U.S. Department of Health and Human Services

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2025

HIV/AIDS Bureau

Division of Community HIV/AIDS Programs

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

Funding Opportunity Numbers: HRSA-25-052

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings Number: 93.918

Application Due Date: December 10, 2024

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

Issuance Date: October 8, 2024

Hanna Endale
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Division of Community HIV/AIDS Programs (DCHAP)
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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

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

SUMMARY

Funding Opportunity Title:	Ryan White HIV/AIDS Program (RWHAP) Part C Early Intervention Services Program: Limited Existing Geographic Service Areas
Funding Opportunity Number:	HRSA-25-052
Assistance Listing Number:	93.918
Due Date for Applications:	December 10, 2024
Purpose:	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 existing geographic service areas, as defined in Appendix C.
Program Objective(s):	Under this announcement, applicants must propose to provide all 5 RWHAP Part C Early Intervention Services (EIS) either directly or through referrals, contracts or memoranda of understanding (MOU). These services are: (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.
Eligible Applicants:	This competition is open to current RWHAP Part C EIS recipients and new organizations proposing to provide RWHAP Part C EIS funded services in the geographic service areas listed in Appendix C. Eligible applicants must be public or

	nonprofit private entities that are: a) Federally qualified health centers under section 1905(1)(2)(B) of the Social Security Act (SSA); b) Grant recipients under section 1001 of the Public Health Service 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. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2025 Total Available Funding:	$3,102,000 *We are issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds are not appropriated.*
Estimated Number and Type of Award(s):	6 awards
Estimated Annual Award Amount:	See Appendix C. Ceiling amounts are subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	Either April 1, 2025 through March 31, 2028 or May 1, 2025 through April 30, 2028, according to Appendix C
	Each period of performance will be for 3 years
Agency Contacts:	**Business, administrative, or fiscal issues:** Bria Haley Grants Management Specialist Division of Grants Management Operations, Office of Federal Assistance and Acquisition Management (OFAAM) Email: Bhaley@hrsa.gov

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

Application Guide

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

Technical Assistance

We have scheduled the following webinar:

Day and Date: Thursday, October 17, 2024
Time: 2 – 4 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1600314058?pwd=3vyxmALogE5OS2YUOUzArViVkK4NGo.1

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

Call-In Number: 1-833-568-8864
Meeting ID: 160 031 4058
Passcode: hxYNzKu9

We will record the webinar. The link to the recording will be available on the TargetHIV site within five (5) business days.

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I. Program Funding Opportunity Description

Purpose

HRSA-25-052 announces the opportunity to apply for funding under Ryan White HIV/AIDS Program (RWHAP) Part C Early Intervention Services (EIS) Program: Limited Existing 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 the geographic service areas listed in Appendix C. Please note that the period of performance varies by service area. **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 statute:

- At least 50 percent of the amount received under the award 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 award 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.

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 Ryan White HIV/AIDS Program

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

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

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

The HIV care continuum framework allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are required to assess the outcomes of their programs and should work with their community and public health partners to improve outcomes across the HIV care continuum. 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.

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

As demonstrated by recent data from the 2022 Ryan White HIV/AIDS Program Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2018 to 2022, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 85.9 percent to 89.7 percent. Additionally, racial and ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.[1]

The Ending the HIV Epidemic in the U.S (EHE) initiative expands the RWHAP's ability to meet the needs of clients, specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed, to the essential HIV care, treatment, and support services needed to help them reach viral suppression.

Using Data Effectively: Integrated Data Sharing and Use

HRSA and the Centers for Disease Control and Prevention's (CDC) Division of HIV Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, conducting needs assessments, determining unmet need estimates, reporting, quality improvement, enhancing the HIV care continuum, and public health action. 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 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 secure integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic in the United States can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence

[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2022. https://ryanwhite.hrsa.gov/data/reports. Published December 2023. Accessed January 3, 2023.

test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

HRSA's RWHAP Compass Dashboard is an interactive data tool to allow users to visualize the reach, impact, and outcomes of the RWHAP and supports data utilization to understand outcomes and inform planning and decision making. The dashboard provides a look at national-, state-, and metro area-level data and allows users to explore RWHAP client characteristics and outcomes, including age, housing status, transmission category, and viral suppression. The RWHAP Compass Dashboard also visualizes information about RWHAP services received and the characteristics of those clients accessing the AIDS Drug Assistance Program (ADAP).

