U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
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-20-069
Funding Opportunity Type(s): New
Assistance Listings (CFDA) Number: 93.924

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: MAY 4, 2020

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: January 3, 2020
MODIFICATION DATE: APRIL 2, 2020
Cover, Executive Summary, and Section IV.4 - Extended the Application Due Date
Eliminated reference to SF424B on pp. 2 and 6

MODIFICATION DATE: MARCH 4, 2020
UPDATED INSTRUCTIONS FOR COMPLETING APPLICATION ON THE NEXT PAGE

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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).

Revised Instructions for Completing Application Packet for HRSA-20-069

The wrong application package was used in publishing HRSA-20-069, the RWHAP Part F-Dental Reimbursement Program.

In order for organizations to avoid having to restart the application process, and avoid delay in processing applications and issuing awards, applicants are now required to submit three additional documents.

To complete these additional documents, please do the following:

- **Project Narrative Attachment Form** – upload a blank Word document as the attachment

- **Budget Narrative Attachment Form** – upload a blank Word document as the attachment

- **Budget Information for Non-Construction Programs (SF-424A)** – add the title of the program in box A.1 (Grant Program Function or Activity). No other information on this form is needed.

Please note, applicants are still required to submit SF-424 application face page, the Project/Performance Site Location(s) Form, Maintenance of Effort, and the Grants.gov Lobbying Form. See pages 6 and 7 of this NOFO for more information.

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) 2020 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-20-069
Due Date for Applications:	May 4, 2020
Anticipated Total Annual Available FY 2020 Funding:	Approximately $8,700,000
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, 2020, through March 31, 2021 (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 Section III.1 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, February 6, 2020
Time: 2 – 4 p.m. ET
Call-In Number: 1-888-989-3091
Participant Code: 3087568
Weblink:
https://hrsa.connectsolutions.com/rwhap_part_f_dental_reimbursement_program_pre-app/

The webinar will be recorded and should be available for viewing by February 20, 2020, at https://targethiv.org/library/nofos.

Table of Contents

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 funding opportunity is open to accredited dental education institutions eligible to receive RWHAP Part F funding under section 2692(b)(1)(B) of the Public Health Service (PHS) Act. This program will reimburse certain costs incurred by eligible entities that have provided uncompensated or partially uncompensated oral health care to people with HIV from July 1, 2018, through June 30, 2019.

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 the RWHAP, please visit the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) website: http://hab.hrsa.gov/.

Ending the HIV Epidemic: A Plan for America

In February 2019, the Administration announced a new initiative, Ending the HIV Epidemic: A Plan for America. This ten-year initiative beginning FY 2020 seeks to achieve the important goal of reducing new HIV infections in the United States to less than 3,000 per year by 2030. The first phase of the initiative will focus 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. Across the United States, the initiative will promote and implement the four Pillars 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).

National HIV/AIDS Strategy: Updated to 2020
The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a 5-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. The RWHAP promotes robust advances and innovations in HIV health care using the National HIV/AIDS Strategy to end the

epidemic as its framework. Therefore, to the extent possible, activities funded by RWHAP focus on addressing these 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 supports needed (e.g., mental health and substance use disorders services) to achieve HIV viral suppression.

HIV Care Continuum
Diagnosing people with HIV, linking people with HIV to HIV primary care, and people with HIV 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 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 [2018 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 have decreased.[1] 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.[2] 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

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[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018. http://hab.hrsa.gov/data/data-reports. Published December 2019. Accessed December 2, 2019.

[2] 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.

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.

Minority HIV/AIDS Fund from the HHS Secretary's Office (MHAF), HAB Technical Assistance, and Special Projects of National Significance (SPNS) Program

Through the MHAF and through HAB Technical Assistance Cooperative Agreements, HRSA has a number of projects that may be useful for RWHAP recipients to consider. Some select examples are:

- **Building Futures: 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

Below are additional examples for specific populations, co-morbidities, and program areas: https://targethiv.org/help/ta-directory

