

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

HIV AIDS Bureau (HAB)  
Division of State HIV/AIDS Programs (DSHAP)

***Ryan White HIV/AIDS Program Part B  
States/Territories Supplemental Grant Program***

**Funding Opportunity Number:** HRSA-21-067  
**Funding Opportunity Type(s):** New, Limited Competition  
**Assistance Listings (CFDA) Number:** 93.917

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2021

**Application Due Date: May 10, 2021**

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

**Issuance Date: February 23, 2021**

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Authority: 42 U.S.C. § 300ff-29a (section 2620 of the Public Health Service Act)

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Ryan White HIV/AIDS Program (RWHAP) Part B States/Territories Supplemental Grant Program. The purpose of this program is to supplement the HIV care and treatment services provided by the states/territories through the HIV Care Grant Program - RWHAP Part B States/Territories Formula and AIDS Drug Assistance Program (ADAP) Formula and ADAP Supplemental Awards (Notice of Funding Opportunity [HRSA-17-036](#)). The amount of funding awarded will be determined by the amount of funding available and the applicant's ability to demonstrate the need for supplemental funding to provide comprehensive HIV care and treatment services for people with HIV in the state/territory.

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part B States/Territories Supplemental Grant Program
Funding Opportunity Number:	HRSA-21-067
Due Date for Applications:	May 10, 2021
Anticipated Total Annual Available FY 2021 Funding:	Estimate up to: \$55,000,000 Approximately \$6,000,000 will be used for priority funding*
Estimated Number and Type of Award(s):	Up to 30 grants
Estimated Award Amount:	Up to \$9,000,000
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2021 through September 29, 2022 (one (1) year)
Eligible Applicants:	All 50 States, the District of Columbia, and eight (8) Territories except the Federated States of Micronesia. See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.

\*Estimated annual available funding level based on current projections.

### **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 NOFO to do otherwise.

## **Technical Assistance**

HRSA has scheduled the following technical assistance:

### *Webinar*

Day and Date: Wednesday, April 7, 2021

Time: 2 p.m.-3:30 p.m. ET

Call-In Number: 1-800-369-1787

Participant Code: 8561953

Weblink: <https://hrsa.connectsolutions.com/hrsa-21-067-rwhap/>

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) States/Territories Part B Supplemental Grant Program. The purpose of this program is to supplement formula-based funding provided through the HIV Care Grant Program – RWHAP Part B States/Territories Formula and AIDS Drug Assistance Program (ADAP) Formula and ADAP Supplemental Awards (Notice of Funding Opportunity (NOFO) [HRSA-17-036](#)).

States/territories use RWHAP Part B Supplemental Grant Program funding in conjunction with RWHAP Part B HIV Care Grant Program funding to develop and/or enhance access to a comprehensive continuum of high-quality care and treatment services for low-income people with HIV. To obtain funding, states/territories must demonstrate that RWHAP Part B supplemental funding is necessary to provide comprehensive HIV care and treatment services for people with HIV in the state/territory. Proposed activities should include the provision of core medical and/or support services, as defined in HRSA HAB [Policy Clarification Notice \(PCN\) 16-02: RWHAP Services: Eligible Individuals and Allowable Uses of Funds](#), and other activities to ensure responsiveness to unmet needs. States/territories must describe how proposed activities will address unmet needs and improve client-level health outcomes across the HIV care continuum, including viral suppression.

Eligible RWHAP Part B states/territories that are focus areas, or have counties that are focus areas, for the Ending the HIV Epidemic Initiative should consider if there is an increased need for Part B supplemental funding due to the Ending the HIV Epidemic Initiative efforts using criteria below.

As required in section 2620(b) of the Public Health Service (PHS) Act, states/territories must demonstrate the severity of the need for RWHAP Part B supplemental funding using quantifiable data in one or more of the following areas:

1. The unmet need for such services, as determined under section 2617(b) of the PHS Act.
2. An increasing need for HIV/AIDS-related services, including relative rates of increase in the number of cases of HIV/AIDS.
3. The relative rates of increase in the number of cases of HIV/AIDS within new or emerging subpopulations.
4. The current prevalence of HIV/AIDS.
5. Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area.
6. The impact of co-morbid factors, including co-occurring conditions, determined relevant by the Secretary.
7. The prevalence of homelessness.
8. The prevalence of individuals who were released from federal, state, or local prisons during the preceding three (3) years, and had HIV/AIDS on the date of their release.

9. The relevant factors that limit access to health care, including geographic variation, adequacy of health insurance coverage, and language barriers.
10. The impact of a decline in the amount of Part B funding received on services available to all individuals with HIV/AIDS identified and eligible under this title.

Pursuant to section 2620(c) of the PHS Act, the Secretary prioritizes funds to states/territories to address the reduction or disruption of services related to a decline in the amount of formula funding. Such a decline in funding is determined by comparing the amount of formula funding received in the current fiscal year (FY) to the amount received in FY 2006.

If you are a state/territory with current or potential shortfalls in ADAP resources, HRSA strongly encourages you to prioritize use of RWHAP Part B supplemental funds to augment ADAP resources when the following conditions exist:

- a. Existing or anticipated ADAP waiting list,
- b. Capped enrollment,
- c. Reductions in ADAP formulary,
- d. Reduction in the percentage of federal poverty level (FPL) eligibility requirement, and/or
- e. Other ADAP restrictions within the state/territory.

## **2. Background**

The 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 hard-to-reach 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; clinical training; and the development of innovative models of care to meet the needs of different communities and populations affected by HIV.