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

Program Resources and Innovative Models

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

II. Award Information

1. Type of Application and Award

Application type(s): Competing Continuation, New

We will fund you via a grant.

Summary of Funding

We estimate approximately $3,102,000 to be available annually (total amount of all service areas listed in Appendix C).You may apply up to the published ceiling amount in Appendix C. The actual amount available will not be determined until enactment of the final FY 2025 federal budget.

The funding announcement has two (2) period of performance start dates depending on the existing service areas listed in Appendix C.

Funding for each period of performance will be for three (3) years.

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

Support beyond the first budget year will depend on:

- Appropriation
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

We encourage current RWHAP Part C recipients to assess your history of expending Part C funds and to 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. Appendix C describes the ceiling amount for each service area; you can request a funding level that is less than the listed amount in light of your history of expending Part C funds and availability of other resources. If there is an increase in appropriations during the period of performance, we propose to distribute these funds based on the number of new and/or re-engaged in care clients a recipient has served.

In addition, we reserve the right to reduce future funding, or to fund less than the amount requested, based on a recipient's history of unobligated balances.

HRSA determines funding levels in the RWHAP Part C EIS program using a methodology to ensure funds are 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. This competitive discretionary funding opportunity continues using this same funding methodology to determine the funding ceiling amount per service area. *HRSA may also apply additional funding considerations as noted in Section V.2 Review and Selection Process*.

The RWHAP Part C funding methodology uses quantitative data primarily from the RSR to allocate funds to service areas in a more streamlined and consistent manner, achieving a reasonable and sustainable allocation of resources to improve health outcomes for people with HIV.

Similar to FY 2018 and FY 2022, the RWHAP Part C funding methodology includes the following proportions and objective factors:

1) 70 percent of funding is base funding (minimum award amount of $100,000[1] per service area augmented by an amount corresponding to the number of eligible Part C clients served in that area as reported through the 2021 RSR); and

2) 30 percent of funding is based on

    a) demographics as reported through the 2021 RSR (limited to the service area's proportion of populations disproportionately impacted by the HIV epidemic with significant disparities in health outcomes, and

    b) RWHAP Part A resources (RWHAP Part C service areas outside of RHWAP Part A jurisdictions will receive additional funding).

Future iterations of the RWHAP Part C funding methodology may include new proportions in funding and factors, such as number of clients new to care and/or re-engaged individuals in care, and performance in HIV viral suppression.

This approach ensures funding allocation across service areas will be responsive to HIV health disparities and the changing demographics of the HIV epidemic, as well as the evolving health care landscape.

To maintain continued access to high quality HIV primary care and support services, funds will continue to be awarded across existing service areas. Existing service areas will be kept intact, as described in this NOFO. Under this three-year award, HRSA has constrained the degree of change in funding.

45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, or any superseding regulation applies to all HRSA awards.

If you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 15 percent of modified total direct costs (MTDC). See 2 CFR 200.1 for the definition of MTDC. You can use this rate indefinitely. If you choose this method, you must use it for all federal awards until you choose to negotiate a rate. You may apply to do so at any time. See Section 3.1.4 Budget Narrative in the *Application Guide*.

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

III. Eligibility Information

1. Eligible Applicants

This competition is open to current recipients and new, eligible applicants proposing to provide comprehensive primary health care and support services in outpatient settings for

[1] Due to efforts to constrain the degree of change in funding experienced by each service area, there is one service area whose base award amount is slightly lower than $100,000.

low income, uninsured, and underserved people with HIV in the service areas as described in Appendix C.

You can apply if your organization provides services in the service areas described in Appendix C, is in the United States, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau, is a public or non-profit private entity, and, as identified in section 2652(a)(1) of the PHS Act, is one of the following types of eligible organizations:

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

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

Other

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

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

Maintenance of Effort

You must agree to maintain a level of non-federal funding 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). This must be at least at the same spending level for the fiscal year prior to the fiscal year for which you receive the award, as required by section 2664(d) of the PHS Act.

Federal funds should add to, not replace, existing non-federal spending for such activities. Complete the Maintenance of Effort (MOE) information and submit as *Attachment 9*.

We will enforce statutory MOE requirements through all available mechanisms.

Multiple Applications

You may submit multiple applications under the same Unique Entity Identifier (UEI), if each proposes a different service area. If you are applying for more than one service area listed in Appendix C, you must submit a separate application for each service area under the correct funding opportunity number. Each application must address the entire service area, as defined in Appendix C.

