duval; City in FL: Jacksonville
Collier Health Services	Immokalee	FL	County in FL: Collier
Duval County Health Department	Jacksonville	FL	County in FL: Duval
Monroe County Health Department	Key West	FL	County in FL: Monroe
Hendry County Health Department	Labelle	FL	Counties in FL: Glades, Hendry
Unconditional Love, Inc.	Melbourne	FL	County in FL: Brevard
Borinquen Health Care Center, Inc.	Miami	FL	County in FL: Miami-Dade
Empower U, Inc.	Miami	FL	County in FL: Miami-Dade
University of Miami	Miami	FL	County in FL: Miami-Dade
Miami Beach Community Health Center	Miami Beach	FL	County in FL: Miami-Dade
Orange County Health Department	Orlando	FL	Counties in FL: Lake, Orange, Osceola
MCR Health, Inc.	Palmetto	FL	County in FL: Manatee
PanCare of Florida, Inc.	Panama City	FL	Counties in FL: Bay, Calhoun, Gulf, Holmes, Jackson, Washington
CAN Community Health, Inc.	Sarasota	FL	Counties in FL: Flagler and Volusia
St. Johns County Health Department	St Augustine	FL	County in FL: St. Johns

Neighborhood Medical Center, Inc.	Tallahassee	FL	Counties in FL: Leon, Gadsden, Jefferson, Franklin, Liberty, Madison, Taylor, Wakulla
Albany Area Primary Health Care, Inc.	Albany	GA	Counties in GA: Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth
Clarke County Board of Health	Athens	GA	Counties in GA: Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton
AID Atlanta, Inc.	Atlanta	GA	Counties in GA: Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, Upson
Emory University	Atlanta	GA	Counties in GA: Clayton, Cobb, DeKalb, Fulton, Gwinnett
St. Joseph's Mercy Care Services	Atlanta	GA	Counties in GA: DeKalb, Fulton
Augusta University	Augusta	GA	Counties in GA: Burke, Columbia, Emanuel, Glascock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Wilkes
Columbus Department of Public Health	Columbus	GA	Counties in GA: Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster
North Georgia Health District - Cherokee County Board of Health	Dalton	GA	Counties in GA: Cherokee, Fannin, Gilmer, Murray, Pickens, Whitfield
Dekalb County Board of Health	Decatur	GA	County in GA: DeKalb
Laurens County Board of Health	Dublin	GA	Counties in GA: Bleckley, Dodge, Johnson, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wheeler, Wilcox
Positive Impact Health Centers, Inc.	Duluth	GA	Counties in GA: Cobb, Douglas
Positive Impact Health Centers, Inc.	Duluth	GA	Counties in GA: Gwinnett, Newton, Rockdale
Hall County Board of Health	Gainesville	GA	Counties in GA: Banks, Dawson, Forsyth, Franklin, Habersham, Hall,

			Hart, Lumpkin, Rabun, Stephens, Towns, Union, White
Clayton County Board of Health	Jonesboro	GA	County in GA: Clayton
County Houston	Macon	GA	Counties in GA: Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, Wilkinson
Floyd County Board of Health	Rome	GA	Counties in GA: Bartow, Catoosa, Chattooga, Dade, Floyd, Gordon, Haralson, Paulding, Polk, Walker
Chatham County Board of Health	Savannah	GA	Counties in GA: Chatham, Effingham, Bryan, Camden, Glynn, Liberty, Long, McIntosh
Lowndes County Board of Health	Valdosta	GA	Counties in GA: Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift, Turner
Ware County Health Department	Waycross	GA	Counties in GA: Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware, Wayne
Waikiki Health Center	Honolulu	HI	Counties in HI: Hawai'i, Honolulu, Maui
Genesis Health System	Davenport	IA	County in IA: Scott
University of Iowa	Iowa City	IA	State of Iowa
Siouxland Community Health Center	Sioux City	IA	Counties in IA: Buena Vista, Carroll, Calhoun, Cherokee, Clay, Crawford, Dickinson, Emmet, Greene, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocohantas, Sac, Sioux, Woodbury; Counties in NE: Dakota, Dixon, Thurston; Counties in SD: Union
Primary Health Care, Inc.	Urbandale	IA	Counties in IA: Boone, Clarke, Cerro Gordo, Dallas, Decatur, Greene, Guthrie, Hamilton, Hardin, Humboldt, Jasper, Madison, Marion, Marshall, Monroe, Polk, Poweshiek, Ringgold, Story, Tama, Warren, Wayne, Webster, Winnebago, Worth
Full Circle Health, Inc.	Boise	ID	Counties in ID: Adams, Ada, Blaine, Boise, Camas, Canyon, Cassia, Elmore, Gem, Gooding, Jerome,