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

The HIV care continuum framework allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are encouraged to assess the outcomes of their programs and should work with their community and public health partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the [performance measures](#) developed

for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

## **Strategic Frameworks and National Objectives**

National objectives and strategic frameworks like the [Healthy People 2030](#), the [National HIV Strategic Plan: A Roadmap to End the HIV Epidemic \(2021 – 2025\)](#); 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 provides 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**

According to recent data from the [2019 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2015 to 2019, 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 83.4 percent to 88.1 percent. Additionally, racial/ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.<sup>1</sup> For example, the disparities in viral suppression rates between Black/African Americans and white clients have decreased since 2010.<sup>2</sup> These improved outcomes mean more people with HIV in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.<sup>3</sup>

In February 2019, the [Ending the HIV Epidemic](#) (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. This 10-year initiative seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. The initiative promotes and implements four strategies to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. The initiative is a collaborative effort among key HHS agencies, primarily HRSA, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

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<sup>1</sup> Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2019. <http://hab.hrsa.gov/data/data-reports>. Published December 2020. Accessed December 2, 2020.

<sup>2</sup> Black/African American clients went from 79.4 percent viral suppression in 2015 to 85.2 percent in 2019, while 88.3 percent of white clients were virally suppressed in 2015 and 91.8 percent in 2019

<sup>3</sup> National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: <https://clinicaltrials.gov> NCT00074581 NLM Identifier: NCT00074581.

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

### **Using Data Effectively: Integrated Data Sharing and Use**

HRSA and CDC's Division of HIV/AIDS 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 HIV National Strategic Plan 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 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 can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

### **Program Resources and Innovative Models**

HRSA has a number of projects and resources that may assist RWHAP recipients with program implementation. These include a variety of HRSA HAB cooperative agreements, contracts, and grants focused on specific technical assistance (TA), evaluation, and intervention activities. A list of these resources is available on [TargetHIV](#). Recipients should be familiar with these resources and are encouraged to use them as needed to support their program implementation.

In addition, many RWHAP Special Projects of National Significance (SPNS) projects have demonstrated promising new approaches for linking and retaining priority populations into care. As resources permit, RWHAP recipients are encouraged to review and integrate these tools within their HIV system of care in accordance with the allowable service categories defined in [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#). Examples of these resources include:

- [E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV](#)  
E2i uses an implementation science approach to evaluate and understand existing and new intervention strategies that can be used in RWHAP provider settings. Once interventions or strategies are demonstrated and evaluated using implementation science, manuals, guides, interactive online tools, publications, and instructional materials are developed and disseminated for replication and integration into RWHAP provider settings.
- [Integrating HIV Innovative Practices \(IHIP\)](#)  
Resources on the IHIP website include easy-to-use training manuals, curricula, case studies, pocket guides, monographs, and handbooks, as well as informational handouts and infographics about SPNS generally. IHIP also hosts TA training webinars designed to provide a more interactive experience with experts, and a TA help desk exists for you to submit additional questions and share your own lessons learned.
- [Replication Resources from the SPNS Systems Linkages and Access to Care](#)  
There are intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among hard-to-reach people with HIV.
- [Dissemination of Evidence Informed Interventions](#)  
The Dissemination of Evidence-Informed Interventions initiative ran from 2015-2020 and disseminated four adapted linkage and retention interventions from prior SPNS and the Minority HIV/AIDS Funds (MHAF) from the HHS Secretary's Office initiatives to improve health outcomes along the HIV care continuum. The initiative produced four evidence-informed care and treatment interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing healthcare environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

HRSA HAB also recognizes the importance of addressing emerging issues, as well as supporting the needs of special populations. To help recipients in responding to these critical issues, HRSA HAB funds projects to provide technical assistance and resources for recipients. Examples of projects include:

- [Building Futures: Supporting Youth Living with HIV](#)
- [The Center for Engaging Black MSM Across the Care Continuum \(CEBACC\)](#)

- [Using Community Health Workers to Improve Linkage and Retention in Care](#)

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New, Limited Competition

HRSA will provide funding in the form of a grant.

### 2. Summary of Funding

HRSA estimates approximately \$55,000,000 to be available to fund up to 30 recipients. You may apply for a ceiling amount of up to \$9,000,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 30, 2021, through September 29, 2022 (1 year).

The amount of each award will be based on the total amount of funding available and your ability to demonstrate the need for additional funding due to the severity of the HIV epidemic in the state/territory, unmet need for core medical services, and/or unique service delivery challenges. Funding will be based on the external Objective Review Committee (ORC) review and scoring of the criteria published in Section V.1 of this announcement. The applications will be evaluated as follows:

- a. The ORC will score applications and establish the rank order for awarding funds.
- b. All applicants that request RWHAP Part B supplemental funding to develop and/or enhance access to a comprehensive continuum of high-quality care and treatment services for low-income individuals and families living with HIV, and are recommended for an award by the ORC, will be considered for awards at amounts based on their ORC scores.
- c. HRSA will fund applicants based upon funding availability up to the requested amount for allowable services under this NOFO (see **Section VIII. Other Information** for further details), as long as the amount requested falls under the amount allowable detailed in the Executive Summary of this NOFO.
- d. If determined eligible for priority funding, HRSA will calculate the additional amount to be included in the final award. (See **Section V.2 Review and Selection Process, Priority Funding** for further details.)

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

Please see HRSA HAB [PCN 15-01: Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D](#) for information regarding the statutory 10 percent limitation on administrative costs.

### III. Eligibility Information

#### 1. Eligible Applicants

Under Sections 2620 and 2689(11) of the PHS Act, all “States” – defined as all 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands – are eligible for RWHAP Part B supplemental funding. **However, any state/territory that had an unobligated balance of more than five percent of their FY 2019 formula funds is not eligible to apply for the FY 2021 RWHAP State/Territories Part B Supplemental Grant Program.**

Based on the criteria listed above, the following entity **is not** eligible to apply to this NOFO:

- Federated States of Micronesia

#### 2. Cost Sharing/Matching

Cost-sharing/matching is not required for this program.