For each service area, we will only review your **last** validated application before the Grants.gov due date.

IV. Application and Submission Information

1. Address to Request Application Package

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

Note: Grants.gov calls the NOFO "Instructions."

Select "Subscribe" and enter your email address for HRSA-25-052 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You are responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as stated in section 3 of the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.**

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **80 pages** when printed. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

- Standard Office of Management and Budget (OMB)-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)
- Biographical Sketches
- Funding Preferences

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.vi Attachments.

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

Applications must be complete and validated by Grants.gov before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[2] (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action such as those identified in 45 CFR § 75.371. This includes suspending or debarring you.[3]
- If you cannot make this certification, you must include an explanation in *Attachment 15: Other Relevant Documents*.

(See Section 3.1.10 "Certifications" of the *Application Guide*)

Program Requirements and Expectations

If you are awarded and receive funding under this announcement, you will be required to follow the requirements and expectations of this program. This section contains a list of requirements that your organization must follow, and they include requirements for how your organization provides clinical services, how your organization manages and administers the RWHAP Part C EIS Program, and how your organization manages the financial or fiscal responsibilities of this federal award.

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 your service area in order to identify people with HIV and link them into medical care. You must coordinate these services with other HIV prevention and testing programs in your service area to avoid duplication of effort. You should establish linkages and formal referral agreements to ensure follow-up care and treatment for those persons you have identified as having HIV.

  Please note that RWHAP Part C funds cannot (1) replace CTR services paid for by other sources, (2) support routine CTR services in the general patient population (those who are not high risk for HIV in your service area), or (3) pay for testing activities in the general population. If HIV CTR is provided, these services must

[2] See definitions at eCFR :: 2 CFR 180.995 -- Principal. and eCFR :: 2 CFR 376.995 -- Principal (HHS supplement to government-wide definition at 2 CFR 180.995).
[3] See also 2 CFR parts 180 and 376, 31 U.S.C. § 3354, and 45 CFR § 75.113.

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. When conducting CTR, you must assure the confidentiality of patient information and follow 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*** – As a RWHAP Part C recipient, you must provide comprehensive patient-centered primary health care services in an outpatient setting for low-income people with HIV throughout your entire service area. In addition, you must ensure, directly or by referral agreement with other organizations, access for clients to core medical services as described in HAB PCN 16-02. If your program is unable to provide any of these services directly, you must have formal arrangements, such as contracts or MOUs, with other organizations who will provide these services.

  You 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 infections that can also occur among the clients you plan to serve.

  In addition, your clinical staff should track and coordinate all inpatient care. They should also develop plans for patients to be seen at your clinic after they are discharged from the hospital, or if there is any other disruption in the care that you provide. Finally, your RWHAP Part C program must have a system in place for after-hours and weekend clinical coverage for medical and dental services; and patients must be involved in 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 tracking and monitoring those referrals, including the documentation of the outcome of these services in the medical record so your medical providers know the results from

seeing these other care providers.

- ***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 you to establish a CQM program to (1) assess the extent to which HIV health services provided to patients under the award 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*** – You will need to coordinate 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). We expect you to collaborate with entities that provide ongoing HIV prevention activities and establish formal linkages with those in your geographic service area for referral of people with HIV into care and treatment services at your site.

  If you are located near existing RWHAP Part C funded program(s), we expect you to coordinate/collaborate with those programs and to avoid duplication of services provided in your designated service area. A searchable RWHAP recipient database is available at: http://findhivcare.hrsa.gov/index.html.

  In addition, we require you to coordinate services with other RWHAP providers, including Parts A, B, D, and Part F Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), the Dental Reimbursement Program, and the Community-Based Dental Partnership Programs. If your organization is located in an Eligible Metropolitan Area (EMA) or a Transitional Grant Area (TGA), we encourage you to participate in the activities of the RWHAP Part A Planning Council and demonstrate that you have coordinated with, and not duplicated, Part A services. We also encourage you to participate in the RWHAP Part B state/territory planning body and/or RWHAP Part B HIV Care Consortium. Further, as a RWHAP Part C recipient, we expect you to provide services consistent with your jurisdiction's Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need. This

information is available from the RWHAP Part B program for your state or territory. A list of current RWHAP Part B recipients is located here.

- ***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 payor, including reimbursement under any insurance policy or under any federal or state health benefits program. If you are providing services directly pursuant to the award, you 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 within your service area, as required by your state and/or local jurisdiction (see Attachment 14).