			Lincoln, Minidoka, Owyhee, Payette, Twin Falls, Valley, Washington
Idaho State University	Pocatello	ID	Counties in ID: Bannock, Bear Lake, Bonneville, Bingham, Butte, Caribou, Clark, Custer, Franklin, Fremont, Jefferson, Lemhi, Madison, Oneida, Power, Teton
Access Community Health Network	Chicago	IL	Counties in IL: Cook and DuPage; City in IL: Chicago—Community Areas: Austin, Douglas Community Area, East Garfield Park, Edgewater, Fuller Park, Grand Boulevard, Humboldt Park, North Lawndale, Rogers Park, Uptown, West Garfield Park, Washington Park; Cook County in IL: Chicago Heights and Ford Heights
Christian Community Health Center	Chicago	IL	City in IL: Chicago—Community Areas: Auburn Gresham, Burnside, Chatham, Roseland, Washington Heights; Cook County in IL: Chicago Heights, Dolton, Ford Heights, Harvery, Phoenix, Riverdale, South Holland
Erie Family Health Center, Inc.	Chicago	IL	County in IL: Cook; City in IL: Chicago—Community Areas: Humboldt Park, Logan Square, West Town
Heartland Alliance Health	Chicago	IL	Chicago Community Areas: Albany Park, Edgewater, Rogers Park, Uptown
Hektoen Institute for Medical Research	Chicago	IL	Counties in IL: Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, Will
Howard Brown Health Center	Chicago	IL	Counties in IL: Cook, Kane, Lake, McHenry, Will
Lawndale Christian Health Center	Chicago	IL	City in IL: Chicago—Community Areas: Austin, East Garfield Park, Near West Side, North Lawndale, South Lawndale, West Garfield Park
Near North Health Service Corporation	Chicago	IL	City in IL: Chicago—zip codes 60610, 60615, 60640, 60651, 60653
University of Illinois at Chicago	Chicago	IL	City in IL: Chicago—Community Areas: Burnside, Calumet Heights, Chatham, Greater Grand Crossing, Hermosa, Humboldt Park, Logan Square, Roseland, South Chicago, South Shore, West Town, Woodlawn

University of Illinois at Peoria	Chicago	IL	Counties in IL: Fulton, Hancock, Henderson, Knox, LaSalle, Marshall, Mason, McDonough, McLean, Peoria, Putnam, Stark, Tazewell, Warren, Woodford
Greater Family Health	Elgin	IL	Counties in IL: DeKalb, DuPage, Kane, Kendall, McHenry, northwest portion of Cook
Crusaders Central Clinic Association	Rockford	IL	Counties in IL: Boone, Carroll, Dekalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside, Winnebago
Southern Illinois Healthcare Foundation	Sauget	IL	Counties in IL: Clinton, Jersey, Madison, Monroe, St. Clair
Community Healthnet, Inc.	Gary	IN	County in IN: Lake
Damien Center, Inc.	Indianapolis	IN	Counties in IN: Boone, Brown, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Putnam, Shelby
University of Kansas School of Medicine - Wichita Medical Practice Association	Wichita	KS	Counties in KS: Barton, Cheyenne, Cloud, Decatur, Dickinson, Ellis, Ellsworth, Gove, Graham, Jewell, Lincoln, Logan, McPherson, Mitchell, Norton, Osborne, Ottawa, Rawlins, Republic, Rice, Rooks, Russell, Saline, Sedgwick, Sheridan, Sherman, Smith, Thomas, Trego, Wallace
Matthew 25 AIDS Services, Inc.	Henderson	KY	County in IN: Vanderburgh; Counties in KY: Allen, Barren, Breckinridge, Butler, Daviess, Edmonson, Grayson, Hancock, Hardin, Hart, Henderson, LaRue, Logan, McLean, Marion, Meade, Metcalfe, Monroe, Nelson, Ohio, Simpson, Union, Warren, Washington, Webster
University of Kentucky Research Foundation	Lexington	KY	Counties in KY: Adair, Anderson, Bath, Bell, Bourbon, Boyd, Boyle, Bracken, Breathitt, Carter, Casey, Clark, Clay, Clinton, Cumberland, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Garrard, Green, Greenup, Harlan, Harrison, Jackson, Jessamine, Johnson, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis,

			Lincoln, Madison, Magoffin, Martin, Mason, McCreary, Menifee, Mercer, Montgomery, Morgan, Nicholas, Owsley, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Taylor, Wayne, Whitley, Wolfe, Woodford
University of Louisville Research Foundation	Louisvillle	KY	Counties in IN: Clark, Floyd; Counties in KY: Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble
Livwell Community Health Services, Inc.	Paducah	KY	Counties in IL: Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Saline, Union, Washington, White, Williamson; Counties in KY: Allen, Ballard, Barren, Butler, Caldwell, Calloway, Carlisle, Christian, Crittenden, Edmonson, Fulton, Graves, Hart, Hickman, Hopkins, Livingston, Logan, Lyon, Marshall, McCracken, Monroe, Muhlenberg, Simpson, Todd, Trigg, Warren
Capitol City Family Health Center, Inc.	Baton Rouge	LA	Parishes in LA: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, West Baton Rouge, West Feliciana
Our Lady of the Lake Hospital, Inc.	Baton Rouge	LA	Parishes in LA: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, StHelena, West Baton Rouge, and West Feliciana
Acadiana Cares Inc.	Lafayette	LA	Parishes in LA: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
Southwest Louisiana AIDS Council	Lake Charles	LA	Parishes in LA: Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
New Orleans AIDS Task Force (NOAIDS)	New Orleans	LA	Parish in LA: Jefferson
New Orleans AIDS Task Force (NOAIDS)	New Orleans	LA	Parish in LA: Orleans; City in LA: New Orleans
Tulane University Health Sciences Center	New Orleans	LA	Parishes in LA: Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn

