U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

HIV/AIDS Bureau

Division of Community HIV/AIDS Programs

Ryan White HIV/AIDS Program Part F

Dental Reimbursement Program

Funding Opportunity Number: HRSA-23-053

Funding Opportunity Type(s): New

Assistance Listings Number: 93.924

Application Due Date: March 10, 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: January 3, 2023

Catishia Mosley, MSPH
Public Health Advisor
Division of Community HIV/AIDS Programs
Email: AskPartFDental@hrsa.gov

See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 300ff-111(b) (§ 2692(b) of the Public Health Service 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 the fiscal year (FY) 2023 Ryan White HIV/AIDS Program (RWHAP) Part F Dental Reimbursement Program (DRP). The purpose of this program is to improve access to oral health care services for low income people with HIV, and to train dental students, dental hygiene students, and dental residents to deliver dental care to people with HIV. The DRP accomplishes this by defraying a portion of unreimbursed dental care costs incurred by treating low income people with HIV at accredited dental or dental hygiene education programs recognized by the Commission on Dental Accreditation.

This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled before award.

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part F Dental Reimbursement Program
Funding Opportunity Number:	HRSA-23-053
Due Date for Applications:	March 10, 2023
Anticipated FY 2023 Total Available Funding:	Approximately $9,000,000
Estimated Number and Type of Award(s):	Up to 50 grants
Estimated Award Amount:	Varies
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023 through March 31, 2024 (Up to six months to draw down funds)

Eligible Applicants:	Accredited dental schools and other accredited dental education programs, such as dental hygiene programs or those sponsored by a school of dentistry, a hospital, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency are eligible to apply.
	Tribes and tribal organizations are not eligible
	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, January 26, 2023
Time: 2 p.m. – 4 p.m. ET
Meeting ID: 160 191 0131

Weblink: https://hrsa-gov.zoomgov.com/j/1601910131?pwd=QXhERlpBTFFXenYveEt1TUVxODgxUT09

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: 160 191 0131
Passcode: tMky71KS

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the fiscal year (FY) 2023 Ryan White HIV/AIDS Program (RWHAP) Part F Dental Reimbursement Program (DRP).

The purpose of this program is to improve access to oral health care services for low income people with HIV and to support related education and training for the delivery of dental care to people with HIV. The DRP defrays a portion of unreimbursed dental care costs incurred by treating low income people with HIV at accredited dental or dental hygiene education programs recognized by the Commission on Dental Accreditation.

This program will reimburse certain costs incurred by eligible entities that have provided uncompensated or partially uncompensated oral health care to people with HIV from July 1, 2021, through June 30, 2022.

[For more details, see Program Requirements and Expectations](#).

2. Background

The RWHAP Part F DRP is authorized by section 2692(b) of the PHS Act (42 U.S.C. § 300ff-111(b)). For more information about the RWHAP, please visit the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) website: https://ryanwhite.hrsa.gov/.

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.

Strategic Frameworks and National Objectives

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

recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to the extent possible.

Expanding the Effort: Ending the HIV Epidemic in the 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.

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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.

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[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.

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 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 $9,000,000 to be available to fund up to 50 recipients. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. Successful applicants will receive a partial reimbursement for the costs of uncompensated oral health care services delivered from July 1, 2021, through June 30, 2022. HRSA will distribute funds among eligible applicants, taking into account the number of patients with HIV served and the unreimbursed oral health care costs incurred by each institution as compared with the total number of patients served and costs incurred by all eligible applicants. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is **September 1, 2023, through March 31, 2024 (up to six months to draw down funds).**

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

This funding opportunity is open to accredited dental education institutions eligible to receive RWHAP Part F funding under section 2692(b)(1)(B) of the Public Health Service (PHS) Act.

Applicants are limited to accredited dental schools and other accredited dental education programs, such as dental hygiene programs, or those sponsored by a school of dentistry, a hospital, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental-general practice residency. Tribes and tribal organizations are not eligible.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

- Fails to satisfy the deadline requirements referenced in Section IV.4

- Fails to include the total unreimbursed costs of oral health care provided to people with HIV from July 1, 2021, through June 30, 2022 on the SF-424 application face page (in fields 18a and 18g) as described in Section IV.2.i.

Maintenance of Effort

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by Section 2692(b)(4) of the PHS Act. Such federal funds are intended to supplement, not supplant, existing non-federal expenditures for such activities. Complete the Maintenance of Effort information and submit as Attachment 1.

HRSA will enforce statutory MOE requirements through all available mechanisms.

