

**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 Dental Reimbursement Program***

**Funding Opportunity Number: HRSA-21-056**

**Funding Opportunity Type(s): New**

**Assistance Listings (CFDA) Number: 93.924**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2021

**Application Due Date: March 12, 2021**

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

**Issuance Date: December 18, 2020**

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau, Division of Community HIV/AIDS Programs is accepting applications for the fiscal year (FY) 2021 Ryan White HIV/AIDS Program (RWHAP) Part F Dental Reimbursement Program (DRP). The purpose of this program is to improve access to oral health care services for low income, uninsured, and underserved people with HIV, and to train dental students, dental hygiene students, and dental residents to deliver dental care to people with HIV. The DRP accomplishes this by defraying a portion of unreimbursed dental care costs incurred by treating low income, uninsured, and underserved people with HIV at accredited dental or dental hygiene education programs recognized by the Commission on Dental Accreditation.

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part F Dental Reimbursement Program
Funding Opportunity Number:	HRSA-21-056
Due Date for Applications:	March 12, 2021
Anticipated Total Annual Available FY 2021 Funding:	Approximately \$9,000,000
Estimated Number and Type of Award(s):	Up to 56 grants
Estimated Award Amount:	Varies
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2021 through March 31, 2022 (Up to six months to draw down funds)
Eligible Applicants:	Applicants are limited to accredited dental schools and other accredited dental education programs, such as dental hygiene programs or those sponsored by a school of dentistry, a hospital, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency.  See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.

## **Application Guide**

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

## **Technical Assistance**

HRSA has scheduled the following technical assistance webinar:

Day and Date: Thursday, January 21, 2021

Time: 2 – 4 p.m. ET

Call-In Number: 1-888-995-9852

Participant Code: 2500315

Weblink:

[https://hrsa.connectsolutions.com/rwhap\\_part\\_f\\_dental\\_reimbursement\\_program\\_ta/](https://hrsa.connectsolutions.com/rwhap_part_f_dental_reimbursement_program_ta/)

*The webinar will be recorded and should be available for viewing at least two weeks following the TA webinar at <https://targethiv.org/library/nofos>.*

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# **I. Program Funding Opportunity Description**

## **1. Purpose**

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

This program will reimburse certain costs incurred by eligible entities that have provided uncompensated or partially uncompensated oral health care to people with HIV from July 1, 2019, through June 30, 2020.

## **2. Background**

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

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

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

## **The Strategic Framework**

The RWHAP supports the implementation of the National HIV/AIDS Strategy for the United States: Updated 2020 (NHAS 2020). This strategy is a 5-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. The plan also provides a blueprint for collective action across the federal government and other sectors to help achieve the strategy's vision.

To ensure that RWHAP aligns with the National HIV/AIDS Strategy, to the extent possible, activities funded by the program focus on addressing the plan's four goals:

- 1) Reduce new HIV infections;

- 2) Increase access to care and improve health outcomes for people with HIV;
- 3) Reduce HIV-related health disparities and health inequities; and
- 4) Achieve a more coordinated national response.

To achieve these shared goals, recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, to ensure that people with HIV are linked to and retained in care and have timely access to HIV treatment and the support services needed (e.g., mental health and substance use disorders services) to achieve HIV viral suppression. The RWHAP also provides technical assistance and training initiatives and promotes the effective use of data to enhance recipients' capacity to implement programs that support the strategy's objectives.

### **Expanding the Effort: Ending the HIV Epidemic: A Plan for America**

In February 2019 the Administration launched the [Ending the HIV Epidemic: A Plan for America](#) (EHE) initiative to further expand federal efforts to reduce HIV infections. This 10-year initiative which began in FY 2020 seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. The first phase of the initiative is focused on 48 counties, Washington, D.C., San Juan, PR, and 7 states that have a substantial rural HIV burden. By focusing on these jurisdictions in the first phase of the initiative, the U.S. Department of Health and Human Services (HHS) plans to reduce new HIV infections by 75 percent within five years. The initiative promotes and implements four strategies to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. The initiative is a collaborative effort among key HHS agencies, primarily HRSA, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

### **HIV Care Continuum**

Diagnosing and linking people with HIV to primary care, and ensuring people with HIV achieve viral suppression are important public health steps toward ending the HIV epidemic in the United States. The HIV care continuum has five main stages that include: 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 also demonstrates the proportion of individuals 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. 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 partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the [performance measures](#) developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

According to recent data from the [2019 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2014 to 2018, HIV viral suppression among RWHAP patients who have

had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 81.4 percent to 87.1 percent. Additionally, racial/ethnic, age-based, and regional disparities reflected in viral suppression rates have decreased.<sup>1</sup> These improved outcomes mean more people with HIV in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.<sup>2</sup> Scientific advances have shown antiretroviral therapy (ART) preserves the health of people with HIV and prevents sexual HIV transmission. This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking people with HIV into care, retaining them in care, and helping them adhere to their ART.