University Medical Center Management Corporation	New Orleans	LA	Parish in LA: Orleans
Louisiana State University HSC	Shreveport	LA	Parishes in LA: Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster
Greater Ouachita Coalition Providing AIDS Resources	West Monroe	LA	Parishes in LA: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll
Boston Health Care for the Homeless, Inc.	Boston	MA	Cities in MA: Boston, Cambridge
East Boston Neighborhood Health Center	Boston	MA	County in MA: Suffolk—cities of Winthrop, Chelsea, Revere; community of East Boston
Fenway Community Health Center, Inc.	Boston	MA	Counties in MA: Middlesex, Norfolk, Suffolk
Brockton Neighborhood Health Center	Brockton	MA	City in MA: Brockton
Cambridge Health Alliance	Cambridge	MA	County in MA: Middlesex
Harbor Health Services, Inc.	Dorchester	MA	Communities in MA: Dorchester, Hyannis, North Quincy, South Boston
Holyoke Health Center, Inc.	Holyoke	MA	County in MA: Hampden
Cape Cod Hospital	Hyannis	MA	Counties in MA: Barnstable, Dukes, Nantucket; Town: Wareham
Greater Lawrence Family Health Center, Inc.	Lawrence	MA	Counties in MA: Essex, Middlesex
Lynn Community Health, Inc.	Lynn	MA	City in MA: Lynn
Greater New Bedford Community Health Ctr	New Bedford	MA	Counties in MA: Bristol, Plymouth
Beth Israel Deaconess Hospital-Plymouth, Inc.	Plymouth	MA	Counties in MA: Barnstable, Plymouth
Dimock Community Health Center, Inc.	Roxbury	MA	County in MA: Suffolk
Family Health Center of Worcester, Inc.	Worcester	MA	County in MA: Worcester

University of Massachusetts Medical School	Worcester	MA	County in MA: Worcester
Chase Brexton Health Services	Baltimore	MD	City in MD: Baltimore; Counties in MD: Anne Arundel, Baltimore, Harford, Howard
Johns Hopkins University	Baltimore	MD	City in MD: Baltimore; Counties in MD: Anne Arundel, Baltimore, Carroll, Harford, Howard, Queen Anne's
Total Health Care, Inc.	Baltimore	MD	City in MD: Baltimore
Daydream Sunshine Initiative Corporation	Bowie	MD	Counties in MD: Charles, Prince George's, St. Mary’s
Medstar Research Institute	Hyattsville	MD	District of Columbia
Maine general Medical Center	Augusta	ME	Counties in ME: Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, Waldo
Regional Medical Center at Lubec	Lubec	ME	Counties in ME: Aroostook, Hancock, Penobscot, Piscataquis, Washington
Portland Community Health Center	Portland	ME	Counties in ME: Cumberland, York
The Regents of the University of Michigan	Ann Arbor	MI	Counties in MI: Jackson, Lenawee, Livingston, Monroe, Washtenaw, Wayne
Detroit Community Health Connection	Detroit	MI	County in MI: Wayne
Wayne State University	Detroit	MI	Counties in MI: Lapeer, Macomb, Monroe, Oakland, St. Clair, Wayne
Trinity Health Michigan - DBA Mercy Health Saint Mary's	Grand Rapids	MI	Counties in MI: Allegan, Ionia, Kent, Lake, Manistee, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Ottawa
Hennepin Healthcare System, Inc.	Minneapolis	MN	Counties in MN: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright; Counties in WI: Pierce, St. Croix
Kansas City CARE Clinic	Kansas City	MO	Counties in MO: Cass, Clay, Clinton, Jackson, Johnson, Lafayette, Platte, Ray
Washington University	Saint Louis	MO	City in MO: St. Louis; Counties in MO: Franklin, Jefferson, Lincoln, St. Charles, St. Louis, Warren

AIDS Project of the Ozarks	Springfield	MO	Counties in MO: Barry, Barton, Cedar, Christian, Dade, Dallas, Dent, Douglas, Greene, Hickory, Howell, Jasper, Laclede, Lawrence, McDonald, Newton, Oregon, Ozark, Phelps, Polk, Pulaski, Shannon, St. Clair, Stone, Taney, Texas, Vernon, Webster, Wright
Coastal Family Health Center, Inc.	Biloxi	MS	Counties in MS: Hancock, Harrison, Jackson
G.A. Carmichael Family Health Care Clinic	Canton	MS	Counties in MS: Attala, Carroll, Holmes, Humphreys, Issaquena, Leake, Leflore, Madison, Montgomery, Sharkey, Yazoo
Aaron E. Henry Community Health Services Center, Inc.	Clarksdale	MS	Counties in MS: Coahoma, DeSoto, Grenada, Tate, Panola, Tunica, Quitman, Tallahatchie, Yalobusha
Delta Regional Medical Center	Greenville	MS	Counties in MS: Bolivar, Sunflower, Washington
GLH Magnolia Medical Clinic	Greenwood	MS	Counties in MS: Attala, Bolivar, Carroll, Grenada, Holmes, Humphreys, Leflore, Montgomery, Sunflower, Washington
Southeast Mississippi Rural Health Initiative, Inc.	Hattiesburg	MS	Counties in MS: Covington, Forrest, George, Greene, Jefferson Davis, Jones, Lamar, Lawrence, Lincoln, Marion, Pearl River, Perry, Pike, Stone, Walthall, Wayne
University of Mississippi Medical Center	Jackson	MS	Counties in MS: Claiborne, Copiah, Hinds, Simpson, Rankin, Warren
Yellowstone City & County Health Department - DBA Riverstone Health	Billings	MT	Counties in MT: Big Horn, Cascade, Chouteau, Custer, Daniels, Dawson, Fallon, Fergus, Gallatin, Golden Valley, Hill, Judith Basin, Meagher, Musselshell, Park, Petroleum, Pondera, Richland, Roosevelt, Rosebud, Sheridan, Toole, Valley, Wheatland, Yellowstone
Missoula City/County Health Department, Partnership Health Center	Missoula	MT	Counties in MT: Beaverhead, Deer Lodge, Flathead, Glacier, Granite, Jefferson, Lake, Lewis & Clark, Lincoln, Madison, Mineral, Missoula, Powell, Ravalli, Sanders, Silver Bow

