

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

HIV/AIDS Bureau
Division of Community HIV/AIDS Programs

Ryan White HIV/AIDS Program Part F Dental Reimbursement Program

Announcement Type: Initial – New

Funding Opportunity Number: HRSA-17-041

Catalog of Federal Domestic Assistance (CFDA) No. 93. 924

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: March 22, 2017

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

Issuance Date: January 6, 2017

Carrie Jeffries, MPH, MS, RN, NEA-BC, ANP-BC, AACRN
Chief Nursing Officer, Division of Community HIV/AIDS Programs
E-mail: cjeffries@hrsa.gov
Telephone: (301) 443-2399
Fax: (301) 443-1839

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Community HIV/AIDS Programs (DCHAP), is accepting applications for fiscal year (FY) 2017 Ryan White HIV/AIDS Program (RWHAP) Part F Dental Reimbursement Program (DRP). The purpose of this program is to improve access to oral health care services for low-income, underinsured, and underserved people living with HIV (PLWH) and to train dental and hygiene students and dental residents to deliver dental care to PLWH. The DRP accomplishes this by defraying a portion of unreimbursed dental care costs for low-income, underinsured, and underserved PLWH incurred by accredited dental or dental hygiene education programs recognized by the Commission on Dental Accreditation.

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part F Dental Reimbursement Program
Funding Opportunity Number:	HRSA-17-041
Due Date for Applications:	March 22, 2017
Anticipated Total Annual Available Funding:	\$9,200,000
Estimated Number and Type of Award(s):	Up to 60 grants
Estimated Award Amount:	Varies
Cost Sharing/Match Required:	No
Project Period:	Up to six months (to draw down funds)
Project Start Date:	August 1, 2017
Eligible Applicants:	<p>Applicants are limited to accredited dental schools and other accredited dental education programs, such as dental hygiene programs or those sponsored by a school of dentistry, a hospital, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency.</p> <p>[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</p>

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where

instructed in this FOA to do otherwise. A short video explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance

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

- **Date:** February 7, 2017
- **Time:** 2:00 – 4:00 P.M. Eastern Time
- **Call-in number:** 1-800-475-0483, Participant Passcode: 3212842
- **Webinar link:** https://hrsa.connectsolutions.com/part_f_ta/

Table of Contents

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

I. Program Funding Opportunity Description

1. Purpose

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

This funding opportunity is open to accredited dental education institutions eligible to receive RWHAP Part F funding under section 2692(b) (1) (B) of the Public Health Service (PHS) Act. This program will reimburse certain costs incurred by eligible entities that have provided uncompensated or partially uncompensated oral health care to PLWH from July 1, 2015 through June 30, 2016.

General Recipient Expectations

Patient Payment for Services: Applicants must have consistent and equitable policies and procedures related to verification of patients' financial status.

Payor of Last Resort: With the exception of programs administered by or providing the services of the Indian Health Service, the RWHAP is the payor of last resort. RWHAP Part F funds may not be used for primary care services when payments are available for such services from other sources. In accordance with the RWHAP client eligibility determination and recertification requirements ([Policy Clarification Notice \(PCN\) 13-02](#)), HRSA expects clients' eligibility be assessed during the initial eligibility determination and recertified at least every six months. At least once a year (whether defined as a 12-month period or calendar year), the recertification procedures should include the collection of more in-depth information, similar to that collected at the initial eligibility determination. The purposes of the eligibility and recertification procedures are to ensure that the program only serves eligible clients, and that the RWHAP is the payor of last resort. Recipients and subrecipients are required to vigorously pursue enrollment into and subsequent reimbursement from health care coverage for which their clients may be eligible (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, health plans offered through the Marketplace, and/or other private health insurance) to extend finite RWHAP grant resources to uninsured and underinsured low income PLWH. **RWHAP Part F funds cannot be used to supplement the maximum cost allowance for services reimbursed by third party payments, such as Medicaid, Medicare, or other insurance programs.** Please note that direct or indirect grant funds such as RWHAP Parts A, B, C, and D programs are not program income. Services provided under Part F DRP cannot also be billed to RWHAP Parts A, B, C, or D.

Other Financial Management Issues: Programs must have appropriate financial systems in place that provide 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. Programs are required to monitor subrecipient providers to ensure that they are following the requirements of the program, including the use of RWHAP funds and program income generated as a result of the subaward.

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

Applicants must ensure that Medicaid billable services are billed to Medicaid. RWHAP funds should be used when payment cannot be expected to be made, i.e., after billing Medicaid, Children's Health Insurance Program (CHIP), other public/private health insurance resources, and after billing clients for allowable costs.