#### 3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice.

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** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

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

## **2. Content and Form of Application Submission**

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan, and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

### **Application Page Limit**

The total size of all uploaded files included in the page limit may not exceed the equivalent of **50 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. **Hyperlinks are not allowed** and will not be accessed or reviewed by the ORC reviewers. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-067, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important 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.**

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- Where you are unable to attest to the statements in this certification, an explanation shall be included in **Attachment 8-15: Other Relevant Documents**.

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

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

Section 319(e) of the PHS Act provides the Secretary of HHS with discretion, upon request by a state or tribal organization, to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with Section 319(e). Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness (ASPR) website via <http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx>.

### **Program-Specific Instructions**

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

#### **3. Project Abstract**

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

In addition to the information addressing the elements for the project abstract in the SF-424 Application Guide, provide a brief paragraph addressing the information below, not to exceed one page:

- a. Why RWHAP Part B supplemental funding is necessary to ensure a comprehensive system of HIV care and treatment for people with HIV in your state/territory;
- b. How this supplemental funding will improve viral suppression and achieve positive client-level health outcomes across the HIV care continuum; and
- c. Describe the severity of the HIV epidemic in the state/territory, using quantifiable data on epidemiology, co-morbidities, cost of care, the service needs of emerging populations, unmet need for core medical services (as defined by HRSA HAB [PCN 16-02](#)), and unique service delivery challenges.

#### **4. Project Narrative**

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

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

- **INTRODUCTION** -- [Corresponds to Section V's Review Criterion 1](#)  
 Briefly describe how the state/territory will utilize RWHAP Part B supplemental funding in support of a comprehensive system of high-quality care and treatment for people with HIV. Describe the current prevalence of HIV/AIDS in the state/territory, and provide corresponding data tables or figures as **Attachment 6**. You may submit an updated version of tables or figures included in *Section I.A. Epidemiological Overview of the [Integrated HIV Prevention and Care Plan/Statewide Coordinated Statement of Need, CY 2017-2021](#) (FY 2016 Integrated Plan)* or provide other comparable documentation to meet this requirement. Describe how the comprehensive system of care and treatment will improve outcomes across the HIV care continuum.
- **NEEDS ASSESSMENT** -- [Corresponds to Section V's Review Criteria 1 and 6](#)  
 The RWHAP legislation, Section 2620(b) of the PHS Act, requires RWHAP Part B supplemental funding applicants to demonstrate need in one or more of the categories listed. **You only need to respond to the needs assessment sections below that are relevant to your request for RWHAP Part B supplemental funding.** The needs assessment narrative and data must support the service categories (as described in HRSA HAB [PCN 16-02](#)) chosen to respond to the demonstrated need and the request for funds.

**1) Need for HIV-Related Services**

**If you are applying for RWHAP Part B supplemental funding due to a need for HIV-Related Services in the state/territory** which may include addressing unmet need, an increased need due to an increase in relative rates or prevalence in HIV cases, or the decline in the amount of funding received for HIV services, please provide a narrative describing all relevant factors that will be addressed, and how requested funds will be used to address each factor.

If you are applying for RWHAP Part B supplemental funding to augment ADAP services in the state/territory, please provide a narrative identifying which of the following conditions exists, their impact on developing and/or enhancing access to a comprehensive continuum of high-quality care and treatment services for people with HIV, and how requested funds will be used to address this impact:

- a. Existing or anticipated ADAP waiting list,
- b. Capped enrollment,
- c. Reductions in ADAP formulary,
- d. Reduction in the percentage of FPL eligibility requirement, and/or
- e. Other ADAP restrictions within the state/jurisdiction.

**If you are applying for RWHAP Part B supplemental funding due to unmet need in the state/territory**, then please indicate that you are applying for funds to address unmet need in this section and **provide** the Unmet Need Framework and corresponding narrative from your application in response to NOFO # HRSA-17-036 as **Attachment 7**. If you have updated your Unmet Need Framework and corresponding narrative since the submission of your application in response to

NOFO # HRSA-17-036, then submit the updated framework and corresponding narrative as **Attachment 7**.

**If you are NOT applying for RWHAP Part B supplemental funding due to need in the state/territory**, then please indicate that requested funds are to address a different demonstrated need as listed in Section 2620(b) of the RWHAP legislation (see Section I. 1. of this NOFO) and **do not provide a narrative**.

## ***2) Assessment of New or Emerging Populations with Special Needs***

The RWHAP legislation requires the state/territory to determine the needs of emerging populations who may have limited access to existing HIV care and services. These needs and service gaps should be addressed in the FY 2021 implementation plan narrative of this application and align with the previously submitted FY 2016 Integrated Plan. You can use RWHAP Part B supplemental funding to address identified needs.

**If you are applying for RWHAP Part B supplemental funding due to new or emerging populations in the state/territory**, identify no more than six (6) new or emerging populations to be served. Provide a narrative that addresses each of the following elements:

- Unique challenges that each population presents to the service delivery system and how funds will be used to overcome those challenges;
- Service gaps for each population and how funds will be used to address service gaps;
- Estimated cost of care associated with delivering services to each of these populations and how funds will be used to cover those costs; and
- Viral suppression rates for each population and how funds will be used to increase viral suppression rates.

**If you are NOT applying for RWHAP Part B supplemental funding due to emerging populations in the state/territory**, then please indicate that requested funds are to address a different demonstrated need as listed in Section 2620(b) of the RWHAP legislation (see Section I. 1. of this NOFO) and **do not provide a narrative**.