Western North Carolina Community Health Services	Asheville	NC	Counties in NC: Avery, Buncombe, Cherokee, Cleveland, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey
University of North Carolina at Chapel Hill	Chapel Hill	NC	Counties in NC: Alamance, Caswell, Chatham, Guilford, Lee, Orange, Randolph, Rockingham
C.W. Williams Community Health Center, Inc.	Charlotte	NC	Counties in NC: Anson, Cabarrus, Gaston, Mecklenburg, Union
Lincoln Community Health Center, Inc.	Durham	NC	County in NC: Durham
East Carolina University	Greenville	NC	Counties in NC: Beaufort, Bertie, Chowan, Craven, Gates, Hertford, Hyde, Martin, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
East Carolina University	Greenville	NC	Counties in NC: Carteret, Greene, Jones, Lenoir, Wayne
Warren-Vance Community Health Center, Inc.	Henderson	NC	Counties in NC: Franklin, Granville, Halifax, Vance, and Warren
Catawba Valley Medical Center	Hickory	NC	Counties in NC: Alexander, Alleghany, Ashe, Burke, Caldwell, Catawba, Lincoln, Watauga, Wilkes
Tri-County Community Health	Newton Grove	NC	Counties in NC: Cumberland, Duplin, Greene, Harnett, Johnston, Sampson
Robeson Health Care Corporation	Pembroke	NC	Counties in NC: Cumberland, Hoke, Montgomery, Moore, Robeson, Richmond, Scotland
Wake County Department of Health	Raleigh	NC	County in NC: Wake
Carolina Family Health Centers, Inc.	Wilson	NC	Counties in NC: Edgecombe, Nash, Wilson
Novant Health, Inc.	Winston Salem	NC	Counties in NC: Bladen, Brunswick, Columbus, Duplin, New Hanover, Onslow, Pender
Wake Forest University Health Sciences	Winston Salem	NC	Counties in NC: Davidson, Davie, Forsyth, Guilford, Iredell, Rowan, Stokes, Surry, Yadkin
Chadron Community Hospital	Chadron	NE	Counties in NE: Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden,

			Kimball, Morrill, Scotts Bluff, Sheridan, Sioux
University of Nebraska	Omaha	NE	Counties in IA: Adams, Audubon, Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie, Shelby, Taylor; Counties in NE: Adams, Antelope, Arthur, Blaine, Boone, Boyd, Brown, Buffalo, Burt, Butler, Cass, Cedar, Chase, Cherry, Clay, Colfax, Cuming, Custer, Dakota, Dawson, Dixon, Dodge, Douglas, Dundy, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Knox, Lancaster, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Richardson, Rock, Saline, Sarpy, Saunders, Seward, Sherman, Stanton, Thayer, Thomas, Thurston, Valley, Washington, Wayne, Webster, Wheeler, York
Mary Hitchcock Memorial Hospital	Lebanon	NH	State of New Hampshire
Visiting Nurse Association of Central Jersey Community Health Center, Inc.	Asbury Park	NJ	County in NJ: Monmouth
The Cooper Health System	Cherry Hill	NJ	Counties in NJ: Burlington, Camden, Gloucester, Salem
Zufall Health Center, Inc.	Dover	NJ	Counties in NJ: Hunterdon, Morris, Sussex, Warren
CarePoint Health Foundation, Inc.	Hoboken	NJ	County in NJ: Hudson
Rutgers, The State University of New Jersey	New Brunswick	NJ	County in NJ: Essex; City in NJ: Newark
Rutgers, The State University of New Jersey	New Brunswick	NJ	Counties in NJ: Hunterdon, Middlesex, Somerset

Newark Community Health Centers, Inc.	Newark	NJ	County in NJ: Essex
St. Joseph's Hospital & Med Center	Paterson	NJ	County in NJ: Passaic
Neighborhood Health Services Corporation	Plainfield	NJ	County in NJ: Union
St. Francis Medical Center	Trenton	NJ	County in NJ: Mercer
University of New Mexico	Albuquerque	NM	Counties in NM: Bernalillo, Cibola, McKinley, Sandoval, San Juan, Valencia
Southwest CARE Center	Santa Fe	NM	Counties in NM: Colfax, Harding, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos, Union
University Medical Center of Southern Nevada	Las Vegas	NV	County in NV: Clark
Northern Nevada HOPES	Reno	NV	City in NV: Carson City; Counties in NV: Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lyon, Mineral, Pershing, Storey, Washoe, White Pine
Albany Medical College	Albany	NY	Counties in NY: Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington
The Research Foundation of State University of New York	Albany	NY	County in NY: Kings—zip codes 11203, 11207, 11208, 11210, 11212, 11213, 11216, 11225, 11226, 11233,11234, 11236, 11238, 11239
Whitney M. Young, Jr. Community Health Center	Albany	NY	Counties in NY: Albany, Rensselaer, Schenectady
Joseph P. Addabbo Family Health Center	Arverne	NY	County in NY: Queens (Community District 12: Jamaica, Hollis, St. Albans, and Springfield Gardens; Community District 14: The Rockaways; Community District 6: Red Hook section of Brooklyn)
Bronx Community Health Network, Inc.	Bronx	NY	County in NY: Bronx