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, your program should provide necessary training, mentoring, and supervision. Examples of involvement include but are not limited to the following:
  - Representation on your 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*** – You cannot deny services to someone who is unable to pay. The RWHAP does not allow you to charge people for services whose income is at or below 100 percent of the Federal Poverty Level (FPL). But it does require you to charge people with incomes greater than 100 percent of the FPL, according to a publicly available schedule of charges. See the Annual Cap on Charges table below.

  - ***Annual Cap on Charges*** – The RWHAP statute requires you to limit the amount of charges for HIV-related services you can impose on people 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: If your organization operates as a free clinic, meaning that you do not impose a charge or accept payments available from any third-party payor, you may request a waiver of the imposition of charges requirements from HRSA.

You must track the person's income and charges imposed and have a system in place to ensure that you follow the limit (or cap) on what you charge people (also called out-of-pocket) according to the table above.

- ***Payor of Last Resort*** – With the exception of programs administered by or contracted with 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 PCN 21-02 Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program), we expect you and subrecipients (if any) 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. We do not require documentation to be provided in-person nor be notarized.

- As a RWHAP recipient (including subrecipients), you 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, you and your subrecipients (if applicable) 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.

- As a RWHAP recipient, you and any 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. Your organization and any subrecipients must maintain policies and document efforts to ensure that you 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 payors such as Medicaid, Medicare, or other insurance programs. Please note that you 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*** – You 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 statutory and program requirements, including data sharing, submission of the RSR, and participation in the CQM program.

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

- ***Medication Discounts*** – We expect RWHAP 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 an 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 used for the purposes and under the requirements of the RWHAP Part C grant program. Please see HAB PCN 15-03 for more information on the RWHAP and program income.

- ***Other Financial Issues*** – You 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

Include application requirements and instructions from Section 3.1 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 3.1.2 of the *Application Guide*.

NARRATIVE GUIDANCE

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

Narrative Section	**Review Criteria**
Introduction	*Criterion 1: NEED*
Organizational Information	*Criterion 5: RESOURCES/CAPABILITIES*
Need	*Criterion 1: NEED*
Approach	*Criterion 2: RESPONSE*
Work Plan	*Criterion 4: IMPACT*
Resolution of Challenges	*Criterion 2: RESPONSE*
Evaluation and Technical Support Capacity	*Criterion 3: EVALUATIVE MEASURES* *Criterion 5: RESOURCES/CAPABILITIES*
Budget and Budget Narrative	*Criterion 6: SUPPORT REQUESTED*

ii. *Project Narrative*

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

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

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

  Identify the service area you plan to serve as designated in Appendix C, and 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 priority populations, inclusive of any subpopulations); and
  - How your organization will utilize RWHAP Part C funds to support the HIV care continuum in your service area.

  If you are a new applicant for a given service area, provide the following information: Identify the recipient that you intend to replace;

  - Demonstrate that you have the readiness, including the infrastructure with telehealth capabilities, in place to serve the existing clients of the current recipient;
  - Describe a transition strategy for existing clients that minimizes disruption and service continuity;
  - Provide at least the same scope of services as the current recipient; and
  - Provide service directly or through referrals, contracts, or memoranda of Appendix C.

  Reminder: if applying for more than one service area listed in Appendix C, you must submit a separate application for each service area. Each application must address the entire service area listed in Appendix C.

- *Organizational Information -- Corresponds to Section V's Review Criterion #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, include:

  - 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 7 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 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 federal awards 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/).

- *Need-- 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 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.

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., CY21, CY22, and CY23) 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. Disaggregate data by race, ethnicity, age, gender, and transmission categories to illustrate 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 (CY21 through CY23), 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., CY21 through CY23). 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 who (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), 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 calendar year (CY) 2023 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, include in your response any pertinent information about Medicaid coverage in your state or jurisdiction such as 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, prescription medication coverage, and any other factors that you identify as gaps in care.
  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 community health care providers or major local employers), or natural disasters that have affected care to your clients.

