

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



Health Resources & Services Administration

HIV/AIDS Bureau  
Division of Community HIV/AIDS Programs

***Ryan White HIV/AIDS Program Part F  
Community Based Dental Partnership Program***

**Funding Opportunity Number:** HRSA-18-046  
**Funding Opportunity Type(s):** New and Competing Continuation  
**Catalog of Federal Domestic Assistance (CFDA) Number:** 93.924

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2018

**Application Due Date: January 19, 2018**

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

**Issuance Date: November 7, 2017**

Stephanie Bogan  
Chief, Southern Branch  
Division of Community HIV/AIDS Programs  
Telephone: (301) 443-6362  
Fax: (301) 443-1839  
Email: [SBogan@hrsa.gov](mailto:SBogan@hrsa.gov)

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Community HIV/AIDS Programs is accepting applications for fiscal year (FY) 2018 Ryan White HIV/AIDS Program (RWHAP) Part F Community Based Dental Partnership Program (CBDPP) funding.

The purpose of this program is to improve access to oral health care services for low-income, underserved, and uninsured people living with HIV (PLWH) in underserved geographic areas while simultaneously providing education and clinical training for dental students, dental hygiene students, dental residents, or other dental providers in community-based settings. You must accomplish program goals through collaborations between dental and dental hygiene education programs recognized by the Commission on Dental Accreditation and community-based dental providers.

This funding opportunity is open to current RWHAP Part F CBDPP recipients and new organizations proposing to provide RWHAP Part F CBDPP funded services in existing geographic service areas as described in [Appendix A](#) and one new service area as described below. Applications for existing service areas must address the entire service area as defined in [Appendix A](#). Applicants that do not propose to serve the entire published service area must demonstrate the availability of comprehensive oral health care services to all RWHAP eligible populations within the service area through partners or other RWHAP providers. Applicants requesting to expand the service area beyond what is published in [Appendix A](#) must fully demonstrate the need for RWHAP Part F CBDPP funded services in that area. Applicants may not request additional funding above the amount listed in [Appendix A](#) to expand existing service areas.

In addition, HRSA will accept applications from organizations proposing to provide oral health care services to low-income, underserved, and uninsured PLWH in a new geographic service area as described by the applicant. For the purposes of this notice of funding opportunity (NOFO), a new service area is a defined geographic area with a demonstrated need for oral health care services for low-income, underserved, and uninsured PLWH, not adequately covered by other sources of support. HRSA anticipates awarding one new service area under this notice. **Newly proposed service areas must not geographically overlap, partially or fully, with existing service areas as defined in [Appendix A](#).**

**Applicants applying for more than one service area must submit a separate application for each service area.**

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part F Community Based Dental Partnership Program
Funding Opportunity Number:	HRSA-18-046
Due Date for Applications:	January 19, 2018
Anticipated Total Annual Available FY18 Funding:	Up to \$3,500,000
Estimated Number and Type of Award(s):	Up to 12 grants
Estimated Award Amount:	Varies, see <a href="#">Appendix A</a>
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	July 1, 2018 through June 30, 2023 (5 years)
Eligible Applicants:	<p>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 are eligible to apply.</p> <p>See <a href="#">Section III-1</a> of this NOFO, formerly known as the funding opportunity announcement (FOA), for complete eligibility information.</p>

## **Application Guide**

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

## **Technical Assistance**

HRSA strongly encourages all applicants to participate in a technical assistance 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 the following technical assistance webinar:

- Day and Date: Thursday, December 7, 2017
- Time: 2 p.m. ET
- Call-In Number: 1-888-324-8127
- Participant Code: 9377692
- Weblink: [https://hrsa.connectsolutions.com/nofo\\_technical\\_assistance/](https://hrsa.connectsolutions.com/nofo_technical_assistance/)

HAB will record this TA webinar and make it available on the TARGET Website at <https://www.careacttarget.org/calendar/nofo-hrsa-18-046>.

# Table of Contents

<b>I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION.....</b>	<b>1</b>
1. PURPOSE .....	1
2. BACKGROUND .....	4
<b>II. AWARD INFORMATION .....</b>	<b>6</b>
1. TYPE OF APPLICATION AND AWARD .....	6
2. SUMMARY OF FUNDING .....	6
<b>III. ELIGIBILITY INFORMATION .....</b>	<b>6</b>
1. ELIGIBLE APPLICANTS .....	6
2. COST SHARING/MATCHING .....	6
3. OTHER .....	7
<b>IV. APPLICATION AND SUBMISSION INFORMATION.....</b>	<b>7</b>
1. ADDRESS TO REQUEST APPLICATION PACKAGE .....	7
2. CONTENT AND FORM OF APPLICATION SUBMISSION .....	7
i. <i>Project Abstract</i> .....	8
ii. <i>Project Narrative</i> .....	9
iii. <i>Budget</i> .....	17
iv. <i>Budget Narrative</i> .....	19
v. <i>Attachments</i> .....	20
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT .....	22
4. SUBMISSION DATES AND TIMES .....	23
5. INTERGOVERNMENTAL REVIEW .....	23
6. FUNDING RESTRICTIONS .....	23
<b>V. APPLICATION REVIEW INFORMATION.....</b>	<b>24</b>
1. REVIEW CRITERIA .....	24
2. REVIEW AND SELECTION PROCESS .....	28
3. ASSESSMENT OF RISK AND OTHER PRE-AWARD ACTIVITIES .....	28
4. ANTICIPATED ANNOUNCEMENT AND AWARD DATES .....	29
<b>VI. AWARD ADMINISTRATION INFORMATION .....</b>	<b>29</b>
1. AWARD NOTICES .....	29
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS .....	29
3. REPORTING .....	29
<b>VII. AGENCY CONTACTS.....</b>	<b>30</b>
<b>VIII. OTHER INFORMATION .....</b>	<b>31</b>
<b>IX. TIPS FOR WRITING A STRONG APPLICATION .....</b>	<b>31</b>
<b>APPENDIX A: EXISTING SERVICE AREAS .....</b>	<b>32</b>

# I. Program Funding Opportunity Description

## 1. Purpose

This notice solicits applications for fiscal year (FY) 2018 Ryan White HIV/AIDS Program (RWHAP) Part F Community Based Dental Partnerships Program (CBDPP) funding. The purpose of this program is to improve access to oral health care services for low-income, underserved, and uninsured people living with HIV (PLWH) in underserved geographic areas while simultaneously providing education and clinical training for dental students, dental hygiene students, dental residents, or other dental providers in community-based settings. Program goals must be accomplished through collaborations between dental and dental hygiene education programs recognized by the Commission on Dental Accreditation and community-based dental providers.

