

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

HIV/AIDS Bureau
Division of Community HIV/AIDS Programs

Ryan White HIV/AIDS Program Part F Dental Reimbursement Program

Announcement Type: Initial – New
Funding Opportunity Number: HRSA-16-089

Catalog of Federal Domestic Assistance (CFDA) No. 93.924

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: March 22, 2016

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Release Date: January 14, 2016
Issuance Date: January 14, 2016

CAPT Mahyar Mofidi, DMD, PhD
United States Public Health Service
Director, Division of Community HIV/AIDS Programs
Chief Dental Officer
E-mail: MMofidi@hrsa.gov
Telephone: (301) 443-2075
Fax: (301) 443-1839

Authority: Section 2692(b) of the Public Health Service Act, (42 U.S.C. 300ff-111(b)); as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Community HIV/AIDS Programs is accepting applications for the fiscal year (FY) 2016 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, underinsured, and underserved people living with HIV (PLWH) and to train dental and hygiene students and dental residents to deliver dental care to PLWH. The DRP accomplishes this by defraying a portion of unreimbursed dental care costs for low-income, underinsured, and underserved PLWH incurred by accredited dental or dental hygiene education programs recognized by the Commission on Dental Accreditation.

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part F Dental Reimbursement Program
Funding Opportunity Number:	HRSA-16-089
Due Date for Applications:	March 22, 2016
Anticipated Total Annual Available Funding:	\$ 9,200,000
Estimated Number and Type of Awards:	Up to 50-60 grants
Estimated Award Amount:	Varies
Cost Sharing/Match Required:	No
Project Period:	Up to six months (to draw down funds)
Project Start Date:	July 1, 2016
Eligible Applicants:	<p>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.</p> <p>See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.</p>

Application Guide

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement (FOA) to do otherwise. A short video for applicants explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance

All applicants are highly encouraged to participate in a technical assistance (TA) webinar for this

funding opportunity. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the FOA. Participation in the pre-application webinar is optional but highly encouraged.

- **Date:** February 18, 2016
- **Time:** 2:00 – 4:00 P.M. Eastern Time
- **Call-in number:** 1-888-390-1085; Passcode: 62968553
- **Webinar link:** <https://hrsa.connectsolutions.com/hrsa-16-089tacall/>

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION.....	1
1. PURPOSE.....	1
2. BACKGROUND	2
II. AWARD INFORMATION.....	5
1. TYPE OF APPLICATION AND AWARD	5
2. SUMMARY OF FUNDING.....	5
III. ELIGIBILITY INFORMATION	5
1. ELIGIBLE APPLICANTS	5
2. COST SHARING/MATCHING	5
3. OTHER	5
IV. APPLICATION AND SUBMISSION INFORMATION	6
1. ADDRESS TO REQUEST APPLICATION PACKAGE	6
2. CONTENT AND FORM OF APPLICATION SUBMISSION	6
i. <i>SF-424 Face Page</i>	7
ii. <i>Attachments</i>	7
3. DUN AND BRADSTREET UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT (FORMERLY, CENTRAL CONTRACTOR REGISTRATION)	8
4. SUBMISSION DATES AND TIMES.....	8
5. INTERGOVERNMENTAL REVIEW.....	9
6. FUNDING RESTRICTIONS.....	9
V. APPLICATION REVIEW INFORMATION.....	9
1. REVIEW CRITERIA	9
2. REVIEW AND SELECTION PROCESS	9
3. ASSESSMENT OF RISK	9
4. ANTICIPATED ANNOUNCEMENT AND AWARD DATES.....	10
VI. AWARD ADMINISTRATION INFORMATION.....	10
1. AWARD NOTICES.....	10
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	10
3. REPORTING	10
VII. AGENCY CONTACTS.....	11
VIII. OTHER INFORMATION	12
IX. TIPS FOR WRITING A STRONG APPLICATION	13

I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Ryan White HIV/AIDS Program (RWHAP) Part F Dental Reimbursement Program (DRP) to improve access to HIV oral health services for low-income, underinsured, and underserved people living with HIV (PLWH) and to support related education and training for the delivery of dental care to PLWH. The DRP defrays a portion of unreimbursed dental care costs for low-income, underinsured, and underserved PLWH incurred by accredited dental or dental hygiene education programs recognized by the Commission on Dental Accreditation.