NOTE: Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov application due date.

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-23-053 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.

Note: The application package for the DRP includes the following required forms SF-424 Application for Federal Assistance, Project Abstract Summary, the Project/Performance Site Location(s) Form, Maintenance of Effort, Key Contacts and the Grants.gov Lobbying Form.

You must submit the information outlined in the 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 HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

In addition to the requirements listed in the SF-424 Application Guide, please indicate the project title as "*FY 2023 RWHAP Part F Dental Reimbursement Program*" and in the abstract include the total unreimbursed costs of oral health care provided to people with HIV from July 1, 2021, through June 30, 2022, that are entered in fields 18a and 18g of the SF-424 application face page.

See Section 8.5 of the *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 **10 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.ii Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-053, 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 flag any application that exceeds the page limit and 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-23-053 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 2: Other Relevant Documents*.

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.

RWHAP Part F DRP Requirements and Expectations

The application package for the DRP is limited to the SF-424 Application for Federal Assistance, Project Abstract Summary, the Project/Performance Site Location(s) Form, Maintenance of Effort, Key Contacts and the Grants.gov Lobbying Form.

General Recipient Expectations:

- **Patient Payment for Services** – Recipients must have consistent and equitable policies and procedures related to verification of patients' financial status.

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

  Eligibility and recertification should be determined in accordance to guidelines in 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 the following three factors: 1) A documented HIV diagnosis, 2) low income, and 3) residency within the service area. RWHAP recipients and subrecipients must conduct timely eligibility confirmations, according to their policies and procedures, to assess changes to the client's income and/or residency status. The purposes of the eligibility and recertification procedures are to ensure that the program only serves eligible clients and that the RWHAP is the payor of last resort.

In order to extend finite RWHAP grant resources to low income people with HIV, recipients and subrecipients must vigorously pursue and rigorously document enrollment into, and subsequent reimbursement from, health care coverage for which their clients may be eligible. Examples include Medicaid, Medicare, Children's Health Insurance Program (CHIP), state-funded HIV programs, employer-sponsored health insurance coverage, and health plans offered through other private health insurances.

Recipients cannot use RWHAP Part F DRP funds to supplement the maximum cost allowance for services reimbursed by third party payments 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, C, D and Part F Community Based Dental Partnership Program (CBDPP) to duplicate reimbursement for services funded under Part F DRP. Additionally, recipients cannot bill RWHAP Parts A, B, C, D or Part F CBDPP for services reimbursed by RWHAP Part F DRP.

- **Other Financial Management Issues** – Funds received from DRP must be allocated to the accredited dental schools and other accredited dental education programs (see *Eligible Applicants* section*)* that provided oral health services to low income people with HIV. HRSA expects that these reimbursement funds will provide expanded access to oral health care for people with HIV.
- **Education and Training** – RWHAP Part F DRP awarded applicants must ensure HIV-related oral health education and training for dental students, dental hygiene students, dental residents, or other dental providers. Education and training curricula should focus on the provision of comprehensive oral health care for people with HIV.

Program-Specific Instructions

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

i. SF-424 Face Page

Applicants must enter the total unreimbursed costs of oral health care provided to people with HIV from July 1, 2021, through June 30, 2022 in fields 18a and 18g of the SF-424 application face page. These totals must match the amount reported in Dental Services Report in Section 4 Tab 2. **Failure to submit this information in accordance with above language will result in an incomplete application and HRSA will deem your application ineligible.**

ii. 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. Clearly label each attachment**. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Maintenance of Effort Documentation (MOE) (Required)

RWHAP Part F DRP funds are not intended to be the sole source of support for oral health care services for people with HIV. The RWHAP legislation requires DRP recipients to maintain expenditures of state funds (if any) for DRP-related activities at a level equal to or greater than the fiscal year preceding the DRP reimbursement period. The MOE requirement is important in ensuring that RWHAP funds are used to supplement not supplant state funds allotted for oral healthcare services for people with HIV.

Applicants must provide a baseline aggregate expenditure of state funds for the most recently completed fiscal year prior to the competitive application deadline and estimates for the following fiscal year using a chart similar to the one below. As an example—if the applicant's fiscal year begins July 1, it would report actual expenditures of state funds for oral health care services from people with HIV from July 1, 2020, through June 30, 2021 in column one. In column two, it would report actual expenditures for the next fiscal year (July 1, 2021, through June 30, 2022).