This funding opportunity is open to current RWHAP Part F CBDPP recipients and new organizations proposing to provide RWHAP Part F CBDPP funded services in existing geographic service areas as described in [Appendix A](#) and one new service area as described below. Applications for existing service areas must address the entire service area as defined in [Appendix A](#). Applicants that do not propose to serve the entire published service area must demonstrate the availability of comprehensive oral health care services to all RWHAP eligible populations within the service area through partners or other RWHAP providers. Applicants requesting to expand the service area beyond what is published in [Appendix A](#) must fully demonstrate the need for RWHAP Part F CBDPP funded services in that area. Applicants may not request additional funding above the amount listed in [Appendix A](#) to expand existing service areas.

In addition, HRSA will accept applications from organizations proposing to provide oral health care services to low-income, underserved, and uninsured PLWH in a new geographic service area as described by the applicant. For the purposes of this NOFO, a new service area is a defined geographic area with a demonstrated need for oral health care services for low-income, underserved, and uninsured PLWH, not adequately covered by other sources of support. HRSA anticipates awarding one new service area under this notice. **Newly proposed service areas must not geographically overlap partially or fully with existing RWHAP Part F CBDPP service areas as described in [Appendix A](#).**

**Applicants applying for more than one service area must submit a separate application for each service area.**

## RWHAP Part F CBDPP Requirements and Expectations

Recipients must adhere to the following statutory requirements and programmatic expectations.

- **Oral health care service delivery** – RWHAP Part F CBDPP recipients must ensure access to comprehensive oral health care services for low-income, underserved, and uninsured PLWH in community-based settings in the existing or the proposed service area.

- **Education and Training** – RWHAP Part F CBDPP recipients must ensure HIV-related oral health education and training for dental students, dental hygiene students, dental residents, or other dental providers in community-based settings. Recipients must establish and manage clinical rotations for trainees to deliver oral health care services to PLWH in community-based settings located in the service area under the supervision of community-based dentists. Education and training curricula should focus on the provision of comprehensive oral health care for PLWH.
- **Partnerships** – RWHAP Part F CBDPP recipients must partner with community-based organizations in the service area, including community-based dental providers, to ensure that dental students, dental hygiene students, and/or dental residents are providing oral health care services in community-based settings. Other examples of partnership activities may include but are not limited to the integration of oral health and medical care through reciprocal referral mechanisms and the provision of outreach and education programs to inform PLWH of the availability of oral health care services. Such partnerships should be established through formal arrangements, such as contracts or memoranda of understanding (MOUs).
- **Medicaid Provider Status** – All providers of services available under the state Medicaid plan must have entered into a participation agreement under the state plan and be qualified to receive payments under such plan, or receive a waiver from this requirement. This requirement may be waived for free clinics that do not impose a charge for health services and do not accept reimbursement from Medicaid, Medicare, private insurance, or any other third-party payor.
- **Clinical Quality Management** – RWHAP Part F CBDPP recipients are encouraged to have a clinical quality management (CQM) program. A CQM program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. For CBDPP recipients that decide to establish or continue a CQM program, the following resources can provide more information regarding quality management:
  - HAB [Policy Clarification Notice \(PCN\) 15-02 Clinical Quality Management](#) and related [Frequently Asked Questions for PCN 15-02](#)
  - HRSA/HAB Quality Tools: <http://hab.hrsa.gov/deliverhivaidscares/qualitycare.html>
  - HRSA/HAB Performance Measures: <http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>
  - The National Quality Center: <http://www.nationalqualitycenter.org>
- **Performance Measurement, Performance Management, and Program Evaluation** – RWHAP Part F CBDPP recipients must identify, collect, analyze, and report data that will assess outcomes and impact of oral health care services and education and clinical training of dental students, dental hygiene students, or dental residents in oral health care for PLWH.
- **PLWH Involvement** – PLWH who receive services at a RWHAP-funded organization should be actively involved in the development, implementation, and evaluation of program and CQM activities. To accomplish effective PLWH involvement, programs should provide necessary training, mentoring, and

supervision. Examples of PLWH involvement include but are not limited to the following:

- Serving as a representative on a newly established or existing PLWH advisory board.
  - Serving as volunteer HIV peer trainers to work directly with patients to help them address issues related to keeping dental appointments, treatment decisions, and adherence, as examples.
  - Participating on workgroups, committees, and task forces, such as a Quality Committee or a Patient Education Committee.
  - Serving as peer educators, outreach workers, or staff in the clinic, with fair and equitable pay for the job they are hired to perform.
  - Participating through patient satisfaction and needs assessment surveys, forums, and focus groups.
- **Payor of Last Resort and Eligibility Determination** – With the exception of programs administered by or providing the services of the Indian Health Service or the Department of Veterans Affairs, the RWHAP is the payor of last resort. Recipients may not use RWHAP Part F CBDPP funds for a service if payment has been made, or reasonably can be expected to be made by a third-party payor.

In accordance with the RWHAP client eligibility determination and recertification requirements (see HAB [PCN 13-02 Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements](#)), clients' eligibility must be assessed during the initial eligibility determination and recertified at least every six months. At least once a year (whether defined as a 12-month period or calendar year), the recertification procedures should include the collection of more in-depth information, similar to that collected at the initial eligibility determination. The purposes of the eligibility and recertification procedures are to ensure that the program only serves eligible clients and that the RWHAP is the payor of last resort. Recipients and subrecipients are required to vigorously pursue and rigorously document enrollment into, and subsequent reimbursement from, health care coverage for which their clients may be eligible (e.g., Medicaid, Medicare, Children's Health Insurance Program (CHIP), state-funded HIV programs, employer-sponsored health insurance coverage, health plans offered through other private health insurance) to extend finite RWHAP grant resources to uninsured and underserved low-income PLWH.

**Recipients cannot use RWHAP Part F CBDPP funds to supplement the maximum cost allowance for services reimbursed by third party payments such as Medicaid, Medicare, or other insurance programs.** Please note that recipients cannot use direct or indirect federal funds such as RWHAP Parts A, B, C, and D to duplicate reimbursement for services funded under Part F CBDPP. Additionally, recipients cannot bill RWHAP Parts A, B, C, or D for services reimbursed by RWHAP Part F CBDPP.

- **Program Income** – Recipients are required to track, appropriately use, and report all program income generated by the award consistent with RWHAP requirements. This includes third party reimbursement, client fee collections, income generated by



participation in the 340B Drug Discount Program, or any other sources of program income.

- **Information Systems** – Recipients must have an information system that has the capacity to track and report at a minimum the data requested in the [RWHAP Dental Services Report](#) (DSR).
- **Service Availability** – Oral health care services for PLWH should be available to clients no later than 90 days from the RWHAP Part F CBDPP period of performance start date (item 6. of the Notice of Award).
- **Subawarded Services** – In addition to the information included in [45 CFR § 75.352](#), subrecipient agreements must include: (1) the total number of PLWH to be served; (2) eligibility for Medicaid certification of the dental providers; (3) details of the services to be provided; and (4) assurance that providers will comply with RWHAP Part F CBDPP legislative and program requirements, including data sharing and submission of the DSR.

Per [45 CFR §75.351 - 353](#), recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, RWHAP legislative and programmatic requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures regarding the administrative and clinical quality management costs are reasonable.