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. This program will reimburse certain costs incurred by eligible entities that have provided uncompensated or partially uncompensated oral health care to PLWH from July 1, 2014 through June 30, 2015.

General Recipient Expectations

Patient Payment for Services: Applicants must have consistent and equitable policies and procedures related to verification of patients' financial status, implementation of a sliding fee scale, and ensuring a cap on patient charges for HIV-related services.

Program Income: 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 on the annual Dental Services Report. All program income earned must be used to improve access to oral health care services for low-income, underinsured, and underserved PLWH and to train dental and hygiene students and dental residents to deliver dental care to PLWH. All program income generated as a result of awarded funds must be used in an "additive" manner for the purposes for which the award is made, and may only be used for allowable costs under the award. Please see PCN #15-03 Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income (<http://hab.hrsa.gov/manageyourgrant/policiesletters.html>) for additional information.

The RWHAP is the payer of last resort, except for programs administered by or providing the services of the Indian Health Service. Please note that direct or indirect grant funds such as RWHAP Parts A, B, C, and D programs are not program income. Services provided under Part F DRP cannot also be billed to RWHAP Parts A, B, C, or D.

Other Financial Management Issues: Programs must have appropriate financial systems in place that provide for internal controls, safeguarding assets, ensuring stewardship of federal funds, and maintaining adequate cash flow to meet daily operations. Programs are required to monitor subrecipients under the grant to ensure they adhere to the requirements of the program including the use of funds.

Funds received from DRP must be allocated to the accredited dental education program that provided oral health services to low-income, underinsured, and underserved PLWH. It is the expectation that these reimbursement funds will provide expanded access to oral health care for PLWH.

Applicants must ensure that Medicaid billable services are billed to Medicaid. RWHAP funds should be used when payment cannot be expected to be made, i.e., after billing Medicaid, Children's Health Insurance Program (CHIP), other public/private health insurance resources, and after billing clients for allowable costs using a sliding fee scale. Because the RWHAP is the payer of last resort and funds for the DRP are limited, applicants must report unreimbursed costs for oral health services not paid for by Medicaid, CHIP, or other public/private health insurance.

DRP programs must provide a system to discount patient payment for charges by developing and utilizing a sliding discounted fee schedule that is published and made readily available. While the fee schedule may be based on the patient's income or household size and income, the organization must track the patient's income and charges imposed. Each program is responsible for creating its own sliding fee scale in accordance with the most recent Federal Poverty Level guidelines. Federal Poverty Guidelines are updated each year in early spring, and are available on the web at <https://aspe.hhs.gov/poverty-research>.

2. Background

This program is authorized by section 2692(b) of the PHS Act (42 U.S.C. 300ff-111(b)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). It is administered by the HIV/AIDS Bureau's (HAB) Division of Community HIV/AIDS Programs.

HAB is committed to meeting the national goals and principles described below. As applicants complete their RWHAP Part F DRP proposal, they should consider how their program supports and helps to implement these goals and principles.

HRSA Goals

HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, underserved, geographically isolated or medically vulnerable. The agency has five primary goals: 1) Improve Access to Quality Care and Services, 2) Strengthen the Health Workforce, 3) Build Healthy Communities, 4) Improve Health Equity and 5) Strengthen HRSA Program Management and Operations.

National HIV/AIDS Strategy: Updated to 2020

The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a five-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. To the extent possible, program activities should strive to support the four primary goals of [NHAS 2020](#):

- 1) Reduce new HIV infections;
- 2) Increase access to care and optimize health outcomes for PLWH;
- 3) Reduce HIV-related health disparities and health inequities; and
- 4) Achieve a more coordinated national response to the HIV epidemic.

Updated in 2015, the NHAS 2020 has fully integrated the objectives and recommendations of the

[HIV Care Continuum Initiative](#) (see below) and the Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. The Strategy also allows for opportunities to refresh the ongoing work in HIV prevention, care, and research.

