# U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**HRSA**

Health Resources & Services Administration

HIV/AIDS Bureau
Division of Community HIV/AIDS Programs

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*Ryan White HIV/AIDS Program Part F Dental Reimbursement Program*

*Funding Opportunity Number:  HRSA-22-020*
*Funding Opportunity Type:  New*
*Assistance Listings (AL/CFDA) Number:  93.924*

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## NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

## Application Due Date:  March 11, 2022

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

**Issuance Date:  January 7, 2022**

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 300ff-111(b) (§ 2692(b) of the Public Health Service Act).

# EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau, Division of Community HIV/AIDS Programs is accepting applications for the fiscal year (FY) 2022 Ryan White HIV/AIDS Program (RWHAP) Part F Dental Reimbursement Program (DRP). The purpose of this program is to improve access to oral health care services for low income people with HIV, and to train dental students, dental hygiene students, and dental residents to deliver dental care to people with HIV. The DRP accomplishes this by defraying a portion of unreimbursed dental care costs incurred by treating low income people with HIV at accredited dental or dental hygiene education programs recognized by the Commission on Dental Accreditation.

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| Funding Opportunity Title: | Ryan White HIV/AIDS Program Part F Dental Reimbursement Program |
| Funding Opportunity Number: | HRSA-22-020 |
| Due Date for Applications: | March 11, 2022 |
| Anticipated Total Annual Available FY 2022 Funding: | Approximately $9,000,000 |
| Estimated Number and Type of Award(s): | Up to 50 grants |
| Estimated Award Amount: | Varies |
| Cost Sharing/Match Required: | No |
| Period of Performance: | September 1, 2022 through March 31, 2023 (Up to six months to draw down funds) |
| 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.<br><br>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information. |

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## 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:

Day and Date: Thursday, January 27, 2022
Time: 2 p.m. – 4 p.m. ET
Call-in Number: 833 568 8864 US Toll-free
Meeting ID: 160 248 9821
Passcode: 47312172
Weblink: https://hrsa-gov.zoomgov.com/j/1602489821?pwd=Y0w2bUN5WnMvQTIrQlZPbjhYRkk4Zz09


This TA webinar will be recorded and made available on the TargetHIV Center website at https://targethiv.org/library/nofos.

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) Part F Dental Reimbursement Program (DRP) to improve access to oral health care services for low income people with HIV and to support related education and training for the delivery of dental care to people with HIV. The DRP defrays a portion of unreimbursed dental care costs incurred by treating low income people with HIV at accredited dental or dental hygiene education programs recognized by the Commission on Dental Accreditation.

This program will reimburse certain costs incurred by eligible entities that have provided uncompensated or partially uncompensated oral health care to people with HIV from July 1, 2020 through June 30, 2021.

## 2. Background

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

The Ryan White HIV/AIDS Program (RWHAP) funds direct health care and support services for over half a million people diagnosed with HIV in the United States. HRSA awards RWHAP funds to cities, states, and local community-based organizations to deliver efficient and effective HIV care, treatment, and support services for low-income people with HIV. Since the program's inception in 1990, RWHAP has developed a comprehensive system of safety net providers who deliver high-quality, innovative HIV health care.

The RWHAP has five statutorily defined Parts (Parts A through D and Part F) that provide funding for core medical and support services, technical assistance, clinical training, and the development of innovative models of care to meet the needs of different communities and populations affected by HIV.

### Strategic Frameworks and National Objectives

National objectives and strategic frameworks like the Healthy People 2030, the National HIV AIDS Strategy (NHAS) (2022-2025); the Sexually Transmitted Infections National Strategic Plan for the United States (2021–2025); and the Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025) are crucial to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and 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.

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

According to recent data from the 2020 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2016 to 2020, 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 84.9 percent to 89.4 percent. Additionally, racial/ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.[1] For example, the disparity in viral suppression rates between Black/African American and White clients has decreased since 2010.[2] 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.[3]

In February 2019, the Ending the HIV Epidemic in the United States (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).