2. Background

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

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

National HIV/AIDS Strategy: Updated to 2020

The National HIV/AIDS Strategy for the United States: Updated to 2020 ([NHAS 2020](#) or Strategy) is a five-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. This plan was developed by a group of federal experts with consultation from community members to apply scientific advances in HIV prevention and treatment to accelerate the end of new HIV infections, disease, and deaths. To the extent possible, program activities should strive to support the primary goals of [NHAS 2020](#):

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

Updated in 2015, NHAS 2020 has fully integrated the objectives and recommendations of the [HIV Care Continuum Initiative](#) (see below) and the Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. The Strategy also allows opportunities to refocus and strengthen the ongoing work in HIV prevention, care, and research.

Recipients should take action to align their organization's efforts over the next five years, within the parameters of the RWHAP statute and program guidance, around the Strategy's four areas of critical focus:

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

More information on how recipients can support NHAS 2020, including the [Community Action Plan Framework](#), a tool to help recipients and other stakeholders in developing their own plans to implement NHAS 2020, can be found here: <https://aids.gov/federal-resources/national-hiv-aids-strategy/overview/>.

HIV Care Continuum

The HIV care continuum includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of antiretroviral therapy (ART), and, ultimately, HIV viral load suppression. The HIV care continuum performance measures align with the [U.S. Department of Health and Human Services] [HHS Common HIV Core Indicators](#), approved by the HHS Secretary. RWHAP recipients and providers submit data through the Ryan White HIV/AIDS Program Services Report (RSR). HAB collects the data elements needed to produce the HHS Common HIV Core Indicators (Indicators); uses the data to calculate Indicators, across the entire RWHAP; and reports six of the seven Indicators to the HHS, Office of the Assistant Secretary for Health. These indicators are being updated to align with the updated National HIV/AIDS Strategy and may be further revised to reflect future scientific advances and policy priorities.

RWHAP recipients are encouraged to assess the outcomes of their programs along the HIV care continuum and work with their community and public health partners to improve outcomes, so that individuals diagnosed with HIV are linked to and engaged in care and started on ART as early as possible. HAB requests that recipients use the RWHAP [performance measures](#), at their local level, to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

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

2. Summary of Funding

Approximately \$9,200,000 is expected to be available to fund up to 60 recipients. Successful applicants will receive a partial reimbursement for the costs of uncompensated care delivered from July 1, 2015 through June 30, 2016. Funds will be distributed among eligible applicants, taking into account the number of patients with HIV served and the unreimbursed oral health care costs incurred by each institution as compared with the total number of patients served and costs incurred by all eligible applicants. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is August 1, 2017 through February 28, 2018 (six months to draw down funds).

This award is subject to the Uniform Administrative Requirements codified by HHS at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

Applicants are limited to accredited dental schools and other accredited dental education programs, such as dental hygiene programs or those sponsored by a school of dentistry, a hospital, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

Any application that fails to include the total unreimbursed costs of oral health care provided to patients with HIV from July 1, 2015 through July 30, 2016 on the SF-424 application face page as described in Section IV.2.i will be considered incomplete, and the application will be deemed ineligible.

Maintenance of Effort

The recipient must agree to maintain state funding for award activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the

award as authorized by Section 2692(b)(4) of the PHS Act. Complete the Maintenance of Effort information and submit as Attachment 1.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept 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.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 application package associated with this FOA following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

2. Content and Form of Application Submission

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

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

You must submit other information outlined in the Application Guide such as the application face page, table of contents, and assurances. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the FOA to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit

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

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment,

declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

- 2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on this and other certifications.

Program-Specific Instructions

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

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the appropriate forms and assurances), please include the following:

i. SF-424 Face Page

Applicants must enter the total unreimbursed costs of oral health care provided to patients with HIV from July 1, 2015 through July 30, 2016 in fields 18a and 18g of the SF-424 application face page. These totals must match the amount reported in Dental Services Report item 23a. **Failure to submit this information will result in an incomplete application and your application will be deemed ineligible.**

ii. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit. Each attachment must be clearly labeled.**

Attachment 1: Maintenance of Effort (MOE) Documentation

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

Applicants must provide a baseline aggregate expenditure of state funds for the fiscal year prior to the reimbursement period and actuals for the next fiscal year using a chart similar to the one below. As an example—if the applicant's fiscal year begins July 1, they would report actual expenditures of state funds for HIV-related oral health care and treatment services from July 1, 2014 through June 30, 2015 in column one. In column two, they would report actual expenditures for the next fiscal year (July 1, 2015 through June 30, 2016).