Advances in four key areas are of critical focus for the next five years and recipients should take action to align their organization's efforts with the Strategy around these key areas:

- Widespread testing and linkage to care, enabling PLWH to access treatment early;
- Broad support for PLWH to remain engaged in comprehensive care, including support for treatment adherence;
- Universal viral suppression among PLWH; and
- Full access to comprehensive PrEP services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.

More information on how recipients can support the NHAS 2020 can be found here:

<https://aids.gov/federal-resources/national-hiv-aids-strategy/overview/>

HIV Care Continuum

Identifying people infected with HIV and linking them to HIV primary care with initiation and long-term maintenance of life-saving antiretroviral treatment (ART) are important public health steps toward the elimination of HIV in the United States. The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the HIV care continuum or the care treatment cascade. The HIV care continuum includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of ART, and ultimately HIV viral load suppression.

The difficult challenge of executing these lifesaving steps is demonstrated by the data compiled by the CDC, which estimate that only 30 percent of PLWH in the United States have complete HIV viral suppression. Data from the 2013 Ryan White Service Report (RSR) indicate that there are better outcomes in RWHAP funded agencies with approximately 79 percent of individuals who received RWHAP-funded HIV primary care being virally suppressed. Such findings underscore the importance of supporting effective interventions for linking HIV-positive individuals into care, retaining them in care, and helping them adhere to their combination ART.

RWHAP recipients are encouraged to assess the outcomes of their programs along this continuum of care. Recipients should work with their community and public health partners to improve outcomes across the HIV care continuum, so that individuals diagnosed with HIV are linked and engaged in care and started on ART as early as possible. HAB 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.

The HIV care continuum measures also align with the [HHS Common HIV Core Indicators](#) approved by the Secretary. RWHAP recipients and providers are required to submit data through the RSR. Through the RSR submission, HAB currently collects the data elements to produce the Department of Health and Human Services (HHS) Common HIV Core Indicators. HAB will calculate the HHS Core Indicators for the entire RWHAP using the RSR data to report six of the seven HHS Common HIV Core Indicators to the HHS Office of the Assistant Secretary for Health.

HAB Guiding Principles

HAB has identified four factors that have significant implications for HIV/AIDS care services and treatment, which should be considered as the application and program are developed and refined:

- Revise care systems to meet emerging needs,
- Ensure access to quality HIV/AIDS care,
- Coordinate RWHAP services with other health care delivery systems, and
- Evaluate the impact of RWHAP funds and make needed improvements.

Improving Quality

The National Quality Strategy (NQS) pursues three broad aims: 1) Better Care, 2) Healthy People/Healthy Communities, and 3) Affordable Care. In supporting actions to address the priorities, the intention of the NQS is “to create a new level of cooperation among all the stakeholders seeking to improve health and health care for all Americans.”

HAB has defined quality as follows:

“Quality is the degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluations of the quality of care should consider (1) the quality of inputs, (2) the quality of the service delivery process, and (3) the quality of outcomes, in order to continuously improve systems of care for individuals and populations.”

Recipient Clinical Quality Management (CQM) programs should ensure that systematic and continuous processes are in place for measuring performance and planning, implementing, and evaluating improvement strategies. The three-fold purpose of CQM is to ensure:

- 1) Funded services adhere to established HIV clinical practice standards and HHS HIV treatment guidelines.
- 2) Strategies for measuring and making improvements to medical care include vital health-related supportive services in achieving appropriate access and adherence with HIV medical care.
- 3) Available demographic, clinical, and health care utilization data are used when developing and adapting programs to address changing trends in the epidemic.

Performance measurement and quality improvement are the two central activities of a CQM program. All RWHAP Part F DRP programs are encouraged to identify oral health performance measures to assess quality of care. The HAB HIV performance measures can be found at: <http://hab.hrsa.gov/deliverhivaidscore/habperformmeasures.html>.

HAB also encourages recipients to conduct continuous quality improvement (CQI) for the administrative and fiscal components of their organization.