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

**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

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[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2020. http://hab.hrsa.gov/data/data-reports. Published December 2021. Accessed December 2, 2021.

[2] Viral suppression among Black/African American clients increased from 81.3 percent in 2016 to 86.7 percent in 2020, while viral suppression for White clients increased from 89.4 percent in 2016 to 92.5 percent in 2020; therefore the gap in viral suppression between these two groups decrease from 8.1 percentage points different to 5.8 percentage points different.

[3] 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.

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[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.

- Integrate data sharing, analysis, and utilization of HIV data by state and territorial health departments to help further progress toward reaching the HIV National Strategic Plan goals and improve outcomes on the HIV care continuum.

HRSA strongly encourages RWHAP recipients to 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 HIV nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic in the United States can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence 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 Policy Clarification Notice [(PCN) 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & 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 health care 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](#)

**Social Determinants of Health – Healthy People 2030**

The Department of Health and Human Services (HHS) is committed to improving the health and well-being of the nation through [Healthy People 2030](#) (HP2030). HP2030 establishes national health objectives with targets and monitors and catalyzes progress over time to measure the impact of research and prevention efforts. HHS defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health can be grouped into 5 domains: economic stability; education access and quality; health care access and quality; neighborhood and built environment; social and community context. You can

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explore evidence-based oral health resources at the following link: Browse Evidence-Based Resources for Oral Health.

Additional resources to assist you in determining how to effectively address oral conditions across a variety of populations in your HRSA-funded program(s) are available at the HHS Office of Disease Prevention and Health Promotion Objectives for Oral Conditions.

## II. Award Information

### 1. Type of Application and Award

Types of applications sought: New

HRSA will provide funding in the form of a grant.

### 2. Summary of Funding

HRSA estimates approximately $9,000,000 to be available to fund up to 50 recipients. Successful applicants will receive a partial reimbursement for the costs of uncompensated oral health care services delivered from July 1, 2020 through June 30, 2021. HRSA will distribute funds among eligible applicants, taking into account the number of patients with HIV served and the unreimbursed oral health care costs incurred by each institution as compared with the total number of patients served and costs incurred by all eligible applicants. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is **September 1, 2022, through March 31, 2023 (Up to six months to draw down funds).**

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

## III. Eligibility Information

### 1. Eligible Applicants

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

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

specialties of dentistry, advanced education in general dentistry, or a dental general practice residency.

## 2.    Cost Sharing/Matching

Cost sharing/matching is not required for this program.

## 3.  Other

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 consider any application that fails to include the total unreimbursed costs of oral health care provided to people with HIV from July 1, 2020 through June 30, 2021 on the SF-424 application face page (in fields 18a and 18g) as described in Section IV.2.i incomplete, and will deem the application ineligible.**

**Maintenance of Effort**

The recipient must agree to maintain state funding for award activities at a level that is not less than expenditures for such activities during the fiscal year prior to the reimbursement period as required 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.

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 HRSA-22-020 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

## 2. Content and Form of Application Submission

**Application Format Requirements**
Section 4 of HRSA's *SF-424 Application Guide* provides general instructions.

**Note: The application package for the DRP is limited to the SF-424 application face page, the Project/Performance Site Location(s) Form, Maintenance of Effort, and the Grants.gov Lobbying Form. An abstract, budget, budget narrative, staffing plan, and personnel requirements are not required for the DRP.**

You must submit the information outlined in the HRSA SF-424 Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist. NOTE: **The application package for the DRP is limited to the SF-424 application face page, the Project/Performance Site Location(s) Form, Maintenance of Effort, and the Grants.gov Lobbying Form.**

**Application Page Limitation**
The total size of all uploaded files counted in the page limitation may not exceed the equivalent of **10 pages** when printed by HRSA. The page limitation includes all attachments required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-020, it may count against the page limitation. HRSA will not review/open any *hyperlinked* attachments. **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 prior to the deadline to be considered under this notice.**

**Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**
1) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3354).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 2: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

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## Program-Specific Requirements and Expectations

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

### *General Recipient Expectations:*

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

- **Payor of Last Resort** – 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 DRP funds may not be used for a service if payment has been made, or reasonably can be expected to be made, by a State compensation program, under an insurance policy, under a Federal or State health benefits program, or by an entity that provides health services on a pre-paid basis.