## **Program Resources and Innovative Models**

Through the Minority HIV/AIDS Fund from the HHS Secretary's Office (MHAF) and HAB technical assistance (TA) cooperative agreements, HRSA has a number of projects that may be useful for RWHAP recipients to assist with program implementation. Some select examples are:

- **Building Futures: Supporting Youth Living with HIV** at <https://targethiv.org/library/hrsa-hab-building-futures-supporting-youth-living-hiv>
- **The Center for Engaging Black MSM Across the Care Continuum (CEBACC)** at <https://targethiv.org/cebacc>
- **E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV** at <https://targethiv.org/e2i>
- **Using Community Health Workers to Improve Linkage and Retention in Care** at <https://targethiv.org/chw>

Through HAB's Special Projects of National Significance (SPNS) Program, HRSA funds demonstration projects focused on the development of effective interventions to respond quickly to emerging needs of people with HIV that receive assistance under the RWHAP. Through these demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health related outcomes of innovative treatment models. Evaluating these models enables HRSA to identify successful interventions that can be replicated and disseminated nationally. SPNS findings have demonstrated promising new approaches for linking and retaining into care underserved and marginalized people with HIV. As resources permit RWHAP recipients are encouraged to review and integrate SPNS evidence-informed tools within their HIV system of care in accordance with the allowable service categories defined in [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#). SPNS related tools may be found at the following locations:

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

<sup>2</sup> National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: <https://clinicaltrials.gov/> NCT00074581 NLM Identifier: NCT00074581.

- **Integrating HIV Innovative Practices (IHIP)** (<https://targethiv.org/ihip>)  
Resources on the IHIP website include easy-to-use training manuals, curricula, case studies, pocket guides, monographs, and handbooks, as well as informational handouts and infographics about SPNS generally. IHIP also hosts TA training webinars designed to provide a more interactive experience with experts, and a TA help desk exists for you to submit additional questions and share your own lessons learned.
- **Replication Resources from the SPNS Systems Linkages and Access to Care** (<https://targethiv.org/library/replication-resources-spns-systems-linkages-and-access-care>)  
There are Intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among hard-to-reach people with HIV.
- **Dissemination of Evidence Informed Interventions** (<https://targethiv.org/library/dissemination-evidence-informed-interventions>)  
The Dissemination of Evidence-Informed Interventions initiative runs from 2015-2020 and disseminates four adapted linkage and retention interventions from prior SPNS and MHAF initiatives to improve health outcomes along the HIV care continuum. The end goal of the initiative is to produce four evidence-informed care and treatment interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing healthcare environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

### 2. Summary of Funding

HRSA estimates approximately \$9,000,000 to be available annually to fund up to 56 recipients. Successful applicants will receive a partial reimbursement for the costs of uncompensated oral health care services delivered from July 1, 2019, through June 30, 2020. HRSA will distribute funds among eligible applicants, taking into account the number of patients with HIV served and the unreimbursed oral health care costs incurred by each institution as compared with the total number of patients served and costs incurred by all eligible applicants.



The period of performance is **September 1, 2021, through March 31, 2022 (Up to six months to draw down funds).**

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

### **III. Eligibility Information**

#### **1. Eligible Applicants**

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

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

#### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

#### **3. Other**

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

**HRSA will consider any application that fails to include the total unreimbursed costs of oral health care provided to people with HIV from July 1, 2019, through June 30, 2020, on the SF-424 application face page as described in [Section IV.2.i](#) incomplete, and will deem the application ineligible.**

#### **Maintenance of Effort**

The recipient must agree to maintain state funding for award activities at a level that is not less than expenditures for such activities during the fiscal year prior to the reimbursement period as required by Section 2692(b)(4) of the PHS Act. Complete the Maintenance of Effort information and submit as **Attachment 1**.