Through its SPNS Program, HRSA's HAB funds demonstration project initiatives focused on the development of effective interventions to respond quickly to emerging needs of people with HIV receiving assistance under the RWHAP. Through these demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health related outcomes of innovative treatment models, while promoting dissemination, replication, and uptake of successful interventions. SPNS findings have demonstrated promising new approaches to linking and retaining into care underserved and marginalized people with HIV. All RWHAP recipients are encouraged to review and integrate a variety of SPNS evidence-informed tools within their HIV system of care in accordance with the allowable service categories defined in HAB Policy Clarification Notice (PCN) 16-02 *Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds* as resources permit. SPNS related tools may be found at the following locations:

- **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 technical assistance training webinars designed to provide a more interactive experience with experts, and a technical assistance 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 the Minority HIV/AIDS Funds (MHAF) from the HHS Secretary's Office 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 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 of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $8,700,000 to be available 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, 2018, through June 30, 2019. 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, 2020 through March 31, 2021 (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

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, 2018, through June 30, 2019, 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 which 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 (MOE) information and submit as **Attachment 1**.

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this 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 provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. 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 For Applicants 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.

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 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. **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) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make the 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) When 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. Please see the information below for additional instructions related to this application.

UPDATE: The wrong application package was used in publishing HRSA-20-069, the RWHAP Part F-Dental Reimbursement Program. In order for organizations to avoid

having to restart the application process, and avoid delay in processing applications and issuing awards, applicants are now required to submit three additional documents.

To complete these additional documents, please do the following:

- **Project Narrative Attachment Form** – upload a blank Word document as the attachment

- **Budget Narrative Attachment Form** – upload a blank Word document as the attachment

- **Budget Information for Non-Construction Programs (SF-424A)** – add the title of the program in box A.1 (Grant Program Function or Activity). No other information on this form is needed.

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** – 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. 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 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*), 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 F CBDPP.

- **Other Financial Management Issues** – Applicants must have appropriate financial systems and internal controls in place to safeguard assets, segregate federally funded and grant related program income activities, ensure accountability and control of federal funds, maintain adequate cash flow to meet daily operations, and maximize revenue from non-Federal sources.

  Funds received from DRP must be allocated to the accredited dental education program 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, DRP applicants are encouraged 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. Dental education programs are encouraged 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, 2018, through June 30, 2019, 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.** You must 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, 2017, through June 30, 2018, in column one. In column two, you would report actual expenditures for the next fiscal year (July 1, 2018, through June 30, 2019). HRSA will enforce statutory maintenance of effort requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES	
Applicant's FY Prior to Reimbursement Period (Actual) Actual total State funds expended by the applicant for oral healthcare services for low income people with HIV during the FY prior to the reimbursement period. Amount: $_____	Following FY (Actual) Actual total State funds expended by the applicant for oral healthcare services for low income people with HIV during the FY immediately following the FY reported in column one. Amount: $_____

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.

iii. Budget

The Departments of Health and Human Services, and Education and Related Agencies Appropriations Act, 2020 (P.L.116-94), Division A § 202, states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

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*.

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 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.

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 *May 4, 2020, 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, title II and title V of the Departments of Health and Human Services, and Education and Related Agencies Appropriations Act, 2020 (P.L. 116-94) 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.

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 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.

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).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2020. 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*.

3. Reporting

Applicants 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 May 4, 2020).** Applicants must electronically complete and submit the Dental Services Report as a Microsoft Access dataset to Ryan White Data Support at 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, 2018, through June 30, 2019, 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:

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

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

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

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

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

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

Jessica Fox, PharmD
Lieutenant Commander, United States Public Health Service
Public Health Analyst, Division of Community HIV/AIDS Programs
Attn: RWHAP Part F Dental Reimbursement Program (DRP)
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09N30A
Rockville, MD 20857
Telephone: (301) 945-5155
Fax: (301) 443-1839
Email: JFox@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
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 has scheduled the following technical assistance webinar:

Day and Date: Thursday, February 6, 2020
Time: 2 – 4 p.m. ET
Call-In Number: 1-888-989-3091
Participant Code: 3087568
Weblink:
https://hrsa.connectsolutions.com/rwhap_part_f_dental_reimbursement_program_pre-app/

The webinar will be recorded and should be available for viewing by February 20, 2020, 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*.