Additionally, provide a brief description of the methodology your organization used to calculate MOE for oral health care services for low income people with HIV. Provide a description of consistent data set(s) of state expenditures for oral health care services for low income people with HIV and a brief narrative of any changes from the previous FY and the projected FY spending.

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

NOTE: Federal funds including RWHAP Parts A, B, C, and D are <u>not</u> a state funding source and should not be included. If there were no state funds expended, enter zero.

Attachment 2: Other Relevant Documents (If applicable)

Include here any other documents that are relevant to the application. Please note that all optional attachments count toward the 10-page limit.

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 ***March 10, 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 Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The RWHAP Part F DRP is not a program 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

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The General Provisions in Division H, Title II of the Consolidated Appropriations Act, 2022 (P.L. 116-260) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

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.

Programs are required to maximize the service reimbursement available from private insurance, Medicaid, Medicare, and other third-party sources for reimbursable services provided. Programs are required to track and report all sources of service reimbursement as program income. All program income generated from awarded funds are considered additive and must be used for otherwise allowable costs to improve access to oral healthcare for low-income underserved people with HIV and to train dental and hygiene students and dental residents to deliver dental care to people with HIV. Please see 45 CFR § 75.307 and PCN 15-03 Clarifications Regarding the RWHAP and Program Income for additional information.

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

V. Application Review Information

1. Review Criteria

The RWHAP Part F DRP supports all eligible applicants who can document unreimbursed costs of oral health care provided to people with HIV. **Failure to document this information in the SF-424 application will result in an incomplete application and HRSA will deem your application ineligible.**

2. Review and Selection Process

The Division of Community HIV/AIDS Programs will review each application for eligibility including accreditation status, completeness, accuracy, and compliance with the requirements outlined in the NOFO. Grants management officials within HRSA (business and financial) will also review applications for content and response to the application requirements.

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 "other support" information) 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.

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

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 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.

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.

3. Reporting

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

1) **Dental Services Report (Due March 10, 2023 at 11:59 p.m. ET).** Applicants must electronically complete and submit the Dental Reimbursement Program Dental Services Report via the Dental Services Report Website. The DSR website can be accessed at https://rwhapdentalservicesreport.net. You may find information about the Dental Services Report and instructions for completing it at https://hab.hrsa.gov/program-grants-management/data-reporting-requirements-and-technical-assistance under "Dental Services Report." Please note the following:

   - HRSA will only accept actual counts of people with HIV who received oral health care services from your institution or program as the basis of your application for DRP funding.
   - Funding and Payment Coverage: You should only report direct reimbursements from third party payers (public and private) as payment for services provided in Section 2 Tabs 1 & 2. You should not report funding from the RWHAP or other grant programs as reimbursements in these items.
   - Unreimbursed Costs: The total unreimbursed costs of oral health care provided to people with HIV from July 1, 2021, through June 30, 2022, that are entered in fields 18a and 18g of the SF-424 application face page must match the amount reported in Section 4 Tab 2 on the Dental Reimbursement Program Dental Services Report. **If these amounts do not match, your application is deemed ineligible.**
   - Narratives: Please include narrative responses in Section 4 Tab 3, not to exceed one page in length for each item. Your responses will better inform us about your institution or program; your collaborations in the larger community; your training of students, residents, and providers; and other accomplishments. Your responses will also help us target technical assistance activities, document the value of funds expended, and demonstrate the importance of continued RWHAP funding for oral health care.

     If you require any technical assistance obtaining, completing, or submitting the Dental Services Report, please contact the RWHAP Data Support help desk at:

     WRMA/CSR Ryan White Project
     Toll-Free Help Line: 1-888-640-9356
     Monday – Friday, 10 a.m. to 6:30 p.m. ET
     E-mail: RyanWhiteDataSupport@wrma.com

     Please provide your institution's name to the Technical Assistance Specialist. When submitting a request through e-mail, be sure to include in the message text your institution's name and your position within the organization.

2) **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](#).

Progress Reports, Federal Financial Form, and the Final Report noted under Section 6 of HRSA's *SF-424 Application Guide* **are not required for the DRP.**

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.

VII. Agency Contacts

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

> Nancy Gaines
> Grants Management Specialist
> Division of Grants Management Operations, OFAM
> Health Resources and Services Administration
> Phone: (301) 443-5382
> Email : NGaines@hrsa.gov

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

> Catishia Mosley, MSPH
> Public Health Advisor
> Division of Community HIV/AIDS Programs, HIV/AIDS Bureau
> Telephone: (301) 945-0903
> Email: AskPartFDental@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*.