## ***3) Impact of Co-Morbidities and Other Factors on the Cost and Complexity of Providing Care***

**If you are applying for RWHAP Part B supplemental funding due to the impact of co-morbidities in the state/territory**, please provide quantitative evidence in a table format on the impact of co-morbidities on the cost and complexity of providing HIV care and treatment, including the data sources. You only have to include information in the table for co-morbidities you plan to use RWHAP Part B supplemental funding to address. You must submit the table as **Attachment 4**. Please provide the following information in the table:

- Rates of sexually transmitted infections (STIs), hepatitis, tuberculosis, substance use, and mental health disorders;
- Estimated number of people who are homeless;
- Estimated number of people with HIV who were released from federal, state, or local prisons during the preceding three (3) years;
- The number and percent of people without insurance coverage (including those without Medicaid); and
- The number and percent of people with HIV living at or below 138 percent and 400 percent of the 2020 FPL (see <https://aspe.hhs.gov/poverty-guidelines>). Also, include the percentage of FPL used to determine RWHAP eligibility in the state/territory.

Include a narrative explanation of the data provided in the table using the available program and surveillance data sources.

**If you are NOT applying for RWHAP Part B supplemental funding due to the impact of co-morbidities in the state/territory**, then please indicate that requested funds are to address a different demonstrated need as listed in Section 2620(b) of the RWHAP legislation (see Section I. 1. of this NOFO) and **do not provide a narrative**.

#### **4) Access to Health Care**

**If you are applying for RWHAP Part B supplemental funding due to factors that limit access to health care in the state/territory**, including, but not limited to, geographic variation, deficiencies of health insurance coverage, or language barriers, please provide a narrative describing each factor that will be addressed, how each factor impacts access to care, and how requested funds will be used to address each factor.

**If you are NOT applying for RWHAP Part B supplemental funding due to factors that limit access to health care in the state/territory**, then please indicate that requested funds are to address a different demonstrated need as listed in Section 2620(b) of the RWHAP legislation (see Section I. 1. of this NOFO) and **do not provide a narrative**.

- **METHODOLOGY** -- [Corresponds to Section V's Review Criterion 2](#)  
Propose methods to address demonstrated needs outlined in the Needs Assessment section. Describe the tools, strategies, and approaches that you will use to ensure effective and efficient implementation of the proposed program. These may include but not be limited to clear communication, staff training, outreach to people with HIV, new service models, and on-going or new collaborations.

Describe how your state/territory will implement the following actions to address demonstrated needs indicated above:

- Use programmatic and fiscal forecasting tools to increase your ability to meet projected program service needs for the period of performance;

- Develop new, maintain existing, streamline, and/or diversify service delivery models, service contracts, strategic partnerships, and/or collaborations;
  - Ensure timely and ongoing training of program staff, contractors, and/or service providers;
  - Sustain activities beyond the federal funding period. Recipients are expected to sustain key elements of proposed projects. These may include but not be limited to strategies or services and interventions which have been effective in improving program operations and improving health outcomes for the target population;
  - Provide opportunities for involvement of clients, families, and communities living with and affected by HIV, as appropriate.
- **WORK PLAN** -- [Corresponds to Section V's Review Criteria 2,4,5, and 6](#)

***FY 2021 Implementation Plan Narrative***

The Implementation Plan Narrative should be commensurate with your request for RWHAP Part B supplemental funding, address demonstrated needs identified in the Needs Assessment section, and correspond with the approach proposed in the Methodology and Evaluation sections.

Describe how funded services 1) will be implemented to promote access to high-quality HIV care, 2) will address any significant health disparities in your state/territory, and 3) will maximize positive health outcomes along the HIV care continuum.

Describe the core medical and support services that will be provided to address the demonstrated needs described in the Needs Assessment section. Funded services should show impact along the HIV care continuum. A service category may be related to more than one stage on the HIV care continuum. For example, proposed activities falling under the Outpatient/Ambulatory Health Service category may have a positive impact on diagnosis, linkage to care, retention in care, antiretroviral therapy (ART) prescription, and viral suppression. Please see the [HIV Care Continuum Crosswalk](#) developed by HRSA to assist with the identification of funded services that impact each stage of the HIV care continuum.

Describe implementation of each of the following through current or planned activities:

- Addressing gaps, barriers, and significant health disparities across the HIV care continuum that may exist among people with HIV;
- Addressing unmet need and reducing the number of persons out of care;
- Addressing the needs of emerging populations who may have limited access to existing HIV care and services;
- Improving engagement of people with HIV and health outcomes at each stage of the HIV care continuum;
- Utilizing the HIV care continuum in planning, prioritizing, targeting, and monitoring available resources in response to needs of people with HIV; and
- Ensuring geographic parity for all activities supported by RWHAP Part B supplemental funding.

Include goals and objectives that are tied to stages of the HIV care continuum and the core medical and support services to be provided. Objectives should be specific, measurable, achievable, realistic, and time-framed (SMART). Activities proposed in the implementation plan should align with their corresponding objectives, and identify the specific outcomes to be achieved during the project period. You are encouraged to present these goals and objectives in table or outline format for clarity.

- **RESOLUTION OF CHALLENGES** -- [Corresponds to Section V's Review Criterion 2](#)

Discuss any challenges you anticipate encountering in planning and implementing the proposed project. Be sure to discuss anticipated challenges regarding each demonstrated need for which you are requesting funding, as described in the Needs Assessment section. Describe the specific activities or strategies you will use to mitigate or resolve anticipated challenges for each demonstrated need. The methodology and implementation plan narrative sections should reflect the proposed activities or strategies, as appropriate.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- [Corresponds to Section V's Review Criteria 3 and 5](#)

Describe how you will evaluate your proposed program, assess whether proposed SMART objectives have been achieved, and ensure continuous quality improvement. The evaluation plan should align with the methodology and implementation plan narrative proposed in this application.