- **Medication Discounts** – RWHAP award recipients that purchase, are reimbursed for, or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for their organization and its patients (see [42 CFR part 50](#), subpart E). Eligible health care organizations/covered entities that enroll in the 340B Drug Pricing Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. You can find 340B Program requirements, including eligibility, at <https://www.hrsa.gov/opa/>.
- **Other Financial Management Issues** – Recipients must have appropriate financial systems in place that provide internal controls in safeguarding assets, ensuring stewardship of federal funds, maintaining adequate cash flow to meet daily operations, and maximizing revenue from non-federal sources.

## 2. Background

This program is authorized by section 2692(b) of the PHS Act (42 U.S.C. § 300ff-111(b)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). For more information about RWHAP, please visit the Health Resources and Services Administration (HRSA) website: <http://hab.hrsa.gov/>.

## National Goals to End the HIV Epidemic

The RWHAP promotes robust advances and innovations in HIV health care using national goals to end the epidemic as its framework. Therefore, activities funded by the RWHAP focus on addressing these four goals:

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

To achieve these shared goals and priorities, recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, to ensure that PLWH are linked and retained in care, have timely access to HIV treatment and the supports needed (e.g., mental health and substance abuse services) to achieve HIV viral suppression.

## HIV Care Continuum

Diagnosing PLWH, linking PLWH to HIV primary care, and PLWH achieving viral suppression are important public health steps toward ending the HIV epidemic in the United States. The HIV care continuum has five main "steps" or stages including: HIV diagnosis, linkage to care, retention in care, antiretroviral use, and viral suppression. The HIV care continuum provides a framework that depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication. It shows the proportion of individuals living with HIV or individuals diagnosed with HIV who are engaged at each stage. The HIV care continuum allows recipients and planning groups to measure progress and to direct HIV resources most effectively.

According to recent data from the [2015 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2010 to 2015, HIV viral suppression among RWHAP patients, defined as a patient who had at least one outpatient ambulatory health services visit and at least one viral load test during the measurement year, with the most recent HIV RNA level <200 copies/mL, increased from 69.5 percent to 83.4 percent, and racial/ethnic, age-based, and regional disparities have decreased.<sup>1</sup> These improved outcomes mean more PLWH in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.<sup>2</sup> Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their antiretroviral therapy.

RWHAP recipients are encouraged to assess the outcomes of their programs along this continuum of care. Recipients should work with their community and public health

---

<sup>1</sup> Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2015. <http://hab.hrsa.gov/data/data-reports>. Published December 2016. Accessed December 9, 2016.

<sup>2</sup> National Institute of Allergy and Infectious Disease (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/> NLM Identifier: NCT00074581.

partners to improve outcomes across the HIV care continuum. HAB encourages recipients to use the [performance measures](#) developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

## **II. Award Information**

### **1. Type of Application and Award**

Types of applications sought: New and Competing Continuation

HRSA will provide funding in the form of a grant.

### **2. Summary of Funding**

HRSA expects approximately \$3,500,000 to be available annually to fund up to 12 recipients. HRSA will fund one new service area as part of the total 12 funded. **For existing service areas, you may apply for up to the published ceiling amount in [Appendix A](#) per year.** If you are proposing to serve a new service area, you may apply for up to \$300,000 per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. 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 in a timely manner.

The project period is July 1, 2018 through June 30, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the RWHAP Part F CBDPP in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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**

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 applications that exceed the ceiling amount non-responsive and will not consider them 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.

**Maintenance of Effort** - The recipient must agree to maintain State funding for award activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award, as authorized by Section 2692(b)(4) of the PHS Act. Complete the Maintenance of Effort information and submit as **Attachment 5**.

NOTE: Multiple applications from an organization with the same DUNS # are allowable if applying for more than one service area listed in [Appendix A](#).

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

## IV. Application and Submission Information

### 1. Address to Request Application Package

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

**Effective December 31, 2017** - You **must** use the [Grants.gov Workspace](#) to complete the workspace forms and submit your workspace application package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the NOFO (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [Find Grant Opportunities](#) page for all information relevant to desired opportunities.*

### 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 this NOFO instructs you to do otherwise. Applications must be submitted in the English language and must be 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 may not exceed the equivalent of **80 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. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

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

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) 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).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in **Attachments 12-15: Other Relevant Documents**.

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

### **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), please include the following:

#### **i. Project Abstract**

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

In addition to the requirements listed in the [SF-424 Application Guide](#), please include a general high-level overview of the HIV epidemiology in the entire designated service area. Indicate whether the service area is a proposed new service area or an existing service area as defined in [Appendix A](#). For proposed new service areas,

specify the entire service area by the most relevant geographic subunit (e.g., county, zip code). Provide information regarding the proposed number of patients living with HIV to whom you will provide oral health care services.

The project abstract must be single-spaced and limited to one page in length.

## **ii. Project Narrative**

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

Reminder: if you are applying for more than one service area listed in [Appendix A](#) and/or a new service area, you must submit a separate application for each service area. For existing service areas, each application must address the entire service area listed in [Appendix A](#). If you do not propose to serve the entire published service area you must demonstrate the availability of comprehensive oral health care services to all RWHAP eligible populations within the service area through partners or other RWHAP providers. If you are requesting to expand the service area beyond what is published you must fully demonstrate the need for RWHAP CBDPP funded services in that area. You may not request additional funding above the amount listed in [Appendix A](#) to expand existing service areas.

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

- **INTRODUCTION -- Corresponds to Section V's Review Criteria #1 and #2**  
Identify the entire service area you plan to serve. Indicate whether the service area is a proposed new service area or an existing service area as indicated in [Appendix A](#). For proposed new service areas, specify the entire service area by the most relevant geographic subunit (e.g., county, zip code). Remember that newly proposed service areas must not geographically overlap with existing RWHAP Part F CBDPP service areas as defined in this NOFO in [Appendix A](#). Additionally, provide the following information:
  - Your organization's experience in providing comprehensive oral health care to PLWH.
  - Your organization's experience in providing education and training in oral health care for PLWH to dental students, dental hygiene students, dental residents, and other dental providers.
  - Your organization's experience collaborating with other community-based organizations across the identified service area.
  - Your organization's experience with the administration of federal funds.
  - How your organization will utilize RWHAP Part F CBDPP funds to show improvements along the HIV care continuum.
  - How your proposed activities will support and maximize the integration of oral health care and primary care in the community-based setting.

Additionally, if you are a new applicant applying for an existing service area, you must:

- Identify the recipient (listed in [Appendix A](#)) that you propose to replace.