NON-FEDERAL EXPENDITURES

<p>Applicant's FY Prior to the reimbursement period (Actual):</p> <p>Actual total State funds expended by the applicant for oral health care and treatment services for low-income PLWH during the FY prior to the reimbursement period.</p> <p>Amount: \$_____</p>	<p>Following FY (Actual):</p> <p>Actual total state funds expended by the applicant for oral health care and treatment services for low-income PLWH during the FY immediately following the FY reported in column one.</p> <p>Amount: \$_____</p>
---	---

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

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is March 22, 2017 at 11:59 P.M. Eastern Time.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

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

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

6. Funding Restrictions

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures, and controls is subject to audit.

Programs are required to maximize the reimbursements available from private insurance, Medicaid, Medicare, and other third-party sources for reimbursable costs for services provided. Programs are required to track and report all sources of service cost reimbursement as program income on the annual Dental Services Report. All program income generated as a result of awarded funds is considered additive and must be used for otherwise allowable costs to improve access to oral health care services for low-income, underinsured, and underserved PLWH and to train dental and hygiene students and dental residents to deliver dental care to PLWH. Please see 45 CFR §75.307 and PCN 15-03 Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income (<http://hab.hrsa.gov/manageyourgrant/policiesletters.html>) for additional information.

V. Application Review Information

1. Review Criteria

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

2. Review and Selection Process

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

HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA's [SF-424 Application Guide for more details](#).

3. Assessment of Risk and Other Pre-Award Activities

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

Applications receiving a favorable review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, assessment of the applicant's management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or grants information (such as "other support" information) or to undertake certain activities in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, the HRSA approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by

applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of August 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of August 1, 2017. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

1) Dental Services Report (Due on March 22, 2017). Recipients must electronically complete and submit the Dental Services Report as a Microsoft Access dataset to Ryan White Data Support at RyanWhiteDataSupport@wrma.com. Information about the Dental Services Report, how it can be downloaded, and instructions for completing the Report can be found at <http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html> under "2017 Dental Services Report" in the Recipient Reports section. Please note the following:

- Only actual counts of HIV positive patients who received oral health care services from your institution or program will be accepted as the basis of your application for DRP funding.
- **Item 1:** DUNS – must match the DUNS included on your application through Grants.gov.
- **Items 18 and 19:** Only direct reimbursements from third party payers (public and private) as payment for services provided should be reported in Items 18 and 19. Funding from the RWHAP or other grant programs should not be reported as reimbursements in these items.
- **Item 23a:** The total unreimbursed costs of oral health care provided to patients with HIV from July 1, 2015 through June 30, 2016 that are entered in fields 18a and 18g of the SF-424 application face page must match the amount reported in Dental Services Report item 23a.

- Items 23b, 24-28: Please include narrative responses to items 23b and 24-28, not to exceed one page in length for each item. When submitting electronically in the Dental Services Database Utility, you may enter (or copy and paste) your responses directly into the database utility. Your responses will better inform us about your institution or program; your collaborations in the larger community; your training of students, residents, and providers; and other accomplishments. Your responses will also help us target technical assistance activities, document the value of funds expended, and demonstrate the importance of continued RWHAP funding for oral health care.

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

WRMA/CSR Ryan White Project
Toll-Free Help Line: 1-888-640-9356
Monday – Friday, 10:00 a.m. to 6:30 p.m. ET
E-mail: RyanWhiteDataSupport@wrma.com

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

2) Integrity and Performance Reporting. The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

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

VII. Agency Contacts

You may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Patryce Peden
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10N112F
Rockville, MD 20857
Telephone: (301) 443-2277
Fax: (301) 443-9810
E-mail: ppeden@hrsa.gov

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

Carrie Jeffries, MS, MPH, RN, NEA-BC, ANP-BC, AACRN
Chief Nursing Officer, Division of Community HIV/AIDS Programs
Attn: RWHAP Part F Dental Reimbursement Program
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09N07
Rockville, MD 20857
Telephone: (301) 443-2399
Fax: (301) 443-1839
E-mail: cjeffries@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

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

VIII. Other Information

Technical Assistance:

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

- **Date:** February 7, 2017
- **Time:** 2:00 – 4:00 P.M. Eastern Time
- **Call-in number:** 1-800-475-0483, Participant Passcode: 3212842
- **Webinar link:** https://hrsa.connectsolutions.com/part_f_ta/

Data Verification:

A representative from WRMA/CSR RWHAP Data Support may contact you to verify some of the data you submit within the Dental Services Report. We appreciate your continuing cooperation and assistance to report complete and accurate program data.

IX. Tips for Writing a Strong Application

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