  In accordance with HAB [PCN 21-02, *Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program*](#), HRSA HAB expects all RWHAP recipients and subrecipients to establish, implement, and monitor policies and procedures to determine client eligibility.

  **RWHAP Part F DRP 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 federal funds such as RWHAP Parts A, B, C, D, and Part F Community Based Dental Partnership Program (CBDPP) cannot be used to duplicate reimbursement for services funded under Part F DRP. Additionally, services reimbursed by RWHAP Part F DRP cannot also be billed to RWHAP Parts A, B, C, D, or Part F CBDPP.

- **Other Financial Management Issues** – Funds received from DRP must be allocated to the accredited dental schools and other accredited dental education programs (see *[Eligible Applicants](#)* section*)* that provided oral health services to low income people with HIV. HRSA expects that these reimbursement funds will provide expanded access to oral health care for people with HIV.

- **Education and Training** – RWHAP Part F DRP awarded applicants must ensure HIV-related oral health education and training for dental students, dental hygiene students, dental residents, or other dental providers. Education and training curricula should focus on the provision of comprehensive oral health care for people with HIV.

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

*i.* ***SF-424 Face Page***

Applicants must enter the total unreimbursed costs of oral health care provided to people with HIV from July 1, 2020 through June 30, 2021 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 in accordance with above language will result in an incomplete application and HRSA will deem your application ineligible.**

*ii.* ***Attachments***

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit. Clearly label each attachment**. HRSA will not review/open any *hyperlinked* attachments. You must upload attachments into the application.

*Attachment 1: Maintenance of Effort Documentation*

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

You 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 your fiscal year begins July 1, you would report actual expenditures of state funds for oral health care services for people with HIV from July 1, 2019, through June 30, 2020, in column one. In column two, you would report actual expenditures for the next fiscal year (July 1, 2020, through June 30, 2021). HRSA will enforce statutory maintenance of effort requirements through all available mechanisms.

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+--------------------------------------------------------------------+
|                     NON-FEDERAL EXPENDITURES                       |
|                                                                    |
|  +------------------------------+------------------------------+   |
|  |    Applicant's FY Prior to   |     Following FY (Actual)    |   |
|  |  Reimbursement Period (Actual)|                             |   |
|  |                              |                              |   |
|  | Actual total State funds     | Actual total State funds     |   |
|  | expended by the applicant for| expended by the applicant for|   |
|  | oral health care services for| oral health care services for|  |
|  | low income people with HIV   | low income people with HIV   |   |
|  | during the FY prior to the   | during the FY immediately    |   |
|  | reimbursement period.        | following the FY reported in |   |
|  |                              | column one.                  |   |
|  |                              |                              |   |
|  | Amount:  $_____       | Amount:  $_____     |   |
|  +------------------------------+------------------------------+   |
+--------------------------------------------------------------------+
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**NOTE: Federal funds including RWHAP Parts A, B, C, and D, are <u>not</u> a state funding source and should <u>not</u> be included. If there were no state funds expended, enter zero.**

*Attachment 2: Other Relevant Documents*
Include here any other documents that are relevant to the application.

3. **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. 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 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 you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for

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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:
- Dun and Bradstreet (https://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (https://www.grants.gov/)

For more details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

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. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages. Instead, 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.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.**

### 4. Submission Dates and Times

**Application Due Date**
The due date for applications under this NOFO is March 11, 2022, 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.