Describe the specific goals, objectives, benchmarks, and/or outcomes you will use for program evaluation and continuous quality improvement. Describe the staff (e.g., position, knowledge, skills, experience), systems (e.g., software, tools), procedures (e.g., actions, responsible parties, timelines), and other resources that will support your evaluation. Identify what data you will collect and how you will analyze and use the collected data for continuous quality improvement. Describe what control mechanisms you will use to ensure accurate and timely data collection, analysis, reporting, and use. Describe how you will share evaluation results internally with program staff and externally with key stakeholders to improve program implementation and outcomes.

- **ORGANIZATIONAL INFORMATION** -- [Corresponds to Section V's Review Criterion 5](#)

Briefly describe, regardless if using RWHAP Part B supplemental funding for staffing, how the state/territory will ensure proper oversight, management, and administration of FY 2021 RWHAP Part B supplemental funding; including a brief overview of the capabilities of the applicant organization, and the quality and availability of facilities and personnel.

If you propose to use FY 2021 RWHAP Part B supplemental funding for staffing, then provide a Staffing Plan and Job Descriptions for Key Personnel as **Attachment 1**, Biographical Sketches of Key Personnel as **Attachment 2**, and a Project Organizational Chart as **Attachment 3**.

## 5. Budget

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

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

In addition, the RWHAP States/Territories Part B Supplemental Grant Program requires the following:

### Project Line-Item Budget

You must submit a separate line-item budget using Section B Object Class Categories of the SF-424A. The program budget categories for the line-item budget include:

- **Administration** – This column must include all funds allocated to the following award activities: recipient administration, planning and evaluation, and clinical quality management;
- **ADAP** – This column must include all funds allocated to ADAP activities;
- **Consortia** – This column must include all funds allocated to consortia and emerging communities; and
- **Direct Services** – This column must include all funds allocated to the following award activities: State direct services, home and community-based care, and health insurance continuation.

### **Important Notes:**

You must adhere to the following budget requirements:

1. Use of Funds: RWHAP Part B supplemental funding can be used for the same activities funded under the RWHAP Part B HIV Care Program or another RWHAP Part, only if these funds are additive to these activities and not duplicative of those funds. Please see Section IV.6 and Section VIII.1. of this NOFO for additional information on the use of funds.

2. Core Medical Services Requirement: RWHAP Part B supplemental funding is subject to Section 2612(b)(1) of the PHS Act, which requires that no less than 75 percent of the portion of the grant award remaining after reserving amounts for administration, planning, and evaluation, and clinical quality management be used to provide core medical services that are needed in the state/territory for people with HIV who are identified and eligible under the RWHAP. The core medical and support service category definitions effective for awards can be found in HRSA HAB [PCN-16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#).

If you are seeking a waiver of the core medical services requirement, you must submit a waiver request either with this application or up to four (4) months after the budget period start date. Include a core medical services waiver request as **Attachment 5**, if it is submitted with the application. Contact your Project Officer regarding submission procedures if submitting your request separate from this application. Submission must be in accordance with HRSA HAB [PCN 13-07: Uniform Standard for Waiver of Core Medical Services Requirement for Grantees Under Parts, A, B, and C](#). You can find sample letters at <http://hab.hrsa.gov/sites/default/files/hab/Global/samplereqwaiverletters.pdf>.

3. Caps on Expenses: Recipient administrative costs may not exceed 10 percent of the total RWHAP Part B States/Territories Supplemental Grant Program award. Planning and evaluation costs may not exceed 10 percent of the total grant award. Collectively, recipient administration and planning and evaluation may not exceed 15 percent of the total award.

If a RWHAP Part B grant recipient has contracted with an entity to provide statewide or regional RWHAP management and fiscal oversight (i.e., the entity has entered into a vendor or procurement relationship with the recipient and is acting on behalf of the recipient), the cost of that contract, exclusive of subawards to providers, would count toward the recipient's 10 percent administrative cap.

Recipients may allocate up to five percent of the total grant award or \$3,000,000 (whichever is less) for clinical quality management (CQM).

Subrecipient administrative costs are capped at **10 percent in the aggregate**. Subrecipient administrative activities include:

- Usual and recognized overhead activities, **including established indirect rates** for agencies;
- Management oversight of specific programs funded under the RWHAP; and
- Other types of program support such as quality assurance, quality control, and related activities (exclusive of RWHAP clinical quality management).

Providers that have contracted to provide health care services for the lead agency are considered first-tier entities (subrecipients) of the recipient and are subject to the aggregate 10 percent administrative cap for subrecipients. For

further guidance on the treatment of costs under the 10 percent administrative cap, refer to HRSA HAB [15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D.](#)

4. Payor of Last Resort: The RWHAP is the payor of last resort, and recipients must vigorously pursue alternate sources of payments for client services. HRSA expects recipients to certify client eligibility every 12 months/annually and recertify eligibility at least every 6 months. Please see HRSA HAB [PCN 13-02: Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements](#). Recipients are required to use effective strategies to coordinate with third-party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons. Third-party payment sources include Medicaid, Children's Health Insurance Programs, Medicare, including Medicare Part D, basic health plans, and private insurance. Subrecipients providing Medicaid eligible services must be Medicaid certified.
5. Salary Limitation: The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

## **6. Budget Narrative**

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#).

In addition, the RWHAP States/Territories Part B Supplemental Grant Program requires the following:

### Budget Narrative Format

The budget narrative must explain the amounts requested for RWHAP Part B supplemental funding and the relevant RWHAP budget categories (i.e., Administration, ADAP, Consortia, and Direct Services). The narrative should explain how the listed line-items support the overall service delivery system and include justification for any applicable object class categories: Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, Construction, Other, and Indirect Charges. For employees who are less than one (1) full-time equivalent (FTE) on the award, please identify all funding sources outside of RWHAP Part B supplemental funding for Personnel and Fringe Benefits costs.