- Demonstrate you have the infrastructure in place to implement all components of a RWHAP Part F CBDPP.
  - Address the entire service area, as listed in [Appendix A](#).
- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1**  
 The purpose of this section is to describe the target populations and their unmet oral health care needs as well as to describe the overall oral health care landscape and gaps in service delivery in the service area. Use quantitative data, as requested, to support the information provided. This section will help reviewers understand the community and service area that you will serve with the proposed project. There are two (2) required components of the needs assessment section:
- 1) HIV Burden in the Service Area and Target Populations
  - 2) The Local Oral Health Care Landscape

### 1) HIV Burden in the Service Area and Target Populations

Provide an overview of the HIV burden in the service area by using the most recent 3 years of HIV surveillance data available for the service area (e.g., 2016, 2015, and 2014). Clearly cite all sources of data. Provide data specific to:

- Number of new people with HIV (incidence)
- Number of PLWH (prevalence)

Present data stratified by race, ethnicity, age, gender, transmission modes, income, and insurance coverage to highlight particular disparities. Clearly describe if there are specific highly impacted groups (i.e., subpopulations) within the existing or proposed new service area who have the greatest needs and will be targeted to receive RWHAP Part F CBDPP funded services. For proposed **new service areas**, this evidence must demonstrate the need for RWHAP Part F CBDPP funded services in the proposed geographic area. Identify trends that have emerged during the last three years, such as increases or decreases among specific subpopulations. You are strongly encouraged to provide the above information in a table format.

### 2) The Local Oral Health Care Landscape

Describe the local oral health care landscape by providing information on the oral health care services available to low-income PLWH in the existing or proposed new service area. This demonstrates how the proposed RWHAP Part F CBDPP funded services will not duplicate other funded services. Additionally, describe the HIV-related oral health care delivery gaps that exist in the service area. The presentation of the local oral health care landscape must include the following information:

- **Oral Health Care Services for PLWH and Providers**
  - Describe the existing oral health care services available to low-income PLWH in the service area.

- Describe the integration of oral health care and primary care services for low-income PLWH in the service area.
  - Describe both public and private entities that provide oral health care to low-income PLWH in the service area.
  - Discuss how the distribution of oral health care professionals has had an impact on the provision of oral health care services for PLWH in the service area. If relevant, use information related to Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas (MUAs).
  - Identify all federal, state, and local funding sources for oral health care available to low-income PLWH in the service area.
  - Describe existing dental coverage under Medicaid, Medicare, and other state-sponsored or third party payors, including any limitations and gaps in coverage that exist.
  - Specify the amount of funding received from the RWHAP Parts A, B, C, D, and F Dental Reimbursement Program, both by organizations or agencies in the community, and by the proposed program partners, to support the provision of oral health care for low-income PLWH. If other RWHAP funds are available for oral health care in the community, explain why those funds are not being utilized, or are insufficient, to fund oral health care and to address unmet oral health care needs of low-income PLWH.
  - Describe any recent economic or health system changes (e.g., closing of local community health care providers) that have affected the provision of oral health care services to low-income PLWH in the service area. Describe gaps in local oral health care for low-income PLWH and specific unmet oral health care needs in the service area.
  - Describe the existence of any barriers that prevent low-income PLWH from accessing oral health care services. Barriers may include, for example, distance, cultural or language barriers, shortage of providers, and stigma.
- **METHODOLOGY -- Corresponds to Section V's Review Criteria #2 and #4**  
Utilizing the section headings provided below, describe the methods that you will use to address the unmet needs and service gaps described in the needs assessment section and to meet each of the previously described program requirements and expectations in this NOFO.
- 1) Service Delivery
  - 2) Education and Training
  - 3) Partnerships
  - 4) PLWH Involvement
- 1) Service Delivery**  
Describe how you propose to deliver oral health care services to low-income PLWH in the service area in collaboration with your partner(s). Include the following information:
- The number of low-income PLWH served in the past year with oral health care services and the projected number to be served in the first year under this funding opportunity.



- The outreach strategy that you will use to inform low-income PLWH of the availability of oral health care services and how they can access these services.
- The outreach strategy that you will use to inform HIV primary care providers in the service area about the availability of oral health care services, and the coordination strategy to engage with these providers for the provision of services.
- Your plan to deliver comprehensive oral health care in the proposed service area.
- Your plan for providing referral services to link clients to HIV medical care and support services, thus ensuring access to comprehensive primary care and support services for low-income PLWH.
- Your plan for providing after-hours and weekend coverage for urgent or emergency oral health care needs for low-income PLWH.
- Your approach to increasing access to oral health care services, including increasing the availability of services not previously available or accessible.
- Your plan to assess your program's effectiveness in meeting the oral health care needs of low-income PLWH in the community.
- Your policies for ensuring client confidentiality and establishing a system for control of client records.

## **2) Education and Training**

Discuss how education and training relative to HIV will occur for dental students, dental hygiene students, or dental residents, and if applicable, other dental providers in community-based settings. Include the following information:

- The nature of your HIV-related clinical training (e.g., rotation).
- How students and residents will receive formal education and training on the provision of oral health care to PLWH. Information on education and training should include, but is not limited to, the epidemiology of HIV, the [United States Department of Health and Human Services \(HHS\) Guidelines](#), and legal issues concerning PLWH.
- How the supervision of students and residents by community-based dental providers will provide an understanding of the oral health care needs of PLWH.
- How students and residents will gain a public health perspective and social context for oral health care, along with greater cultural understanding of the oral health care needs of low-income PLWH.
- The opportunities students and residents have to evaluate the educational component of the program and the clinical training received.

## **3) Partnerships**

Describe the partners your institution will collaborate with to develop and/or implement the proposed program. Include the following information:

- The steps your organization will take to bring dental education programs and community partners together to deliver quality oral health care to low-income PLWH in community settings.

- The names and locations of partners involved in the proposed program activities and the number of staff involved regardless of their source of funding.
- The number of years of experience the community partner(s) have in providing oral health care services to PLWH and the types of services currently provided or proposed at each location.
- The expertise of the partner agency and staff in areas including outreach, capacity to provide oral health care services, access to target population(s), and experience in managing grants.
- The role of each agency in this partnership, including information on their involvement in the design and implementation of preparatory courses, community-based practice experiences, and student and program assessments. Note the number of community-based dentists participating as adjunct faculty, and their orientation and training that prepares them to supervise students and residents.
- How your organization, in collaboration with your partners, will utilize RWHAP Part F CBDPP funds to show improvements along the HIV care continuum.
- The staff responsible for the various service delivery and training components of the program, including any CQM activities, PLWH involvement, and data management activities.
- How you will distribute resources among partners to achieve proposed program goals and objectives.
- The communication strategy between you and the partner(s) (e.g., meetings, on-site visits), and how decisions will be collaboratively made.
- Plans to engage other RWHAP providers and health professional schools in order to promote oral health and primary care integration.

#### **4) PLWH Involvement**

Discuss how PLWH will be involved in various aspects of the program. In your description, include the following information:

- Plans for engaging low-income PLWH such that they become full partners in their own care, including how they will be taught about oral health care and the intersection with HIV.
  - How PLWH will be engaged in meaningful ways related to the development, implementation, and assessment of the RWHAP Part F CBDPP.
  - How you will apply PLWH input to continuous quality improvement efforts.
- **WORK PLAN -- Corresponds to Section V's Review Criteria #2 and #4**  
A work plan is a concise easy-to-read overview of your goals, strategies, objectives, activities, timeline, and those responsible for making the program happen. HRSA recommends using a table format to describe the activities or steps that you will use to achieve the proposed activities in the Methodology section. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key partners in planning, designing, and implementing all activities.