Bronxcare Health System	Bronx	NY	County in NY: Bronx
La Casa De Salud Inc.	Bronx	NY	County in NY: Bronx
Montefiore Medical Center	Bronx	NY	County in NY: Bronx
Morris Heights Health Center	Bronx	NY	New York City Neighborhoods (Southwest and Central Bronx): Crotona/Tremont, Highbridge, Morris Heights, Morrisania and Bronx Park/Fordham; New York City Neighborhoods (South Bronx): Hunts Point, Mott Haven
PROMESA, Inc.	Bronx	NY	County in NY: Bronx
Brooklyn Plaza Medical Center, Inc.	Brooklyn	NY	Brooklyn Neighborhoods in NY: Bedford-Stuyvesant, Crown Heights, Fort Greene, Downtown Brooklyn, Brooklyn Heights, Park Slope
New York City Health and Hospitals Corporation/Woodhull Medical and Mental Health	Brooklyn	NY	County in NY: Kings—zip codes 11205,11206, 11207, 11211, 11221, 11237, 11238, 11225, 11226, 11201, 11220
Sunset Park Health Council, Inc.	Brooklyn	NY	County in NY: Kings - including the neighborhoods of Sunset Park, East Flatbush/Flatbush, Park Slope, Red Hook, Brownsville, Crown Heights
The Brooklyn Hospital Center	Brooklyn	NY	County in NY: Kings—zip codes 11216, 11238
EHS, Inc.	Buffalo	NY	Counties in NY: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming
New York City Health and Hospitals Corporation- Elmhurst	Elmhurst	NY	County in NY: Queens
Asian Pacific Islander Coalition on HIV/AIDS	New York	NY	City in NY: New York City
Community Health Project, Inc.	New York	NY	Counties in NY: Bronx, Kings, New York, Queens, Richmond
Community Healthcare Network	New York	NY	Counties in NY: Kings—zip codes 11206, 11208, 11212, 11213, 11216, 11225, 11237, 11238 and Queens—zip code 11435
Mt. Sinai Hospital	New York	NY	City in NY: New York City

New York City Health & Hospitals Corporation	New York	NY	City in NY: New York City—zip codes; 10026, 10027, 10029, 10030, 10031, 10032, 10033, 10034, 10035, 10037, 10039 10040
New York University School of Medicine	New York	NY	Counties in NY: New York, Richmond
Project Renewal, Inc.	New York	NY	Counties in NY: New York, Kings
St. Luke's - Roosevelt Hospital Center	New York	NY	New York City Neighborhoods: Chelsea/Clinton, Central Harlem/Morningside Heights, East Harlem, Washington Heights/Inwood, South Bronx; Brooklyn Neighborhood: Central Brooklyn
The Institute for Family Health	New York	NY	Neighborhoods in NYC: Central and East Harlem.
William F. Ryan Community Health Center, Inc.	New York	NY	County in NY: New York
Open Door Family Medical Center, Inc.	Ossining	NY	Counties: Brewster and Westchester
Hudson River Healthcare	Peekskill	NY	Counties in NY: Dutchess, Sullivan, Westchester; Boroughs in NYC: Bronx, Kings, Queens—zip codes 10451, 10452, 10454, 10455, 10456, 10459, 10474, 11201, 11203, 11205, 11213, 11216, 11217, 11225, 11238, 11412, 11423, 11432, 11433, 11434, 11435, 11436
Hudson River Healthcare, Inc.	Peekskill	NY	County in NY: Suffolk County
Hudson Headwaters Health Network	Queensbury	NY	Counties in NY: Essex, Hamilton, Saratoga, Warren, Washington
Trillium Health, Inc.- DBA AIDS Care & Pleasant Street Apothecary	Rochester	NY	Counties in NY: Chemung, Livingston, Monroe, Ontario, Schuyler
St. Johns Riverside Hospital	Yonkers	NY	City in NY: Yonkers
Ursuline Center	Canfield	OH	Counties in OH: Columbiana, Mahoning, Trumbull
Cincinnati Health Network, Inc.	Cincinnati	OH	Counties in IN: Dearborn, Ohio; Counties in KY: Boone, Campbell, Grant, Kenton;

			Counties in OH: Adams, Brown, Butler, Clermont, Clinton, Fayette, Hamilton, Highland, Warren
Neighborhood Health Care, Inc.	Cleveland	OH	County in OH: Cuyahoga
University Hospitals of Cleveland	Cleveland	OH	Counties in OH: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina
Equitas Health, Inc.	Columbus	OH	Counties in KY: Boyd, Carter, Fleming, Greenup, Lawrence, Lewis, Mason; Counties in OH: Adams, Athens, Brown, Clinton, Gallia, Jackson, Lawrence, Meigs, Pike, Ross, Scioto, Vinton, Washington; Counties in WV: Cabell, Jackson, Mason, Wayne, Wood
Equitas Health, Inc.	Columbus	OH	Counties in OH: Belmont, Delaware, Fairfield, Fayette, Franklin, Guernsey, Hocking, Licking, Madison, Monroe, Montgomery, Morgan, Muskingum, Noble, Perry, Pickaway, Union
Research Institute at Nationwide Children's Hospital	Columbus	OH	Counties in OH: Allen, Athens, Auglaize, Belmont, Champaign, Clark, Coshocton, Crawford, Delaware, Fairfield, Fayette, Franklin, Gallia, Greene, Guernsey, Hardin, Hocking, Jackson, Knox, Lawrence, Licking, Logan, Madison, Marion, Meigs, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Richland, Ross, Scioto, Union, Van Wert, Vinton, Washington, Wyandot
University of Toledo Health Science Campus	Toledo	OH	Counties in OH: Defiance, Fulton, Henry, Lucas, Ottawa, Sandusky, Wood, Williams
University of Oklahoma HSC	Oklahoma City	OK	Counties in OK: Alfalfa, Atoka, Beaver, Beckham, Blaine, Caddo, Canadian, Carter, Choctaw, Cimarron, Cleveland, Coal, Comanche, Cotton, Custer, Dewey, Ellis, Garfield, Garvin, Grady, Grant, Greer, Harmon, Harper, Hughes, Jackson, Jefferson, Johnston, Kay, Kingfisher, Kiowa, Lincoln, Logan,