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

- *Approach -- 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 (for example, other RWHAP Parts, CDC, SAMHSA, 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, and those lost to care, are linked into, and provided outpatient primary health care and support services and how these 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 we 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 (for example, 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 your organization will provide, and how they will be provided. If your organization will not provide the services directly, describe the referral system for care including the accessibility of the services and the coordination of care by your organization. Refer to HAB PCN 16-02 for more information on core medical services.
- The strategies you will use 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.
- 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 your organization will provide, or 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

Describe:
- How you assess referrals to specialty/subspecialty medical care and other health and social services you provide to clients. Describe how these referrals are tracked and the results entered into the health record, including whether the appointment was kept.
- The strategies you use to improve care transitions (including transitioning youth with HIV into adult care). Provide information that supports the effectiveness of these strategies. Identify any challenges or barriers you anticipate and how you will 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

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 12, 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 your RWHAP Part C EIS 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 your 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 11 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 or supported 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 (three years). Provide a table as Attachment 13.

- 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 and
- Individuals lost to care who will re-enroll within one month of contact or re-engagement

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 you have identified in the Need 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.

Transition Plan (to be completed by new applicants only): For those applicants who currently do not receive RWHAP Part C EIS funding for the specific service area or areas described in Appendix C, please describe:

- How your organization will improve services to the current patients and target populations of the existing RWHAP Part C recipient throughout the entire designated service area.
- Your detailed transition plan for how current patients and the scope of services will be transferred from the existing RWHAP Part C recipient to your organization if successfully awarded the grant as a result of this competition.
- How the activities, time frames, and efforts to coordinate the transition of services will be conducted so that the delivery of RWHAP Part C services to the existing patient population is not disrupted or impeded. (Note: for newly awarded organizations, HAB expects that HIV medical services will be available to clients no later than 90 days from the award date.)

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 statute and fulfillment of responsibilities in the administration of grant funds. As such, we require 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).

iii. ***Budget --*** *Corresponds to Section V's Review Criterion #6 Support Requested*

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

Follow the instructions in Section 3.1.4 Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

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

Program Income

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

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 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 in 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, regulations, 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.

Specific Instructions

In addition to the SF-424 *Application Guide* requirements, you **must** 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 award received 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 statutory 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. We expect that **allocations to 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 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 award. 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, and the new de minimis rate for indirect costs.

Line-item budget: In order to evaluate applicant adherence to RWHAP Part C statutory budget requirements, you must submit separate program-specific line-item budgets for each year of the three-year 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.

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 5.

As required by the Further Consolidated Appropriations Act, 2024 (P.L. 118-47), Division D, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2024, the salary rate limitation is $221,900. As required by law, salary rate limitations may apply in future years and will be updated.

iv. *Budget Narrative --* *Corresponds to Section V's Review Criterion #6 Support Requested*

See Section 3.1.5 of the *Application Guide.*

In addition, RWHAP Part C EIS Program requires the following:

You must provide a narrative that clearly explains the amounts requested for each line in the budget. For subsequent years, 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.

HHS now uses the definitions for equipment and supplies in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or $10,000 and the threshold for supplies to below that amount.

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 statutory 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 subsequent years, 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 attachments in the order we list them.

Most attachments count toward the application page limit. Indirect cost rate agreement and proof of non-profit status (if it applies) are the only exceptions. They won't count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers won't open any attachments you link to.

Attachment 1: Proof of Non-Profit status (Required)

Include your proof of non-profit status (**required**, *not counted in the page limit*). If your organization is a non-profit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the IRS.
- A letter from your state's tax department, attorney general, or another state official

saying that your group is a non-profit and that none of your net earnings go to private shareholders or others.
- A certified copy of your certificate of incorporation. This document must show that your group is a non-profit.
- Any of the above for a parent organization. Also include a statement signed by an official of the parent group that your organization is a non-profit affiliate.
- [other attachments]

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 3.1.7. 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, 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. *This does not count toward the page limit*.

Attachment 4: Request for Funding Preference (Required)

Provide information, including supporting documentation, data, and other details according to the instructions for funding preferences; to qualify you must meet Qualification 1: Increased burden in providing services, in order to request additional 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. *This does not count toward page limit*.

Attachment 5: Program-Specific Line-Item Budget (Required)

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

Attachment 6: 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 7: 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 8: 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 B. This document must be signed by the Authorized Organization Representative (AOR), scanned, and uploaded.

Attachment 9: 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 Before Application (Actual)	Current FY of Application (Estimated)
Actual prior FY non-federal funds, including in-kind, spent for activities proposed in this application.	Estimated current FY non-federal funds, including in-kind, designated for activities proposed in this application.
Amount: $_____	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 10: Map of Service Area (Required)

Provide a map of the entire service area as defined in Appendix C, noting your

clinical services location(s) and the location of other local providers of HIV primary care services.