### Agreements and Assurances

The RWHAP Part B Program Agreements and Assurances submitted with the FY 2021 RWHAP Part B HIV Care Program Non-Competing Continuation (NCC) Progress Report will be in effect for this supplemental funding opportunity. **You do**

not need to resubmit the RWHAP Part B Agreements and Assurances with this application.

<b>NARRATIVE GUIDANCE</b>	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Needs Assessment	(1) Need and (6) Support Requested
Methodology	(2) Response
Work Plan	(2) Response,(4) Impact,(5) Resources/ Capabilities, and (6) Support Requested
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

## **7. Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** All documents and/or additional information must be attached under the appropriate attachment. **Clearly label each attachment.**

*Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s [SF-424 Application Guide](#))*

Provide a staffing plan and job descriptions for all key personnel included in the budget. Limit each job description to one page. Include the role, responsibilities, and qualifications of the proposed project staff.

If the program will not use RWHAP Part B supplemental funding for staffing, attach a one-page document that indicates “Attachment 1: Not Applicable.”

*Attachment 2: Biographical Sketches of Key Personnel*

Provide biographical sketches of all key personnel included in the budget. Limit each biographic sketch to one page.

If the program will not use RWHAP Part B supplemental funding for staffing, provide a one-page document that indicates “Attachment 2: Not Applicable.”

*Attachment 3: Project Organizational Chart*

Provide a project organizational chart highlighting the key personnel included in the budget. Limit the project organizational chart to one page.

If the program will not use RWHAP Part B supplemental funding for staffing, provide a one-page document that indicates “Attachment 3: Not Applicable.”

*Attachment 4: Tables, Charts, etc.*

Provide the cost and complexity co-morbidities table and narrative as Attachment 4.

If the program will not use RWHAP Part B supplemental funding due to the impact of co-morbidities in the state/territory, provide a one-page document that indicates “Attachment 4: Not Applicable.”

*Attachment 5: Core Medical Services Waiver, if applicable*

If you are applying for a waiver at this time, you may provide a Core Medical Services Waiver request and supporting documents as Attachment 5. See Important Notes in Section IV.2.iii of this NOFO.

If you are not applying for a waiver at this time, provide a one-page document that indicates “Attachment 5: Not Applicable.”

*Attachment 6: Epidemiological Data*

Provide data tables or figures referenced in the Project Narrative Introduction using the most recent available epidemiological data as Attachment 6 (all applicants).

*Attachment 7: Unmet Need Framework and Narrative*

If you are applying for RWHAP Part B supplemental funding due to unmet need, provide the Unmet Need Framework and narrative as Attachment 7.

If the program will not use RWHAP Part B supplemental funding due to unmet need, provide a one-page document that indicates “Attachment 7: Not Applicable.”

*Attachments 8-15: Other Relevant Documents [15 is the maximum number of attachments allowed.]*

Provide any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a

commitment to the project/program (e.g., in-kind services, dollars, staff, space, equipment).

If you do not have any other relevant documents, provide a one-page document that indicates “Attachments 8-15: Not Applicable.”

### **1) Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. Beginning in April 2022, the \*DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov).

For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must also register with 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)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and 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.

\*Currently, the Grants.gov registration process requires information in three separate systems:

- 1) Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- 2) System for Award Management (SAM) (<https://www.sam.gov>)
- 3) Grants.gov (<http://www.grants.gov/>)

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

**SAM.GOV ALERT:** For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government’s efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-

Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA’s application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](https://www.sam.gov).

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

## 2) Submission Dates and Times

### Application Due Date

The due date for applications under this NOFO is May 10, 2021 at 11:59 p.m. ET. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA’s [SF-424 Application Guide](#) for additional information.

## 3) Intergovernmental Review

The RWHAP States/Territories Part B Supplemental Grant Program 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.

## 4) Funding Restrictions

You may request funding for a period of performance of up to one (1) year, at no more than \$9,000,000 per year (inclusive of direct **and** indirect costs).

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) 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 the following fiscal years, as required by law.

In addition to the general Funding Restrictions included in Section 4.1 of the [SF-424 Application Guide](#), RWHAP Part B funding **cannot** be used for:

- 1) Charges that are billable to third party payers including but not limited to private health insurance, prepaid health plans, Medicaid, Medicare;
- 2) International travel;
- 3) Construction (however, minor alterations and renovations to an existing facility to make it more suitable for the purpose of the grant program are allowable with prior HRSA approval);
- 4) PrEP or Post-Exposure Prophylaxis (nPEP) medications or the related medical services (see the [June 22, 2016, RWHAP and PrEP](#)

- [program letter](#));
- 5) [Syringe Services Programs \(SSPs\)](#). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy; however, the purchase of syringes and materials used to inject illicit drugs are not allowable;
  - 6) Cash payments to intended recipients of RWHAP services; or
  - 7) Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

Section 2681(c) of the PHS Act requires that, "as a condition of receipt of funds, a State shall provide assurances to the Secretary that health support services funded under this title will be integrated with other such services, that programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV/AIDS is enhanced." Therefore, the expectation is that these funds are used to supplement other federal awards or state/territorial funds.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grant requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

### **Unobligated Balances (UOB) Penalties: Supplemental Funds**

Under the RWHAP legislation, the HHS Secretary has flexibility regarding the imposition of penalties for UOBs. If an expenditure of ADAP rebate funds would trigger a penalty or a higher penalty than would otherwise have applied, the state/territory may request that the Secretary deem the UOB to be reduced by the amount of rebate funds. Ordinarily, supplemental funds, including those awarded under this announcement, are not permitted to be carried over but are subject to offset. In order to give full effect to the statutory provision, you may carry over UOB generated due to proper expenditure of ADAP rebate funds prior to drawing down these funds. Note that the ADAP rebate funds must have been generated through an expenditure of this award.