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

## IV. Application and Submission Information

### 1. Address to Request Application Package

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

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

### 2. Content and Form of Application Submission

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

**Note: An abstract, budget, budget narrative, staffing plan, and personnel requirements are not required for the DRP.**

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

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

#### **Application Page Limit**

The total size of all uploaded files included in the page limit may not exceed the equivalent of **10 pages** when printed by HRSA. The page limit includes all attachments required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-056, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

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

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended,

- proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 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 you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 2: Other Relevant Documents*.

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

## Program-Specific Instructions

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

## General Recipient Expectations

- **Patient Payment for Services** – Recipients must have consistent and equitable policies and procedures related to verification of patients' financial status.
- **Payor of Last Resort and Eligibility Determination** – The RWHAP is the payor of last resort (see HAB [PCN 16-01 Clarification of the Ryan White HIV/AIDS Program \(RWHAP\) Policy on Services Provided to Veterans](#)). You may not use RWHAP Part F DRP funds for a service if payment has been made, or reasonably can be expected to be made, by any State compensation program, under an insurance policy, or under any Federal or State health benefits program, with the exception of programs administered by or providing the services of the Indian Health Service.

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](#)), HRSA expects clients' eligibility be assessed during the initial eligibility determination and recertified at least every six months. At least once a year (whether defined as a 12-month period or calendar year), the recertification procedures should include the collection of more in-depth information, similar to that collected at the initial eligibility determination. The purposes of the eligibility and recertification procedures are to ensure that the program only serves eligible clients and that the RWHAP is the payor of last resort. Recipients 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, 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 people with HIV.

**RWHAP Part F DRP funds cannot be used to supplement the maximum cost allowance for services reimbursed by third party payments such as Medicaid,**

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

- **Other Financial Management Issues** – Funds received from DRP must be allocated to the accredited dental schools and other accredited dental education programs (see [Eligible Applicants](#) section) that provided oral health services to low income, uninsured, and underserved people with HIV. HRSA expects that these reimbursement funds will provide expanded access to oral health care for people with HIV.
- **Education and Training** – RWHAP Part F DRP awarded applicants must ensure HIV-related oral health education and training for dental students, dental hygiene students, dental residents, or other dental providers. Education and training curricula should focus on the provision of comprehensive oral health care for people with HIV. Additionally, given that the dental clinic may provide a viable point of intervention to screen, identify, and educate people with HIV regarding the risks associated with prescription opioid misuse as well as general substance abuse, HRSA encourages DRP applicants to train and educate dental providers in evidence informed interventions and clinical protocols for addressing opioid use disorder and substance use disorder. The [President's Commission on Combating Drug Addiction and the Opioid Crisis](#) outlined a comprehensive set of recommendations that will help dental educators combat the opioid epidemic and substance abuse. HRSA encourages Dental education programs to collaborate with community organizations, other health professions schools, and local and state governments to develop and implement interventions to limit opioid prescriptions and teach best practices in prescribing to the next generation of dental professionals. The American Dental Association's [Statement on the Use of Opioids in the Treatment of Dental Pain](#) and the CDC's [Guideline for Prescribing Opioids for Chronic Pain](#) encourage dental providers and other clinicians to obtain continuing education that promotes safe prescription practices and ensures that patients with substance use disorders limit their opioid intake.

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

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

Applicants must enter the total unreimbursed costs of oral health care provided to people with HIV from July 1, 2019, through June 30, 2020, in fields 18a and 18g of the SF-424 application face page. These totals must match the amount reported in [Dental Services Report](#) item 23a. **Failure to submit this information will result in an incomplete application and HRSA will deem your application ineligible.**

**ii. Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit. Clearly label each attachment.**

*Attachment 1: Maintenance of Effort Documentation*

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

You must provide a baseline aggregate expenditure of State funds for the fiscal year prior to the reimbursement period and actuals for the next fiscal year using a chart similar to the one below. As an example, if your fiscal year begins July 1, you would report actual expenditures of state funds for oral health care services for people with HIV from July 1, 2018, through June 30, 2019, in column one. In column two, you would report actual expenditures for the next fiscal year (July 1, 2019, through June 30, 2020). HRSA will enforce statutory maintenance of effort requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES	
<p>Applicant's FY Prior to Reimbursement Period (Actual)</p> <p>Actual total State funds expended by the applicant for oral health care services for low income people with HIV during the FY prior to the reimbursement period.</p> <p>Amount: \$ _____</p>	<p>Following FY (Actual)</p> <p>Actual total State funds expended by the applicant for oral health care services for low income people with HIV during the FY immediately following the FY reported in column one.</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 2: Other Relevant Documents*

Include here any other documents that are relevant to the application.