HRSA 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 11: 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 12: 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 13: 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 (three years). Provide a table to outline the work plan.

Attachment 14: 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 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.

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

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

You cannot use a DUNS number to apply. For more details, visit the following webpage: General Service Administration's UEI Update

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.[4]

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

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

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

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

- System for Award Management (SAM) (SAM Knowledge Base)
- Grants.gov

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

Here's what this means:

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

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

For more details, see Section 2.1 of the *Application Guide.*

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

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

Submission Dates and Times

Application Due Date

December 10, 2024*, at 11:59 p.m. ET*. We encourage you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section – Receiving your application.

Intergovernmental Review

RWHAP Part C Capacity must follow the terms of Executive Order 12372 in 45 CFR part 100.

See Section 3.1 of the *Application Guide* for more information.

Funding Restrictions

You may request up to the ceiling amount, as listed in Appendix C, for the proposed 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.

The General Provisions in Division D, Titles II and V, that reference the Further Consolidated Appropriations Act, 2024 (P.L. 118-47) apply to this program. See Section 4.1 of the Application Guide for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

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

- Follow the list of statutory restrictions on the use of funds in Section 3.1.4 (**Funding Restrictions**) of the *Application Guide.* We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

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 statute provides award 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.
- Research
- Foreign travel

V. Application Review Information

1. Review Criteria

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

We use six review criteria to review and rank RWHAP Part C EIS Program. Here are descriptions of the review criteria and their scoring points.

Criterion 1: Need (12 points) See Project Narrative Introduction and Need sections.

- 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) See Project Narrative Approach and Resolution of Challenges sections.

Approach (25 points)

- 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 system for linking newly diagnosed and re-engaged 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 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

Resolution of Challenges (5 points)

- 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
- **For new applicants only**: the strength and completeness of the applicant's narrative that demonstrates you have the infrastructure in place to serve the existing HIV population throughout the entire service area as defined in Appendix C, and provide the same scope of services as the current recipient you are proposing to replace
- **For new applicants only**: The strength and completeness of the applicant's readiness to provide HIV medical services within 90 days of receipt of the Notice of Award including a detailed transition plan, provisions for minimizing disruptions and maintaining continuity of care, and how current patients and the scope of service for the entire designated service area will be transferred from the existing RWHAP Part C recipient to you

Criterion 3: Evaluation Measures (16 points) See Project Narrative Evaluation and Technical Support Capacity sections.

- 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 ability to analyze and evaluate 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) See Project Narrative Work Plan section.

- 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 proposed workplan to link newly diagnosed within one month of identification and/or re-engaged people to care within one month of contact
- The strength of the applicant's description of a quality improvement project for improving viral suppression

Criterion 5: Resources & Capabilities (27 points) See Project Narrative Organizational Information and Evaluation and Technical Support Capacity sections.

Organizational Information (20 points)

- 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 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 are 1) trained about evidence-based HHS

Guidelines, and 2) correctly implementing these guidelines
- The clarity and completeness of the applicant's description of personnel who are qualified by training and/or experience to provide HIV primary care services, and carry out the program expectations and requirements under the federal award
- 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 participation, or intent to participate, in the 340B Drug Pricing Program.

Evaluation and Technical Support Capacity (7 points)
- How well you describe how results are shared with program staff and key stakeholders (including people with HIV)
- The strength of the applicant's fiscal and Management Information Systems, and the applicant's capacity to meet program requirements, including monitoring award expenditures, sub-awarded funds and/or funds expended on contracts
- The applicant's capacity to perform and monitor 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 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

Criterion 6: Support Requested (5 points) See Budget and Budget Narrative sections.

- The extent to which the budget and budget narrative align with the work plan
- The applicant clearly explains the amounts requested for each line item in the budget.
- The alignment and agreement of the applicant's program-specific line-item budgets, budget justification narrative, and SF-424A

Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 4 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

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

Funding Preferences

This program includes funding preferences authorized by section 2653 of title XXVI of the PHS Act. You are required to submit Attachment 4. However, if you do not believe you qualify for a funding preference indicate *Not applicable* on Attachment 4.