As with the RWHAP Part B base award, you must have a process to separately track RWHAP Part B supplemental grant funds, medication rebates (if applicable), and the unobligated and carryover funds for each of these categories, as applicable.

Program Income:

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

Program income generated as a result of this award must be added to the grant amount and used for otherwise allowable costs to further the objectives of the RWHAP State/Territories Part B Supplemental Grant Program. HHS award regulations require recipients and/or subrecipients to track and report program income. Program income shall be monitored by the recipient, retained by the recipient (or subrecipient if earned at the subrecipient level), and used to provide RWHAP Part B services to eligible clients. Program income is gross income – earned by a recipient or a subrecipient under a grant – directly generated by the grant-supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed (e.g., direct payment or reimbursements received from Medicaid, Medicare, and third-party insurance). Direct payments include those resulting from charges imposed by recipients and subrecipients for RWHAP Part B ADAP services as required under Section 2617(c) of the PHS Act. Recipients are responsible for ensuring that subrecipients have systems in place to account for program income, and for monitoring to ensure that subrecipients are tracking and using program income consistent with RWHAP Part B requirements. Please see [45 CFR § 75.307](#) and HRSA HAB [PCN 15-03 Clarifications Regarding the RWHAP and Program Income](#) for additional information.

Rebate funds, such as 340B rebate funds, are not program income. For additional information, please refer to HRSA HAB [PCN 15-04 Utilization and Reporting of Pharmaceutical Rebates](#).

## V. Application Review Information

### 1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The RWHAP Part B States/Territories Supplemental Grant Program has six (6) review criteria. See the review criteria outlined below with references for achieving specified scoring points.

*Criterion 1: NEED (45 points) – [Corresponds to Section IV's Project Narrative – Introduction and Needs Assessment \(See Section IV.2.ii\)](#)*

The extent to which the application demonstrates the problem and associated contributing factors:

- 1) The comprehensiveness of the narrative in describing the demonstrated need and the relative severity of that need in a specific area or areas as required by the RWHAP legislation (e.g., epidemiology including data on access to

medications, need for HIV-related services, emerging populations, comorbid factors, and access to health care).

- 2) The strength of the applicant's narrative in using relevant data to justify the demonstrated needs.

*Criterion 2: RESPONSE (20 points) – Corresponds to Section IV's Project Narrative - Methodology, Implementation Plan Narrative, and Resolution of Challenges (See Section IV.2.ii)*

The extent to which the proposed project responds to the "Purpose" included in the program description. The extent to which proposed goals, objectives, and activities demonstrate a comprehensive approach to addressing the problem and overcoming identified barriers.

Methodology and Implementation Plan Narrative (15 Points)

- 1) The appropriateness, strength, and feasibility of proposed goals and objectives for the identified project.
- 2) The appropriateness and feasibility of proposed activities, procedures, and tools (e.g., programmatic and fiscal forecasting tools) for achieving identified goals and objectives.
- 3) The adequacy of efforts to engage people with HIV and other internal and external stakeholders in planning programmatic activities.
- 4) The strength and adequacy of proposed partnerships, collaborations, service delivery models, and service delivery contracts for:
  - a) Addressing demonstrated need, and
  - b) Improving program operations and health outcomes.
- 5) The inclusion of specific, measurable, achievable, realistic, and time-framed (SMART) objectives that are tied to the proposed project.
- 6) The appropriateness of the identified client-level health outcome(s) for each core medical or support service category proposed for funding.
- 7) The strength of the proposed implementation plan narrative in ensuring:
  - a) Continuity of care for people with HIV, and
  - b) Sustainability of key elements of proposed projects beyond the project period.

Resolution of Challenges (5 points)

- 1) The demonstration of a thorough understanding of the challenges likely to be encountered in designing and implementing proposed activities across applicable areas.
- 2) The potential for proposed approaches to resolve identified challenges.

*Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Project Narrative – Evaluation and Technical Support Capacity (See Section IV.2.ii)*

The extent to which the proposed plan will support project evaluation and continuous quality improvement. The extent to which the proposed plan will be able to assess whether program objectives have been met and that identified outcomes are attributable to the project.

- 1) The strength of the evaluation plan to monitor progress toward implementing activities, evaluate progress toward achieving identified goals and objectives, and assess impact attributable to the project.
- 2) The feasibility of proposed evaluative measures to assess:
  - a) The program objectives described in the 2021 Implementation Plan Narrative, and
  - b) How proposed objectives contribute to positive client health outcomes.
- 3) The clarity and appropriateness of methods proposed to collect, analyze, and utilize data to inform program development and implementation.
- 4) The clarity and appropriateness of plans for sharing results with both internal staff and external stakeholders.

*Criterion 4: IMPACT (10 points) – [Corresponds to Section IV's Project Narrative Implementation Plan Narrative \(See Section IV.2.ii\)](#)*

The extent to which the proposed services and projected client-level outcomes in the implementation plan narrative clearly demonstrate their potential to positively impact the HIV care continuum.

- 1) The strength of the narrative in explaining the potential impact of the proposed activities in the 2021 implementation plan narrative on the stages of the HIV care continuum.
- 2) The potential for proposed core medical and support services to address needs identified across the state/territory, and achieve positive client-level health outcomes across the HIV care continuum.
- 3) The potential for the proposed project to successfully address health disparities and the needs of new or emerging populations, address unmet need, and reduce the number of persons out of care.
- 4) The completeness of proposed outcome measures in the 2021 implementation plan narrative for assessing the impact of services on the HIV care continuum, viral suppression, and positive client-level health outcomes.