Provide measurable objectives at a minimum in the four areas below **for each year of the proposed period of performance** (5 years). Submit the work plan as **Attachment 1**.

- 1) Service Delivery
- 2) Education and Training
- 3) Partnerships
- 4) PLWH Involvement

The data outlined in the Needs Assessment section must support the projected numbers provided in the work plan. If your budget includes subrecipient(s), provide measurable objectives broken out for each subrecipient(s) within the recommended table format. Incorporate the following numbers and measures into your work plan:

### 1) Service Delivery

- Number of eligible RWHAP clients to be served in your program
- Number of unduplicated **new** RWHAP clients to be served in your program
- Number of oral health clinical visits by clients (e.g., prophylaxis, restorative, dentures)
- Percentage of HIV positive oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year. ([HAB HIV Performance Measure: Oral Health Services: Dental and Medical History](#))
- Percentage of HIV positive oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year. ([HAB HIV Performance Measure: Oral Health Services: Dental Treatment Plan](#))
- Percentage of HIV positive oral health patients who received oral health education at least once in the measurement year. ([HAB HIV Performance Measure: Oral Health Services: Oral Health Education](#))
- Percentage of HIV positive oral health patients who had a periodontal screen or examination at least once in the measurement year. ([HAB HIV Performance Measure: Oral Health Services: Periodontal Screening or Examination](#))
- Percentage of HIV positive oral health patients with a Phase 1 treatment plan that is completed within 12 months. ([HAB HIV Performance Measure: Oral Health Services: Phase 1 Treatment Plan Completion](#))
- Other – Identify other clinical indicators that are used to measure performance.

### 2) Education and Training

- Number of dental students who will receive HIV related training/education.
- Number of dental hygiene students who will receive HIV related training/education.
- Number of dental residents who will receive HIV related training/education.
- Number of dental students who will provide direct clinical care to PLWH.

- Number of dental hygiene students who will provide direct clinical care to PLWH.
- Number of dental residents who will provide direct clinical care to PLWH.
- Other – Identify any program indicators used for measuring effectiveness in training students and residents to manage the oral health care of PLWH.

### **3) Partnerships**

- Number of partner organizations (e.g., community health centers, local health departments, AIDS service organizations)

### **4) PLWH Involvement**

- Number of PLWH involved in planning, implementation, and evaluation of the program.
- Number of PLWH-related events, such as meetings, surveys, or other event types.

#### ▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2*

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges. For example, describe anticipated challenges in integrating oral health care and primary health care and strategies to overcome any potential challenges. Additionally, describe any existing infrastructure that is in place that will assist your organization in overcoming any potential challenges.

*For current RWHAP Part F CBDPP recipients only, please also address the following:*

- Major challenges experienced in the current project period, and steps taken to overcome those challenges.
- Factors that contributed to those challenges and how those factors have been addressed, or will be addressed as part of the proposed activities under this NOFO.

#### ▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 and #5*

Describe the systems and processes used to track measures and evaluate progress toward meeting the goals and objectives of the proposed activities. You must describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities. As a part of this, describe the methods you will use to measure the program's effectiveness in training students and residents to manage the oral health care of low-income PLWH.

You must describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage

data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how you will use the data to inform program development and service delivery. You must describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

▪ **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5**

Describe your organization's capacity and expertise to provide oral health care services to PLWH and meet program requirements and expectations by detailing your administrative, fiscal, and clinical operations. Please address, at a minimum, the following information:

- The mission of your organization (e.g., dental school). How does the CBDPP fit within the scope of this mission?
- The organizational skills, capabilities, and resources, including staff who will contribute to your institution's ability to carry out the proposed activities. Include your experience in providing oral health care to targeted population(s) in the community. This information should align with the staffing plan provided in **Attachment 2** and the biographical sketches of key personnel provided in **Attachment 3**.
- Your organization's experience with the fiscal management of federal grants and contracts, including information on what kind of accounting systems are in place, and what internal systems you use to monitor grant expenditures.
- How you will manage and monitor subrecipient performance and compliance with RWHAP Part F CBDPP requirements.
- How your organization will ensure any subawarded funds or funds expended on contracts are properly tracked and documented.
- The processes that you use to perform and monitor income assessment of all PLWH for their eligibility for RWHAP supported services or other payor sources for health care services.
- How you will collect, track, and use program income to support the objectives of the RWHAP Part F CBDPP.

**NARRATIVE GUIDANCE**

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.

<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need and (2) Response
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact

Work Plan	(2) Response and (4) Impact
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 (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

### iii. **Budget**

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if your application is selected for funding, you will have a well-organized plan and by carefully following the approved plan can 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) that the recipient incurred to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

After using columns (1) through (4) of the SF-424A Section B for years one to four of the five-year period of performance, you will need to submit a copy of Section B of the SF-424A budget for the fifth year as **Attachment 6**.

In addition to the requirements specified in the [SF-424 Application Guide](#), you must also provide a separate program-specific line item budget and budget narrative for each year of the five-year period of performance according to the following RWHAP Part F CBDPP cost categories: **Dental Costs, Program Costs, CQM, and Administrative Costs**.

- **Dental Costs** – Those costs that are associated with the direct provision of oral health care services. These might include costs such as salaried dental personnel, contracted dental personnel, dental equipment, dental supplies, client dental costs (refer to [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#)), and other items that are clearly associated with direct oral health care provision.
- **Program Costs** – Those costs necessary to support education of students and residents, client educational supplies, dental case management, client transportation to dental appointments, translation services, and outreach efforts.
- **CQM Costs** – RWHAP Part F CBDPP recipients are encouraged to have a

clinical quality management (CQM) program. To the extent a recipient has a CQM program, CQM costs include costs to assess the extent to which oral health care services are consistent with established practice guidelines for the treatment of PLWH and with related opportunistic infections. This also includes costs related to ensuring improvements are made in the access to and quality of oral health care services. Examples of CQM costs may include:

- Infrastructure to make the CQM program a successful and sustainable endeavor. This may include: staffing, clinical quality management committee, quality management plan, stakeholder involvement, consumer involvement, and evaluation of the CQM program;
- Collecting, analyzing, and reporting performance measure data regarding patient care, health outcomes (on an individual or population level), and patient satisfaction;
- Developing and implementing quality improvement projects aimed at improving patient care, health outcomes, and patient satisfaction;
- CQM staff training/technical assistance (including travel and registration) to improve clinical care services;
- Attendance for up to three staff members at the National Ryan White Conference on HIV Care and Treatment if relevant for CQM purposes;
- Training of subrecipients on CQM; and
- PLWH involvement in the design, implementation, and evaluation of the CQM program to improve services.