If your application receives a funding preference, it will be placed in a more competitive position among fundable applications. If your application does not receive a funding preference, it will receive full and equitable consideration during the review process. If we determine that your application qualifies for a funding preference, we will move it to a more competitive position among fundable applications. Qualifying for a funding preference does not guarantee that your application will be successful. HRSA staff will determine the funding factor(s) and will apply it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Increased Burden, Rural Areas and Underserved Populations

Qualifications to meet the funding preferences:

Qualification 1: Increased Burden – You can receive a funding preference if you are experiencing an increased burden in providing HIV services. To receive 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 period for qualifying for this preference is the two-year period preceding the fiscal year for which you are applying to receive an award.

If your organization has experienced an increased burden in providing HIV services, you must provide documentation in Attachment 4.

If your organization has not experienced an increased burden in providing HIV services, you can indicate "Not applicable" on Attachment 4.

Additional Preferences:

Qualification 2: Rural Areas

If you qualify for preference under Qualification 1, you can receive 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 4.*

If your organization is not applying to provide services in a rural area, you can indicate "Not applicable" on Attachment 4.

Qualification 3: Underserved Populations

If you qualify for preference under Qualification 1, you can receive an additional funding preference if you provide EIS in areas that are underserved with respect to EIS. The criterion for this funding preference requires 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 4.

State in Attachment 4 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 4.

Funding Special Considerations

This program includes special considerations. A special consideration is the favorable consideration of an application by HRSA funding officials. It is based on the extent to which your application addresses the specific focus of special consideration. If your application does not receive special consideration, it will be given full and equitable consideration.

For all service areas with two or more applicants, up to five additional points related to past performance will be added to the objective review score. HRSA will consider the following factors in review of past performance:

1. The extent to which the actual number of new clients served in FY 2023 matches the FY 2022 proposed number of new clients served, as confirmed by progress reports (1 point)
2. The consistent ability to appropriately expend federal funds by having less than five percent unobligated balances in FY 2022 and FY 2023 (1 point)
3. The timeliness of meeting all reporting requirements in FY 2022 and FY 2023 (1 point)

4. Completion of, or progress on, site visit corrective action plan(s) during the current period of performance (1 point)
5. A designation of Low Risk on current Division of Financial Integrity Financial Assessment in HRSA's Electronic Handbooks (EHBs) (1 point)

Future funding announcements may also include compliance with the RWHAP Maintenance of Effort requirement in assessing past performance.

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

NOTE: To achieve the distribution of awards as stated above, HRSA may need to fund out of rank order.

Assessment of Risk

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

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

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

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

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

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

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

See Section 5.1 of the *Application Guide*.

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

- The regulations at 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, and any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
  - 2 CFR 200.1, Definitions, Modified Total Direct Cost.
  - 2 CFR 200.1, Definitions, Equipment.
  - 2 CFR 200.1, Definitions, Supplies.
  - 2 CFR 200.313(e), Equipment, Disposition.
  - 2 CFR 200.314(a), Supplies.
  - 2 CFR 200.320, Methods of procurement to be followed.
  - 2 CFR 200.333, Fixed amount subawards.
  - 2 CFR 200.344, Closeout.
  - 2 CFR 200.414(f), Indirect (F&A) costs.
  - 2 CFR 200.501, Audit requirements.

- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.

- Any statutory provisions that apply

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

Accessibility Provisions and Non-Discrimination Requirements

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

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

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

Executive Order on Worker Organizing and Empowerment

Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages worker

organizing and collective bargaining to promote equality of bargaining power between employers and employees.

You can support these goals by developing policies and practices that you could use to promote worker power.

Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan based on the NIST Cybersecurity Framework. Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

Protect:

- Limit access to only those who need it for award activities.
- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): Knowledge on Demand (hhs.gov).
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. See Incident-Response-Plan-Basics_508c.pdf (cisa.gov) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
    - Any unplanned interruption or reduction of quality, or
    - An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Subaward Requirements

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

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

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	Use 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 4101, 4102, and 4201 of the HITECH Act	Use 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.

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 4 of the *Application Guide* **and** the following reporting and review activities:

1) **Federal Financial Report** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit Reporting Requirements | HRSA. More specific information will be included in the NOA

2) **Progress Report**(s) You must submit a progress report to us (you will be required to submit a Non-Competing Continuation Progress Report approximately 100 days prior to the start of each budget period). The NOA will provide details.

3) **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

4) **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.

5) **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.

6) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as 45 CFR part 75 Appendix I, F.*3.* and 45 CFR part 75 Appendix XII require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Bria Haley
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAAM
Health Resources and Services Administration
Phone: (301) 443-3778
Email: Bhaley@hrsa.gov

Program issues or technical assistance:

Hanna Endale
Chief, Atlantic Branch
Division of Community HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
(301) 443-1326
Email: PARTCEIS@hrsa.gov

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

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

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

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

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See TA details in Summary.