Applicants may wish to expand their knowledge of CQM programs. The following sites can provide entry points:

- **HRSA/HAB Quality Tools:** <http://hab.hrsa.gov/deliverhivaidscore/qualitycare.html>
- **National Quality Center:** <http://www.nationalqualitycenter.org>
- **Common Indicators for HHS-funded HIV Programs and Services:**

II. Award Information

1. Type of Application and Award

Type of applications sought: New

Funding will be provided in the form of a formula grant.

2. Summary of Funding

This program expects to provide funding during Federal fiscal year 2016. Approximately \$9,200,000 is anticipated to be available to fund up to 50-60 awardees. Successful applicants will receive a partial reimbursement for the costs of uncompensated care delivered from July 1, 2014 through June 30, 2015. Funds will be distributed 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. The project period is six (6) months (to draw down funds).

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern Federal monies associated with this award are subject to the Uniform Guidance [2 CFR 200](#) as codified by HHS at [45 CFR 75](#), which supersede the previous administrative and audit requirements and cost principles that govern Federal monies.

III. Eligibility Information

1. Eligible Applicants

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.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this announcement.

Maintenance of Effort

These grant funds shall not be used to take the place of State funding for activities described in the application. Recipients must agree to maintain State funding for HIV-related oral health care and treatment services at a level that is not less than expenditures for such activities during the

fiscal year prior to the reimbursement period. Complete the Maintenance of Effort (MOE) document and submit as **Attachment 1**.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this FOA following the directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions.

NOTE: Budget, budget justification, staffing plan and personnel requirements, and project narrative and abstract are not required for DRP.

You must submit other information outlined in the Application Guide such as Application Face Page, Table of Contents, Assurances and Certifications. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the FOA to do otherwise.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 10 pages when printed by HRSA. The page limit includes attachments required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. **We strongly urge applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

Program-specific Instructions

The application package for the DRP is limited to the SF-424 application face page, the Project/Performance Site Location(s) Form, the SF-424B Assurances, and the Grants.gov Lobbying Form.

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424](#)

[Application Guide](#) (where applicable), please include the following:

i. SF-424 Face Page

Applicants must enter the total unreimbursed costs of oral health care provided to patients with HIV from July 1, 2014 through June 30, 2015 in fields 18a and 18g of the SF-424 application face page. These totals must match the amount reported in Dental Services Report item 23a.

ii. Attachments

Please 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. Each attachment must be clearly labeled.**

Attachment 1: Maintenance of Effort Documentation

RWHAP Part F DRP funds are not intended to be the sole source of support for oral HIV care and treatment services. 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 (July 1, 2014 through June 30, 2015). The MOE requirement is important in ensuring that RWHAP funds are used to supplement not supplant state funds allotted for HIV-related oral health care and treatment services.

Applicants must provide a baseline aggregate expenditure of State funds for the fiscal year prior to the reimbursement period and actuals for the next fiscal year using a chart similar to the one below. As an example—if the applicant’s fiscal year begins July 1, they would report actual expenditures of state funds for HIV-related oral health care and treatment services from July 1, 2013 through June 30, 2014 in column one. In column two, they would report actual expenditures for the next fiscal year (July 1, 2014 through June 30, 2015).

STATE EXPENDITURES	
Applicant’s FY Prior to the reimbursement period (Actual): Actual total State funds expended by the applicant for HIV-related oral health care and treatment services during the FY prior to the reimbursement period. Amount: \$ _____	Following FY (Actual): Actual total State funds expended by the applicant for HIV-related oral health care and treatment services during the FY immediately following the FY reported in column one. Amount: \$ _____

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

Attachment 2: Unreimbursed oral health care costs

Applicants must submit the total unreimbursed costs of oral health care provided to patients with HIV from July 1-2014 through June 30, 2015 (must match the amount reported in Dental Services Report item 23a). **Failure to submit this information through Grants.gov will result in an incomplete application and application will be deemed ineligible.**

Attachments 3 – 15: Other Relevant Documents, as necessary

3. Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/recipient organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [*SF-424 Application Guide*](#)

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is *March 22, 2016 at 11:59 P.M. Eastern Time.*

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The DRP is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

Funds received from DRP must be allocated to the accredited dental education program that provides oral health services to low-income, underinsured, and underserved PLWH. It is expected that these reimbursement funds will increase access to oral health care for PLWH.