*Criterion 5: RESOURCES/CAPABILITIES (5 points) – [Corresponds to Section IV's Project Narrative – Implementation Plan Narrative, Evaluation and Technical Support Capacity, and Organizational Information \(See Section IV.2.ii\)](#)*

The extent to which project personnel proposed in the budget are qualified by training and/or experience to implement and ensure success of the project. The extent to which the capabilities of the applicant organization, and the quality and availability of facilities and personnel, demonstrate an ability to fulfill the needs and requirements of the proposed project:

- 1) The appropriateness of the staffing plan and the knowledge/expertise of key personnel for meeting program expectations, implementing and evaluating the proposed project, and ensuring a positive impact.
- 2) The strength of proposed methods (including measures, tools, timeframes, and staff) for monitoring progress, evaluating outcomes, and achieving continuous quality improvement in meeting the objectives and activities included in the 2021

implementation plan narrative.

*Criterion 6: SUPPORT REQUESTED (10 points) – [Corresponds to Section IV's Project Narrative – Needs Assessment, Implementation Plan Narrative, Budget, and Budget Narrative \(See Sections IV.2.ii-iv\)](#)*

The extent to which the proposed budget is reasonable and appropriate for proposed project goals and objectives, the complexity of the activities, and the anticipated results:

- 1) The consistency of the budget and budget narrative with the demonstrated needs as described in the Needs Assessment section.
- 2) The consistency in presentation of identified line-items across the budget and budget narrative, and alignment with the goals and objectives outlined in the implementation plan narrative.
- 3) The clarity of the budget narrative in explaining the relationship between each line-item in the budget and the corresponding objectives or activities in the implementation plan narrative.
- 4) The reasonableness of identified costs, as outlined in the budget and required resources sections, for the proposed scope of work.

## **2. Review and Selection Process**

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

For this program, HRSA will include priority funding.

### **Priority Funding**

This program includes priority funding, as authorized by Section 2620(c) of the PHS Act. Section 2620(c) of the PHS Act directs the Secretary to provide funds to states/territories to address the decline or disruption of services related to the decline in the amount of formula funding. HRSA sets aside a portion of the RWHAP Part B supplemental funding to award priority funds in conformance with this statutory requirement.

Applicants that received greater than a 10 percent loss in their RWHAP Part B base formula award when comparing their FY 2006 award to their FY 2021 award are eligible for priority funding if they apply for RWHAP Part B supplemental funding. If determined eligible for priority funding, HRSA will calculate the additional amount to be awarded, and that amount will be included in the final award.

### 3. Assessment of Risk

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

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

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

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

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

## VI. Award Administration Information

### i. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 30, 2021. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### ii. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department

regulations and policies in effect at the time of the award, and applicable statutory provisions.

### **Requirements of Subawards**

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

### **Data Rights**

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

### **iii. Reporting**

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- **Program Terms Report(s).** The recipient must submit a Program Terms Report as indicated on the Notice of Award (NOA). HRSA will provide further information regarding the Program Terms Report in the NOA.
- **Progress Report(s).** The recipient must submit a progress report to HRSA on at the end of the period of performance. Further information will be available in the NOA.
- **RWHAP Services Report (RSR).** The recipient must comply with data requirements of the RSR and mandate compliance by each of its subrecipients. The RSR captures information necessary to demonstrate program performance and accountability. All RWHAP core service and support service providers are required to submit client-level data as instructed in the RSR manual. Please refer to the [HIV/AIDS Program Client-Level Data website](#) for additional information. HRSA will provide further information in the NOA.

- **ADAP Data Report (ADR).** If the recipient expends any of the RWHAP Part B supplemental award on ADAP, it must comply with data reporting requirements of the ADR for those funds, and the recipient must mandate compliance by each of its subrecipients. Please refer to the [HIV/AIDS Program ADAP Data Report website](#) for additional information. HRSA will provide further information in the NOA.
- **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

## VII. Agency Contacts

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

Olusola Dada  
 Grants Management Specialist  
 Division of Grants Management Operations, OFAM  
 Health Resources and Services Administration  
 5600 Fishers Lane, Mailstop 10SWH03  
 Rockville, MD 20857  
 Telephone: (301) 443-0195  
 Email: [Odada@hrsa.gov](mailto:Odada@hrsa.gov)

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

Susan Robilotto, D.O.  
 Director, Division of State HIV/AIDS Programs, HIV/AIDS Bureau  
 Health Resources and Services Administration  
 5600 Fishers Lane, Room 09W52  
 Rockville, MD 20857  
 Telephone: (301) 443-6554  
 Fax: (301) 594-5224  
 Email: [SRobilotto@hrsa.gov](mailto:SRobilotto@hrsa.gov)

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
Email: [support@grants.gov](mailto: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 the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 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**

### **1. Allowable Uses of Funds**

Please refer to HRSA HAB [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#).

### **2. National Monitoring Standards**

You are required to remain in compliance with the RWHAP Part B Monitoring Standards Guidance at the recipient and provider/subrecipient levels. The guidance can be found at: <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>.

### **3. Technical Assistance**

HRSA strongly encourages all applicants to participate in a technical assistance (TA) webinar for this funding opportunity to ensure the successful submission of the application. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the NOFO.

HRSA has scheduled following technical assistance:

## Webinar

Day and Date: Wednesday, April 7, 2021

Time: 2 p.m.-3:30 p.m. ET

Call-In Number: 1-800-369-1787

Participant Code: 8561953

Weblink: <https://hrsa.connectsolutions.com/hrsa-21-067-rwhap/>

### **Tips for Writing a Strong Application**

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