**CQM costs must be reasonable and allocable to CBDPP.**

- **Administrative Costs** – Those costs associated with the administration of the RWHAP Part F CBDPP grant. You should allocate to administrative costs staff activities that are administrative in nature. HRSA expects that **grant funding spent on administrative costs be kept to a reasonable level.**

Please note that there are associated indirect costs that are considered administrative costs. Please refer to the [SF-424 Application Guide](#) regarding indirect cost allowance guidelines. The budget allocations on the line item must relate to the activities proposed in the project narrative, including the work plan.

**Line item budget:** Submit a separate budget for each year of the proposed period of performance. The line item budget requested for each year must not exceed the total award for the service area as listed in [Appendix A](#). For a proposed new service area, the ceiling amount is \$300,000. In addition, the total annual amounts requested on the SF-424A Section A and the total amount listed on the line item budgets for each year of the 5-year period of performance must match. Please list personnel separately by position title and the name of the individual for each position title, or note if position is vacant. HRSA encourages you to supply this information in a table format. Upload the line item budget as **Attachment 4**.

**Salary Rate Limitation** - The Consolidated Appropriations Act, 2017 (P.L. 115-31), 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.” Please 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 FY 2018, as required by law.

NOTE: HRSA recommends that you convert or scan the budgets into PDF format for submission. Do not submit spreadsheets. The program-specific line item budget should be submitted in table format, listing the program cost categories (i.e., Dental costs, Program costs, CQM costs, and Administrative costs) across the top and object class categories (e.g., Personnel, Fringe Benefits, Travel) in a column down the left hand side.

**iv. Budget Narrative**

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

In addition to the requirements specified in the [SF-424 Application Guide](#), the RWHAP Part F CBDPP requires a budget narrative that clearly explains the amounts requested for each line in the line item budget. For subsequent budget years, the budget narrative should highlight only the changes from year one or clearly indicate that there are no substantive budget changes during the period of performance. The budget narrative must be clear and concise and the requested budget must correlate with the work plan.

For each object class category (e.g., Personnel, Fringe Benefits, Travel), you must divide the budget narrative according to the following program cost categories: Dental Costs, Program Costs, CQM, and Administrative Costs. Descriptions must be specific to the cost category. Other RWHAP Part F CBDPP specific budget information include:

- *Travel:* List travel costs according to local and long distance travel. For local travel, you should list the mileage rate, number of miles, reason for travel, and staff member/PLWH completing the travel. You should list staff travel for continuing education workshops/conferences. You may list attendance for up to three staff members at the National Ryan White Conference on HIV Care and Treatment under either the CQM category or Administrative category, as appropriate.
- *Contractual:* Provide a clear explanation of the purpose of each contract, how you estimated the costs, and the specific contract deliverables. List the amounts allocated for personnel or services contracted to outside providers for all oral health care services (subrecipients). Show the amount allocated to any activities that are not conducted "in-house" on the Contractual line. Subrecipient(s) providing services under this award must adhere to the same requirements as the recipient. All RWHAP Part F legislative requirements and program expectations that apply to the recipients also apply to subrecipient(s) of their award. Your organization is accountable for your subrecipients' performance of the project, program, activity, and appropriate expenditure of funds under the award. **As such, recipients are required to monitor all subrecipient(s).** The RWHAP requires assurance that subrecipient(s) are tracking the source, documenting the allowable use, and reporting program income earned at the subrecipient level. Your subrecipient(s) must also report and validate program expenditures to



determine that they meet program requirements and expectations regarding the reasonable distribution of funds.

As a reminder, for subsequent budget years, the budget narrative should highlight only the changes from year one or clearly indicate that there are no substantive budget changes during the period of performance. Do not repeat the same information across years in the budget narrative.

**v. Attachments**

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements (if applicable) do not count toward the page limit. **You must clearly label each attachment.**

*Attachment 1: Work Plan (Required)*

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

*Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#)) (Required)*

Keep the job description for each staff occupying key positions to one page in length as much as is possible. The staffing plan should include all positions funded by the grant, as well as staff vital to program operations and the provision of the RWHAP Part F CBDPP-supported oral health care services whether or not paid by the grant. Include the role, responsibilities, qualifications, sources of funding, and corresponding time and effort of proposed project staff. Include rationale for the amount of time (i.e., percent full-time equivalent) being requested for each staff position. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

*Attachment 3: Biographical Sketches of Key Personnel (Required)*

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual whom you have not yet hired, please include a letter of commitment from that person with the biographical sketch.

*Attachment 4: Line Item Budget (Required)*

Submit a program-specific line item budget, with a separate budget for each year of the proposed period of performance as detailed in Section IV.iii Budget. HRSA encourages you to supply this information in a table format.

*Attachment 5: Maintenance of Effort Documentation (MOE) (Required)*

RWHAP Part F CBDPP funds are not intended to be the sole source of support for oral health care services for PLWH. The RWHAP legislation requires CBDPP recipients to maintain expenditures of State funds (if any) for RWHAP Part F CBDPP-related activities at a level equal to or greater than the most recently completed fiscal year prior to the competitive application deadline. The MOE

requirement is important in ensuring that RWHAP funds are used to supplement, not supplant, State funds allotted for oral health care services for PLWH.

You must provide a baseline aggregate expenditure of State funds for the most recently completed fiscal year prior to the competitive application deadline and estimates for the following 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 PLWH from July 1, 2016 through June 30, 2017 in column one. In column two, you would report actual expenditures for the next fiscal year (July 1, 2017 through June 30, 2018).

Additionally, provide a brief description of the methodology your organization used to calculate MOE for oral health care services for low-income PLWH. Provide a description of consistent data set(s) of State expenditures for oral health care services for low-income PLWH and a brief narrative of any changes from the previous FY and the projected FY spending.

NON-FEDERAL EXPENDITURES	
<p>Applicant's FY Prior to Application (Actual):</p> <p>Actual prior FY State funds expended by the applicant for oral health care services for low-income PLWH proposed in this application.</p> <p>Amount: \$_____</p>	<p>Application's Current FY of Application (Estimated):</p> <p>Estimated current FY State funds designated by the applicant for oral health care services for low-income PLWH proposed in this application.</p> <p>Amount: \$_____</p>

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

*Attachment 6: 5<sup>th</sup> Year Budget (NOT counted in page limit) (Required)*

As described in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and Section IV.iii of this NOFO, after using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit a copy of Section B of the SF-424A as an attachment for the fifth year of the period of performance.

*Attachment 7: Map of Service Area (Required)*

Provide a map of the entire service area, noting the locations of providers of oral health care services for PLWH. HAB recommends that you use an official state or local map showing jurisdictional boundaries to display the proposed service area.

*Attachment 8: Letters from RWHAP Parts A, B, C, and/or D Recipients of Record (Required)*

Provide at least two letters from RWHAP Parts A – D recipients of record that address why RWHAP Part F CBDPP funds are necessary to support the needs described in your application and how your proposed services are not duplicative of other available services. If you cannot obtain these letters, provide an explanation as to why.