			Love, Major, Marshall, McClain, McCurtain, Murray, Noble, Oklahoma, Payne, Pontotoc, Pottawatomie, Pushmataha, Roger Mills, Seminole, Stephens, Texas, Tillman, Washita, Woods, Woodward
Oklahoma State University	Tulsa	OK	Counties in OK: Adair, Cherokee, Craig, Creek, Delaware, Haskell, Latimer, Le Flore, Mayes, McIntosh, Muskogee, Nowata, Okfuskee, Okmulgee, Osage, Ottawa, Pawnee, Pittsburg, Rogers, Sequoyah, Tulsa, Wagoner, Washington
Multnomah County Health Department	Portland	OR	Counties in OR: Clackamas, Columbia, Multnomah, Washington and Yamhill; County in WA: Clark
Lehigh Valley Hospital, Inc.	Allentown	PA	Counties in PA: Lehigh, Northampton
St. Luke's Hospital	Bethlehem	PA	County in PA: Northampton
Keystone Rural Health Center	Chambersburg	PA	Counties in PA: Adams, Columbia, Cumberland, Erie, Franklin, Fulton, Lehigh, Lancaster, Northumberland, Schuylkill
AIDS Care Group	Chester	PA	Counties in PA: Chester, Delaware, Lancaster.
Clarion University of Pennsylvania	Clarion	PA	Counties in PA: Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, Warren
Geisinger Clinic	Danville	PA	Counties in PA: Bradford, Centre, Clinton, Lycoming, Montour, Snyder, Sullivan, Tioga, Union
Community Health Net	Erie	PA	County in PA: Erie
Pinnacle Health Medical Services	Harrisburg	PA	Counties in PA: Cumberland, Dauphin, Perry
Pinnacle Health Medical Services	Harrisburg	PA	County in PA: Dauphin
The Pennsylvania State University	Hershey	PA	Counties in PA: Bedford, Blair, Cumberland, Dauphin, Fulton, Huntingdon, Juniata, Lebanon, Mifflin, Perry
Lancaster General Hospital	Lancaster	PA	County in PA: Lancaster

Albert Einstein Medical Center	Philadelphia	PA	Philadelphia City Health Districts: 7 (Lower Northeast Philadelphia), 8 (Far North Philadelphia), 9 (Northwest Philadelphia); Philadelphia Neighborhoods: Mt. Airy, Oak Lane, Olney, Tacony, Wadsworth, Frankford, Kensington, Richmond, East Germantown, Nicetown-Tioga, Logan, Germantown
Drexel University	Philadelphia	PA	City in PA: Philadelphia.
Esperanza Health Center	Philadelphia	PA	County in PA: Philadelphia—zip codes 19111, 19120, 19124, 19133, 19134, 19140, 19149
Greater Philadelphia Health Action, Inc.	Philadelphia	PA	City in PA: Philadelphia
Philadelphia FIGHT	Philadelphia	PA	City in PA: Philadelphia—zip codes 19103, 19104, 19107, 19121, 19122, 19123, 19124, 19130, 19132, 19133, 19134, 19140, 19143, 19146, 19147
Philadelphia Public Health Department	Philadelphia	PA	County in PA: Philadelphia—zip codes 19104, 19121, 19122, 19123, 19130, 19132, 19133, 19134, 19140, 19142, 19143, 19151, 19153
Allegheny-Singer Research Institute	Pittsburgh	PA	Counties in PA: Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland
UPMC Presbyterian Shadyside	Pittsburgh	PA	Counties in PA: Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland
The Reading Hospital and Medical Center	Reading	PA	Counties in PA: Berks, Schuylkill
The Wright Center Medical Group, P.C.	Scranton	PA	Counties in PA: Lackawanna, Luzerne, Monroe, Pike, Susquehanna, Wayne, Wyoming
Family First Health Corporation	York	PA	Counties in PA: Adams, York
Centro De Salud Familiar (Palmieri)	Arroyo	PR	Municipalities in PR: Arroyo, Coamo, Patillas, Maunabo, Guayama, Salinas; Zip code: 00769
Municipality of Bayamon	Bayamon	PR	Municipalities in PR: Barranquitas, Bayamón, Cataño, Comerío, Corozal, Dorado, Naranjito, Orocovis, Toa Alta, Toa Baja, Vegal Alta, and Vega Baja