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the \*DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

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

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

- 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](#).

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

In accordance with the Federal Government’s efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA’s application packages and the updated common certification and representation requirements will be stored and

maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](https://sam.gov).

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

#### **4. Submission Dates and Times**

##### **Application Due Date**

The due date for applications under this NOFO is *March 12, 2021, at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

#### **5. Intergovernmental Review**

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

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

#### **6. Funding Restrictions**

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) and Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Awards will be made subsequent to enactment of the FY 2021 appropriation. The NOA will reference the FY 2021 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply as required by law in subsequent appropriations acts for FY 2021.

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.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#). Please refer to HAB [PCN 15-03 Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income](#) for additional information.



## V. Application Review Information

### 1. Review Criteria

The RWHAP Part F DRP supports all eligible applicants who can document unreimbursed costs of oral health care provided to people with HIV.

**Failure to document this information in the SF-424 application will result in an incomplete application and HRSA will deem your application ineligible.**

### 2. Review and Selection Process

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

HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

### 3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [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](#)).

## VI. Award Administration Information

### 1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2021. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### 2. Administrative and National Policy Requirements

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

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

### 3. Reporting

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

- 1) **Dental Services Report (Due on March 12, 2021 11:59 p.m. ET )**. Applicants must electronically complete and submit the [Dental Services Report](#) as a Microsoft Access dataset to Ryan White Data Support at [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com). You may find information about the Dental Services Report and instructions for completing it at <https://hab.hrsa.gov/program-grants-management/data-reporting-requirements-and-technical-assistance> under "Dental Services Report." Please note the following:
  - HRSA will only accept actual counts of people with HIV who received oral health care services from your institution or program as the basis of your application for DRP funding.
  - **Item 1**: The DUNS number must match the DUNS number included on your application through Grants.gov.
  - **Items 18 and 19**: You should only report direct reimbursements from third party payers (public and private) as payment for services provided in items 18 and 19. You should not report funding from the RWHAP or other grant programs as reimbursements in these items.
  - **Item 23a**: **The total unreimbursed costs of oral health care provided to people with HIV from July 1, 2019, through June 30, 2020, that are entered in fields 18a and 18g of the SF-424 application face page must match the amount reported in Dental Services Report item 23a.**

- Items 23b, 24 - 26: Please include narrative responses to items 23b and 24 - 26, not to exceed one page in length for each item. When submitting electronically in the Dental Services Database Utility, you may enter (or copy and paste) your responses directly into the database utility. Your responses will better inform us about your institution or program; your collaborations in the larger community; your training of students, residents, and providers; and other accomplishments. Your responses will also help us target technical assistance activities, document the value of funds expended, and demonstrate the importance of continued RWHAP funding for oral health care.

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

WRMACSR Ryan White Project  
Toll-Free Help Line: 1-888-640-9356  
Monday – Friday, 10 a.m. to 6:30 p.m. ET  
E-mail: [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com)

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

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

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

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

## VII. Agency Contacts

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

Patryce Peden  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-2277  
Fax: (301) 443-9810  
Email: [PPeden@hrsa.gov](mailto:PPeden@hrsa.gov)

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

Mahyar Mofidi, DMD, PhD  
Captain, United States Public Health Service  
Director, Division of Community HIV/AIDS Programs  
Chief Dental Officer, HIV/AIDS Bureau  
Attn: RWHAP Part F Dental Reimbursement Program (DRP)  
HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 09N09 (mail: 09NWH04)  
Rockville, MD 20857  
Telephone: (301) 443-2075  
Fax: (301) 443-1839  
Email: [MMofidi@hrsa.gov](mailto:MMofidi@hrsa.gov)

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

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

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

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

## **VIII. Other Information**

### **Technical Assistance**

HRSA has scheduled the following technical assistance webinar:

Day and Date: Thursday, January 21, 2021  
Time: 2 – 4 p.m. ET  
Call-In Number: 1-888-995-9852  
Participant Code: 2500315

Weblink:

[https://hrsa.connectsolutions.com/rwhap\\_part\\_f\\_dental\\_reimbursement\\_program\\_ta/](https://hrsa.connectsolutions.com/rwhap_part_f_dental_reimbursement_program_ta/)

*The webinar will be recorded and should be available for viewing at least two weeks following the TA webinar at <https://targethiv.org/library/nofos>*

**Data Verification:**

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

**Tips for Writing a Strong Application**

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