The General Provisions in Division H, of the Consolidated Appropriations Act, 2016 (P.L. 114-113), apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information.

All program income generated as the result of awarded grant funds must be used to improve access to oral health care services for low-income, underinsured, and underserved PLWH and to train dental and hygiene students and dental residents to deliver HIV/AIDS dental care.

V. Application Review Information

1. Review Criteria

The DRP supports all eligible applicants who can document unreimbursed costs of oral health care provided to PLWH.

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 FOA. Applications will also be reviewed within HRSA by grants management officials (business and financial review) for content and response to the application requirements.

This program does not have any funding priorities, preferences or special considerations.

3. Assessment of Risk

The Health Resources and Services Administration 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 Federal Awarding Agency Review of Risk Posed by Applicants](#)).

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal

awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR [§ 75.205 Federal Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIS.

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2016. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 Application Guide](#).

3. Reporting

The successful applicant under this FOA must comply with the Payment Management, Federal Financial Report, and Transparency Act Reporting Requirements under Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting activities:

Dental Services Report (within 30 days of Notice of Award)

Recipients must electronically complete and submit the Dental Services Report as a Microsoft Access dataset to Ryan White Data Support at RWdatasupport.wrma@csrincorporated.com. Information about the Dental Services Report, how it can be downloaded, and instructions for completing the Report can be found at <http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html> under "2016 Dental Services Report" in the Recipient Reports section. Please note the following:

- 1) Only actual counts of HIV positive patients who received oral health care services from your institution or program will be accepted as the basis of your application for DRP funding.
- 2) Item 1: DUNS – must match the DUNS included on your application through Grants.gov.

- 3) Items 18 and 19: Only direct reimbursements from third party payers (public and private) as payment for services provided should be reported in Items 18 and 19. Funding from the RWHAP or other grant programs should not be reported as reimbursements in these items.
- 4) Item 23a: The total unreimbursed costs of oral health care provided to patients with HIV from July 1, 2014 through June 30, 2015 that are entered in fields 18a and 18g of the SF-424 application face page must match the amount reported in Dental Services Report item 23a.
- 5) Items 23b, 24-28: Please include narrative responses to items 23b and 24-28, not to exceed one page in length for each item. When submitting electronically in the Dental Services Database Utility, you may enter (or copy and paste) your responses directly into the database utility. 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.

4. Integrity and Performance Reporting. The Notice of Award may contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [2 CFR 200 Appendix XII](#).

Technical Assistance: If applicants 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, 10:00 a.m. to 6:30 p.m. ET
E-mail: RWdatasupport.wrma@csrincorporated.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.

Progress Reports and the Final Report noted under Section 6 of HRSA's [SF-424 Application Guide](#) are not required for DRP.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Patryce Peden, Grants Management Specialist
Division of Grants Management Operations (OFAM)
Health Resources and Services Administration
5600 Fishers Lane, 10N112F
Rockville, MD 20857
Telephone: (301) 443- 2277

Fax: (301) 443-9810
E-mail: ppeden@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

CAPT Mahyar Mofidi, DMD, PhD
United States Public Health Service
Director, Division of Community HIV/AIDS Programs
Chief Dental Officer, HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, 09N09
Rockville, Maryland 20857
Telephone: (301) 443-2075
Fax: (301) 443-1839
E-mail: MMofidi@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726
E-mail: Support@Grants.gov
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Online Form: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance:

All applicants are encouraged to participate in a technical assistance (TA) webinar for this funding opportunity. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the funding announcement. Participation in a pre-application TA webinar is optional.

- **Date:** February 18, 2016
- **Time:** 2:00 – 4:00 P.M. Eastern Time
- **Call-in number:** 1-888-390-1085; Passcode: 62968553
- **Webinar link:** <https://hrsa.connectsolutions.com/hrsa-16-089tacall/>

Data Verification:

A representative from WRMA/CSR RWHAP Data Support may contact you to verify some of the data you submit within the Dental Services Report. We appreciate your continuing cooperation and assistance to report complete and accurate program data. Your data are invaluable in documenting the beneficial use of DRP funds.

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's [*SF-424 Application Guide*](#).