*Attachment 9: Medicaid Provider Status/Applicable Facility Licensure (Required)*

Provide documentation of Medicaid provider status and applicable facility licensure to provide dental services. **Documentation for this application should be in the form of a table that identifies all providers' Medicaid numbers and facility licensure status, if applicable.** Include the Medicaid provider number(s) for employed and contracted dental provider(s). If facility licensure is not required in your jurisdiction, describe how that can be confirmed in State regulation or other information.

*Attachments 10– 15: Other Relevant Documents (If applicable)*

Include here any other documents that are relevant to the application. Please note that all optional attachments count toward the 80-page limit.

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

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

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

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

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

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

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

**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 *January 19, 2018 at 11:59 p.m. Eastern Time*.

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 CBDPP 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

You may request funding for a period of performance of up to 5 years, at an annual ceiling amount of no more than the amount listed in [Appendix A](#) for an existing service area or up to \$300,000 for a proposed new service area to which you are applying. HRSA will consider **applications that exceed the ceiling amount listed in [Appendix A](#) non-responsive and will not consider them for funding under this announcement**. If you are applying for more than one service area listed in [Appendix A](#), you must submit a **separate application for each service area**. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

In addition to the general funding restrictions included in Section 4.1.iv of the [SF-424 Application Guide](#), you may not use funds under this announcement for the following purposes:

- Charges that are billable to third party payors (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, other RWHAP funding including ADAP)
- Professional licensure costs
- Cash payments to intended recipients of RWHAP services
- Purchase or improvement of land
- Purchase, construction, or major alterations or renovations on any building or other facility (see [45 CFR part 75](#) – subpart A Definitions)

- Pre-Exposure Prophylaxis (PrEP) or non-occupational post-exposure prophylaxis medications or related medical services. As outlined in the [June 22, 2016 RWHAP and PrEP program letter](#), the RWHAP legislation provides grant funds to be used for the care and treatment of PLWH, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as physician visits and laboratory costs.
- Purchase of sterile needles or syringes for the purposes of hypodermic injection of any illegal drug. Some aspects of syringe services programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy (see: <https://www.aids.gov/federal-resources/policies/syringe-services-programs/>).
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual
- Research
- Foreign travel

You can find other non-allowable costs in [45 CFR part 75](#) – subpart E Cost Principles.

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2018, 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.

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

## V. Application Review Information

### 1. Review Criteria

HRSA has instituted procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed 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. See below for an outline of the review criteria with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The RWHAP Part F CBDPP has six (6) review criteria:

*Criterion 1: NEED (15 points) – Corresponds to Section IV's Introduction and Needs Assessment*

- The completeness of the data provided that demonstrate the burden of HIV infection in the service area.
- The extent to which the data and supporting narrative clearly identify the specific target population(s) with the greatest needs for receiving RWHAP Part F CBDPP funded services.
- The completeness of the applicant's documentation of the oral health care services currently available to low-income PLWH in the service area and the existence of other RWHAP or other public/private providers of oral health care services throughout the service area.
- The extent to which the applicant describes how the distribution of oral health care professionals in the service area has had an impact on the provision of oral health care services to low-income PLWH in the service area.
- The strength of the description of the current oral health care coverage landscape and its impact on the delivery of oral health care services for low-income PLWH.
- The strength of the description of unmet oral health care need, gaps in services, and barriers to care across the target population(s).

*Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Introduction, Methodology, Work Plan, and Resolution of Challenges*

*Service Delivery*

- The extent to which the applicant provided examples of their experience and methods in delivering comprehensive oral health care to PLWH.
- The extent to which the applicant describes how the RWHAP Part F CBDPP will maximize the integration of oral health care and primary care for low-income PLWH.
- The clarity and feasibility of the outreach strategy that will be used to inform HIV primary care providers in the service area about the availability of oral health care services, and the coordination strategy to engage with these providers for the provision of services.
- The strength of the proposed plan for providing referral services to link clients to HIV medical care and support services, thus ensuring access to comprehensive primary care and support services for low-income PLWH.
- The extent to which the applicant describes their plans for providing after-hours and weekend coverage for urgent or emergency oral health care needs for PLWH.

- The extent to which the applicant describes the approach for increasing access to oral health care services, including increasing the availability of services not previously available or accessible.
- The strength of the applicant's policies for ensuring client confidentiality and establishing a system for control of client records.

#### *Education and Training*

- The strength of the applicant's experience in providing education and training in oral health care for PLWH to dental students, dental hygiene students, dental residents, and other dental providers.
- The strength and completeness of the applicant's proposed hands-on clinical training program of students and residents in the community-based clinics.
- The clarity and completeness of the applicant's description of the type and extent of education, training, and supervision students and residents will receive in regards to the provision of oral health care to PLWH.
- The clarity and completeness of the proposed opportunities students and residents will have to evaluate the educational component of the program and the clinical training received.

#### *Partnerships*

- The strength of the organization's experience collaborating with other community-based organizations across the identified service area.
- The strength of the proposed community-based partners who will work to implement this proposed project based on their experience, capabilities, and expertise.
- The completeness of the services currently provided or proposed by program partners at each location.
- The strength of the role of each partner agency in the proposed project.
- The strength of the partner communication strategy and collaboration strategy with respect to how decision-making will occur and how resources will be distributed.

#### *PLWH Involvement*

- The strength and clarity of the applicant's description of how PLWH will be engaged in meaningful ways in the program.
- The strength of the applicant's description of how PLWH input will be applied to continuous quality improvement efforts related to all aspects of the program.

#### *Resolution of Challenges*

- The reasonableness of the approaches described to resolve anticipated challenges in the design and implementation of the activities in the work plan.

#### *Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity*

- The completeness of the description of the systems and processes used to track measures and evaluate progress towards meeting the goals and objectives of the proposed activities.

- The strength of the plan for program performance evaluation that will contribute to continuous quality improvement.
- The strength of the methods described to measure the program's effectiveness in training students and residents to manage the oral health care of PLWH.
- The strength of the applicant's description of the ability to comply with all requirements as it relates to the management, tracking, and reporting of data.

*Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Methodology and Work Plan*

- The extent to which the applicant demonstrates that the proposed activities address unmet needs and service gaps described for the proposed service area and increase access to oral health services.
- The extent to which the proposed activities will bring the dental education program and local community partners together to deliver quality oral health care services to low-income PLWH in the service area.
- The strength of the proposed work plan as evidenced by increasing numbers of clients to receive oral health services during the 5-year project period.

*Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity, Organizational Information, and Staffing Plan and Biographical Sketches Attachments*

- Evidence that the goal of the RWHAP Part F CBDPP aligns with the scope of the applicant's overall mission.
- The strength of the applicant's organizational and clinical experience in providing comprehensive community-based oral health care services to low-income PLWH and their capacity to respond to the needs of subpopulations experiencing poor health outcomes.
- The strength of the applicant's experience with the administration of federal funds.
- The strength of the applicant's fiscal and information systems capacity to manage this grant, and meet program requirements including monitoring grant expenditures, and collecting, tracking and using program income to further the objectives of the RWHAP Part F CBDPP.
- The clarity and completeness of the applicant's proposed plan to manage and monitor subrecipient performance and compliance with RWHAP Part F CBDPP requirements, if applicable.
- The clarity and completeness of the applicant's processes to conduct financial assessment of PLWH for RWHAP eligibility.
- The strength of the processes/systems for ensuring staff are 1) trained about the most current evidence-based practice guidelines, and 2) correctly implementing these guidelines.

*Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Budget, Budget Narrative, and associated attachments*

- The reasonableness of the budget and budget narrative given the scope of work and proposed work plan.
- The extent to which the application provides a clearly presented budget justification that fully supports and aligns with each budget line item.



- The reasonableness of the distribution of the budget across the cost categories (Dental Costs, Program Costs, CQM Costs, and Administrative Costs).
- The extent to which the budget is specific and itemized for each partner (e.g., subrecipients, community partners) and supports their roles and responsibilities.

## 2. Review and Selection Process

The independent 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. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

For all service areas with two or more applicants, HRSA will grant up to five additional points related to past performance. HRSA will place applicants receiving the additional points in a more competitive position among applicants that can be funded. HRSA will consider the following:

- Compliance with terms and conditions of RWHAP Parts F CBDPP award(s) issued within the last 5 years, specifically the number of patients the recipient proposed to serve in their application in relation to the actual number of patients served as reported in annual progress reports (2 points)
- Timeliness of reporting (1 point)
- Site visit report findings and progress on programmatic corrective action plans, if applicable (1 point)
- Financial assessment conducted by HRSA's Division of Financial Integrity. Financial assessments are a summary of key findings from single audits and/or RWHAP program-specific audits as an indicator of financial risk and its possible impact on program performance. (1 point)

## 3. Assessment of Risk and Other Pre-Award Activities

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

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 they 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 posed 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](#)).

#### **4. Anticipated Announcement and Award Dates**

HRSA anticipates issuing/announcing awards prior to the start date of July 1, 2018.

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will issue the Notice of Award prior to the start date of July 1, 2018. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### **2. Administrative and National Policy Requirements**

See Section 2.2 of HRSA's [SF-424 Application Guide](#).

### **3. Reporting**

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

- 1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis. HRSA will provide further information in the award notice.
- 2) **Dental Services Report (DSR)** – The DSR captures information regarding oral health services provided to PLWH. You can find information about the DSR, how you can download it, and instructions for completing the report at <http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html> under "Dental Services Report".
- 3) **Audits** - You must submit audits every two (2) years to the lead state agency for

RWHAP Part B, consistent with [45 CFR 75 Subpart F](#) regarding funds expended in accordance with this title, and include necessary client-level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.

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

## VII. Agency Contacts

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

Ann Maples  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-2963  
Fax: (301) 443-6343  
Email: [AMaples@hrsa.gov](mailto:AMaples@hrsa.gov)

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

Stephanie Bogan  
Chief, Southern Branch  
Attn: Division of Community HIV/AIDS Programs  
HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 09N54  
Rockville, MD 20857  
Telephone: (301) 443-6362  
Fax: (301) 443-1839  
Email: [SBogan@hrsa.gov](mailto:SBogan@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 HRSA's 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**

### **Technical Assistance**

HRSA strongly encourages all applicants to participate in a technical assistance 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 the following technical assistance webinar:

Day and Date: Thursday, December 7, 2017

Time: 2 p.m. ET

Call-In Number: 1-888-324-8127

Participant Code: 9377692

Weblink: [https://hrsa.connectsolutions.com/nofo\\_technical\\_assistance/](https://hrsa.connectsolutions.com/nofo_technical_assistance/)

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

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

## Appendix A: Existing Service Areas

These service areas have periods of performance ending **June 30, 2018**, and are up for competition with a start date of **July 1, 2018**. New applicants submitting proposals to provide services in an existing service area must identify the service area to be served and the current recipient you intend to replace.

The total funding available for each service area for the delivery of oral health care services for low-income, uninsured and underserved PLWH is identified in the “Funding Ceiling” column. **Funding requests must not exceed the published funding ceiling amount.**

Newly proposed service areas must not geographically overlap with any portion of the existing service areas as defined in Appendix A.

**Reminder:** Applications for existing service areas must address the entire service area as defined in Appendix A. Applicants that do not propose to serve the entire published service area must demonstrate the availability of comprehensive oral health care services to all RWHAP eligible populations within the service area through partners or other RWHAP providers. Applicants requesting to expand the service area beyond what is published in Appendix A must fully demonstrate the need for RWHAP Part F CBDPP funded services in that area. Applicants may not request additional funding above the amount listed in Appendix A to expand existing service areas. If you are applying for more than one service area listed in Appendix A, you must submit a separate application for each service area.

<b>Current Recipient Name</b>	<b>City</b>	<b>State</b>	<b>Funding Ceiling</b>	<b>Service area</b>
Loma Linda University	Loma Linda	CA	\$298,848	Riverside/San Bernardino Transitional Grant Area ( <b>Counties:</b> Riverside, San Bernardino)
University of Colorado Denver	Aurora	CO	\$289,705	<b>Counties:</b> State of Colorado
NOVA Southeastern University, Inc.	Fort Lauderdale	FL	\$219,230	<b>County:</b> Broward
University of Illinois at Chicago	Chicago	IL	\$267,151	<b>County:</b> Cook
University of Louisville Research Foundation, Inc.	Louisville	KY	\$335,801	<b>Counties in IN:</b> Clark, Crawford, Floyd, Harrison, Jackson, Jefferson, Jennings, Orange, Scott, Spencer, Switzerland, Vanderburgh, Warrick, Washington; <b>Counties in KY:</b> Allen, Barren, Boone, Breckinridge, Bullitt, Butler, Caldwell, Calloway,

				Campbell, Carroll, Christian, Daviess, Edmonson, Gallatin, Grant, Grayson, Hancock, Hardin, Hart, Henderson, Henry, Jefferson, Kenton, LaRue, Logan, Marion, McCracken, McLean, Meade, Metcalfe, Monroe, Nelson, Owen, Pendleton, Shelby, Simpson, Spencer, Trimble, Ohio, Oldham, Union, Warren, Washington, Webster
Trustees of Boston University	Boston	MA	\$280,170	<b>County:</b> Hampden
University of Mississippi Medical Center	Jackson	MS	\$264,181	State of Mississippi
Rutgers, The State University of New Jersey	New Brunswick	NJ	\$364,172	<b>Counties:</b> Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem
Sunset Park Health Council, Inc.	Brooklyn	NY	\$228,436	<b>County in AZ:</b> Pima
The Trustees of Columbia University	New York	NY	\$361,392	<b>Neighborhoods:</b> Harlem, South Bronx
Oregon Health & Science University	Portland	OR	\$280,905	Portland Transitional Grant Area ( <b>Counties in OR:</b> Multnomah, Washington, Clackamas, Yamhill, Columbia; <b>County in WA:</b> Clark)