Tips for Writing a Strong Application

See Section 3.7 of the *Application Guide*.

Appendix A: Page Limit Worksheet

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

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

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment* = ___ *pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment* = ___ *pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment* = ___ *pages*
Attachments Form	Attachment 1: Proof of Non-Profit Status	*(Does not count toward page limit)*
Attachments Form	Attachment 2: Federally Negotiated Indirect Cost Rate	*(Does not count against the page limit)*
Attachments Form	Attachment 3: Staffing Plan and Biographical Sketches for Key Personnel	*(Does not count toward the page limit)*
Attachments Form	Attachment 4: Request for Funding Preference	*(Does not count against the page limit)*
Attachments Form	Attachment 5: Program Specific Line Item Budget	*My attachment* = ___ *pages*
Attachments Form	Attachment 6: Job Descriptions for Key Vacant Positions	*My attachment* = ___ *pages*
Attachments Form	Attachment 7: Organizational Chart	*My attachment* = ___ *pages*

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 8: Signed and Scanned RWHAP Part C EIS Additional Agreements and Assurances	*My attachment* = ___ *pages*
Attachments Form	Attachment 9: Maintenance of Effort Documentation	*My attachment* = ___ *pages*
Attachments Form	Attachment 10: Map of Service Area	*My attachment* = ___ *pages*
Attachments Form	Attachment 11: Letter(s) from RWHAP Part A and/or Part B Recipient of Record	*My attachment* = ___ *pages*
Attachments Form	Attachment 12: List of Provider Organizations with Contracts and/or MOUs	*My attachment* = ___ *pages*
Attachments Form	Attachment 13: Work Plan	*My attachment* = ___ *pages*
Attachments Form	Attachment 14: Table of Provider Medicaid and Medicare Numbers (National Provider Identifier) and Clinic Licensure Status	*My attachment* = ___ *pages*
Attachments Form	Attachment 15: Core Medical Services Waiver Request and Other Attachments	*My attachment* = ___ *pages*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*My attachment* = ___ *pages*
Project Narrative Attachment Form	Project Narrative	*My attachment* = ___ *pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment* = ___ *pages*

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-25-052		**My total = ____ pages**

Appendix B: 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 C: Existing Geographic Service Areas

Service areas are organized according to their period of performance start date: April 1, 2025, and May 1, 2025. New applicants submitting proposals to provide services in an existing service area must identify the service area to be served and the current recipient you intend to replace. **Applications must propose to serve the entire service area, as defined here in Appendix C.**

The total funding available for each service area for the delivery of comprehensive primary health care and support services in an outpatient setting for low income, uninsured and underserved people with HIV, is identified in the "Funding Ceiling" column. Funding requests must not exceed the published funding ceiling amount.

Current RWHAP Part C recipients are encouraged to assess their history of expending Part C funds and to examine all resources available, including program income generated as a result of the RWHAP Part C award, when they consider the funding level for which to apply. Appendix C describes the ceiling amount for each service area; applicants can request a funding level that is less than the listed amount in light of their history of expending Part C funds and the availability of other resources. HRSA HAB anticipates directing any balance in funds to support the funding of new RWHAP Part C service areas where there is the greatest burden of infection, illness, and disparities from HIV, as well as to support the continuation of 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 recipient's unobligated balances.

Reminder: if you are applying for more than one service area listed in Appendix C, you must submit a separate application for each service area. Each application must address the entire service area.

If for any reason (including making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your **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.

Budget Start	Current Recipient Name	City	State	Funding Ceiling	Service Area
April	County Houston	Macon	GA	$689,998	Counties in GA: Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam,

					Twiggs, Washington, Wilkinson
April	University of Massachusetts Medical School	Worcester	MA	$480,914	County in MA: Worcester
April	William F. Ryan Community Health Center, Inc.	New York	NY	$844,862	County in NY: New York
May	Genesis Health System	Davenport	IA	$326,859	County in IA: Scott
May	Detroit Community Health Connection	Detroit	MI	$479,196	County in MI: Wayne
May	Community Access Network, Inc.	Lynchburg	VA	$279,871	Counties in VA: Amherst, Appomattox, Bedford, Campbell, Pittsylvania Cities in VA: Danville, Lynchburg