Neomed Center, Inc.	Gurabo	PR	Municipalities in PR: Aguas Buenas, Aibonito, Caguas, Cayey, Cidra, Gurabo, Humacao, Juncos, Las Piedras, Maunabo, Naguabo, San Lorenzo, Yabucoa
Healthcare Integrated Program Services, Inc.	Humacao	PR	Municipalities in PR: Aguas Buenas, Caguas, Cayey, Ceiba, Cidra, Fajardo, Gurabo, Humacao, Juncos, Las Piedras, Maunabo, Naguabo, San Lorenzo, Yabucoa
Centro De Salud De Lares, Inc.	Lares	PR	Municipalities in PR: Barranquitas, Camuy, Ciales, Cidra, Comerío, Corozal, Hatillo, Humacao, Lares, Morovis, Naranjito, Orocovis, Patillas, Quebradillas, Rincón, San Lorenzo, Yabucoa
Concilio De Salud Integral De Loiza, Inc.	Loiza	PR	Municipalities in PR: Loíza, Luquillo, Río Grande, Canóvanas
Migrant Health Center, Western Region, Inc.	Mayaguez	PR	Municipalities in PR: Aguada, Aguadilla, Añasco, Cabo Rojo, Guánica, Hormigueros, Isabela, Lajas, Las Marías, Maricao, Mayagüez, Moca, Rincón, Sabana Grande, San Germán, San Sebastián, Yauco
Centro Ararat, Inc.	Ponce	PR	Municipalities in PR: Guayanilla, Juana Díaz, Peñuelas, Ponce, Villalba, Yauco
Med Centro, Inc.	Ponce	PR	Municipalities in PR: Guayanilla, Juana Diaz, Peñuelas, Ponce, Villalba, Yauco
Med Centro, Inc.	Ponce	PR	Municipalities in PR: Santa Isabel.
Puerto Rico Community Network for Clinical Research on AIDS (CONCRA)	San Juan	PR	Municipalities in PR: Aguas Buenas, Barceloneta, Bayamón, Canóvanas, Cataño, Ceiba, Corozal, Dorado, Fajardo, Florida, Guaynabo, Gurabo, Humacao, Juncos, Las Marías, Las Piedras, Loíza, Luzuillo, Manatí, Morovis, Naguabo, Naranjito, Río Grande, San Juan, Toa Alta, Toa Baja, Trujillo Alto, Vega Alta, Vega Baja, Yabucoa
The Miriam Hospital	Providence	RI	Counties in RI: Bristol, Kent, Newport, Providence; Town/Village in RI: East Greenwich, Wakefield; County in MA: Bristol;

			Counties in CT: Windham, New London
Thundermist Health Center	Woonsocket	RI	Cities in RI: Woonsocket, Central Falls, Pawtucket
Roper St. Francis Healthcare	Charleston	SC	Counties in SC: Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, Williamsburg
Eau Claire Cooperative Health Center	Columbia	SC	Counties in SC: Fairfield, Newberry, Richland, Sumter
Low Country Health Care System, Inc.	Fairfax	SC	Counties in SC: Barnwell, Orangeburg; Cities in SC: Fairfax, Blackville.
Low Country Health Care System, Inc.	Fairfax	SC	Counties in SC: Aiken, Allendale, Bamberg, Calhoun
HopeHealth, Inc.	Florence	SC	Counties in SC: Florence, Dillon, Marion
New Horizon Family Health Services, Inc.	Greenville	SC	Counties in SC: Abbeville, Anderson, Edgefield, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Saluda
CareSouth Carolina, Inc.	Hartsville	SC	Counties in SC: Chesterfield, Darlington, Lee, Marlboro
Sandhills Medical Foundation, Inc.	Jefferson	SC	Counties in SC: Chesterfield, Kershaw, Sumter
Little River Medical Center, Inc.	Little River	SC	Counties in SC: Horry, Georgetown; County in NC: Brunswick
Beaufort-Jasper-Hampton Comprehensive Health Services, Inc.	Ridgeland	SC	Counties in SC: Beaufort, Hampton, Jasper
Affinity Health Center	Rock Hill	SC	Counties in SC: Chester, Lancaster, York
Spartanburg Regional Health Services District, Inc.	Spartanburg	SC	Counties in SC: Cherokee, Spartanburg, Union
City of Sioux Falls Health Department	Sioux Falls	SD	Counties in SD: Aurora, Beadle, Bon Homme, Brookings, Brown, Brule, Buffalo, Campbell, Charles Mix, Clark, Clay, Codington, Davison, Day, Deuel, Douglas, Edmunds, Faulk, Grant, Hamlin, Hand, Hanson, Hughes, Hutchinson, Hyde, Jerauld, Kingsbury, Lake, Lincoln, Marshall, McCook,

			McPherson, Miner, Minnehaha, Moody, Potter, Roberts, Sanborn, Spink, Sully, Turner, Union, Walworth, Yankton
Chattanooga CARES	Chattanooga	TN	Counties in TN: Bledsoe, Bradley, Franklin, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie
East Tennessee State University	Johnson City	TN	Counties in TN: Carter, Green, Hancock, Hawkins, Johnson, Sullivan, Washington, Unicoi
Regional One Health	Memphis	TN	Counties in TN: Fayette, Shelby, Tipton; Counties in MS: DeSoto, Marshall, Tate, Tunica; County in AR: Crittenden
Meharry Medical College	Nashville	TN	County in TN: Davidson
Vanderbilt University Medical Center	Nashville	TN	Counties in TN: Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson
Austin/Travis City Health and Human Services Department	Austin	TX	Counties in TX: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, Williamson
AIDS Arms, Inc.	Dallas	TX	Counties in TX: Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Henderson, Hunt, Kaufman, Navarro, Rockwall
Dallas County Hospital District	Dallas	TX	Counties in TX: Collin, Dallas, Denton, Ellis, Henderson, Hunt, Kaufman, Rockwall
Centro De Salud Familiar La Fe	El Paso	TX	County in TX: El Paso
Tarrant County Health Department	Fort Worth	TX	Counties in TX: Tarrant, Johnson, Parker, Erath, Hood, Palo Pinto, Somervell, and Wise