### 5. Intergovernmental Review

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

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

### 6. Funding Restrictions

The General Provisions in Division H, Title II of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the Further Continuing Appropriations Act, 2022

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(P.L. 117-70) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

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

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds is considered additive and must be added to the grant amount and used for otherwise allowable costs to further the objectives of the RWHAP Part F DRP 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 and used to provide RWHAP Part F DRP services to eligible clients. Program income means gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided on 45 CFR § 75.307(f). Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulation, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. Please see 45 CFR § 75.307 and HRSA HAB PCN 15-03 Clarifications Regarding the RWHAP and Program Income for additional information.

## V. Application Review Information

### 1. Review Criteria

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

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**application and HRSA will deem your application ineligible.**

## 2. Review and Selection Process

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

## 3. Assessment of Risk

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

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

# VI. Award Administration Information

## 1. Award Notices

HRSA will release the Notice of Award (NOA) on or before the start date of September 1, 2022. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

## 2. Administrative and National Policy Requirements

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See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:
- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

**Accessibility Provisions and Non-Discrimination Requirements**
Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See Providers of Health Care and Social Services and HHS Nondiscrimination Notice.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.

- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.

- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

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

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and

accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment
Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

## 3. Reporting

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

1) **Dental Services Report (Due March 11, 2022 at 11:59 p.m. ET).** Applicants must electronically complete and submit the Dental Reimbursement Program Dental Services Report via the Dental Services Report Website. The DSR website can be accessed at https://www.rwhapdentalservicesreport.net/. You may find information about the Dental Services Report and instructions for completing it at https://hab.hrsa.gov/program-grants-management/data-reporting-requirements-and-technical-assistance under "Dental Services Report." Please note the following:

   - HRSA will only accept actual counts of people with HIV who received oral health care services from your institution or program as the basis of your application for DRP funding.
   - Funding and Payment Coverage: You should only report direct reimbursements from third party payers (public and private) as payment for services provided in Section 2 Tabs 1 & 2. You should not report funding from the RWHAP or other grant programs as reimbursements in these items.
   - **Unreimbursed Costs: The total unreimbursed costs of oral health care provided to people with HIV from July 1, 2020 through June 30, 2021, that are entered in fields 18a and 18g of the SF-424 application face page must match the amount reported in Section 4 Tab 2 on the Dental Reimbursement Program Dental Services Report. If these amounts do not match, your application is deemed ineligible.**
   - Narratives: Please include narrative responses in Section 4 Tab 3, not to exceed one page in length for each item. Your responses will better inform us about your institution or program; your collaborations in the larger community; your training of students, residents, and providers; and other accomplishments. Your responses will also help us target technical assistance activities, document the value of funds expended, and demonstrate the importance of continued RWHAP funding for oral health care.

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

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

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

2) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

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

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

## VII. Agency Contacts

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

Nancy Gaines
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-5382
Email: NGaines@hrsa.gov

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

Mahyar Mofidi, DMD, PhD
Captain, United States Public Health Service
Director, Division of Community HIV/AIDS Programs
Chief Dental Officer, HIV/AIDS Bureau
Attn: RWHAP Part F Dental Reimbursement Program (DRP)
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09N09 (mail: 09NWH04)
Rockville, MD 20857
Telephone: (301) 443-2075
Email: MMofidi@hrsa.gov

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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 dial 606-545-5035)
Email:  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). Always obtain a case number when calling for support. For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone:  (877) 464-4772 / (877) Go4-HRSA
TTY:  (877) 897-9910
Web:  http://www.hrsa.gov/about/contact/ehbhelp.aspx

## VIII. Other Information

**Technical Assistance**

HRSA has scheduled following technical assistance:

Day and Date: Thursday, January 27, 2022
Time: 2 p.m. – 4 p.m. ET
Call-In Number: 833-568-8864 US Toll-free
Meeting ID: 160 248 9821
Passcode: 47312172
Weblink: https://hrsa-gov.zoomgov.com/j/1602489821?pwd=Y0w2bUN5WnMvQTIrQlZPbjhYRkk4Zz09


*The webinar will be recorded and made available on the TargetHIV Center website at https://targethiv.org/library/nofos.*


**Tips for Writing a Strong Application**

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