Valley AIDS Council	Harlingen	TX	Counties in TX: Cameron, Hidalgo, Willacy
Harris County Hospital District	Houston	TX	County in TX: Harris
Houston Regional HIV/AIDS Resource Group, Inc.	Houston	TX	Counties in TX: Anderson, Angelina, Brazoria, Camp, Cherokee, Galveston, Gregg, Hardin, Harrison, Henderson, Houston, Jasper, Jefferson, Nacogdoches, Newton, Marion, Matagorda, Orange, Panola, Polk, Rains, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Trinity, Tyler, Upshur, Van Zandt, Wood
City of Laredo	Laredo	TX	Counties in TX: Jim Hogg, Starr, Webb, Zapata
Special Health Resources for Texas, Inc.	Longview	TX	Counties in TX: Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood
El Centro Del Barrio, Inc.	San Antonio	TX	County in TX: Bexar
University of Utah	Salt Lake City	UT	Counties in UT: Beaver, Box Elder, Cache, Carbon, Daggett, Davis, Duchesne, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Morgan, Piute, Rich, Salt Lake, San Juan, Sanpete, Sevier, Summit, Tooele, Uintah, Utah, Wasatch, Washington, Wayne, Weber
University of Virginia	Charlottesville	VA	Cities in VA: Buena Vista, Charlottesville, Fredericksburg, Harrisonburg, Lexington, Staunton, Waynesboro, Winchester; Counties in VA: Albemarle, Augusta, Bath, Caroline, Clarke, Culpeper, Fauquier, Fluvanna, Frederick, Greene, Highland, King George, Louisa, Madison, Nelson, Orange, Page, Rappahannock, Rockbridge, Rockingham, Shenandoah, Spotsylvania, Stafford, Warren

Mary Washington Hosp/Medicorp Health System	Fredericksburg	VA	City in VA: Fredericksburg; Counties in VA: Culpeper, Fauquier, King George, Spotsylvania, Stafford, Westmoreland
Community Access Network, Inc.	Lynchburg	VA	Counties in VA: Amherst, Appomattox, Bedford, Campbell, Pittsylvania Cities in VA: Danville, Lynchburg
Eastern Virginia Medical School	Norfolk	VA	County in NC: Currituck; Cities in VA: Chesapeake, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, Williamsburg Counties in VA: Accomack, Gloucester, Isle of Wight, James City, King and Queen, King William, Mathews, Middlesex, Northampton, Southampton, Surry, York
Virginia Commonwealth University	Richmond	VA	County in VA: Richmond
Carilion Medical Center	Roanoke	VA	Cities in VA: Bristol, Galax City, Norton, Radford, and Roanoke; Counties in VA: Bland, Buchanan, Carroll, Craig, Dickenson, Floyd, Franklin, Giles, Grayson, Henry, Lee, Montgomery, Patrick, Pulaski, Roanoke, Russell, Salem, Scott, Smyth, Tazewell, Washington, Wise, Wythe
INOVA Health Care Services	Springfield	VA	Counties in VA: Arlington, Fairfax, Loudoun, Prince William
Frederiksted Health Care, Inc.	St Croix	VI	Island in VI: St. Croix
The University of Vermont Medical Center, Inc.	Burlington	VT	State of Vermont
Country Doctor Community Clinic	Seattle	WA	County in WA: King
Harbor View Medical Center	Seattle	WA	County in WA: King
Community Health Care	Tacoma	WA	County in WA: Pierce
University of Wisconsin - Madison	Madison	WI	Counties in WI: Adams, Buffalo, Calumet, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson,

			Juneau, La Crosse, Lafayette, Marquette, Monroe, Pepin, Richland, Rock, Sauk, Sheboygan, Trempealeau, Vernon, Waupaca, Waushara, Winnebago
AIDS Resource Center of Wisconsin	Milwaukee	WI	Counties in WI: Ashland, Barron, Bayfield, Brown, Burnett, Chippewa, Clark, Door, Douglas, Dunn, Eau Claire, Florence, Forest, Iron, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Pierce, Polk, Portage, Price, Racine, Rusk, Sawyer, Shawano, St. Croix, Taylor, Vilas, Walworth, Washburn, Washington, Waukesha, Wood
Milwaukee Health Services, Inc.	Milwaukee	WI	County in WI: Milwaukee
Sixteenth Street Community Health Centers, Inc.	Milwaukee	WI	City in WI: Milwaukee—zip codes 53204, 53207, 53215
CAMC Health Education & Research Institute	Charleston	WV	Counties in WV: Boone, Braxton, Clay, Fayette, Greenbrier, Kanawha, Lincoln, Logan, McDowell, Mercer, Mingo, Monroe, Nicholas, Pocahontas, Putnam, Raleigh, Summers, Webster, Wyoming
West Virginia University	Morgantown	WV	Counties in WV: Barbour, Berkeley, Brooke, Calhoun, Doddridge, Gilmer, Grant, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Lewis, Marion, Marshall, Mineral, Monongalia, Morgan, Ohio, Pendleton, Pleasants, Preston, Randolph, Ritchie, Roane, Taylor, Tucker, Tyler, Upshur, Wetzel, Wirt, Wood
Wyoming Department of Health	Cheyenne	WY	State of Wyoming