

**U.S. Department of Health and Human Services**



Health Resources & Services Administration

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2023

HIV/AIDS Bureau

Division of Community HIV/AIDS Programs

**Ryan White HIV/AIDS Program Part C Capacity Development Program**

**Funding Opportunity Number:** HRSA-23-052

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

**Assistance Listings Number:** 93.918

**Application Due Date:** February 17, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

**Issuance Date:** December 14, 2022

Cypriana Fowell  
Chief, Northeast Branch  
Email: [AskPartCCapacity@hrsa.gov](mailto:AskPartCCapacity@hrsa.gov)

See [Section VII](#) for a complete list of agency contacts.

Authority: 42 USC § 300ff-54(c)(1)(B) (§ 2654(c)(1)(B) of the Public Health Service Act).

## 508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

## EXECUTIVE SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the fiscal year (FY) 2023 Ryan White HIV/AIDS Program (RWHAP) Part C Capacity Development Program. The purpose of this program is to strengthen organizational infrastructure to respond to the changing health care landscape and to increase capacity to develop, enhance, or expand access to high-quality HIV primary health care services for low-income and underserved people with HIV.

This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled before award.

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part C Capacity Development Program
Funding Opportunity Number:	HRSA-23-052
Due Date for Applications:	February 17, 2023
Anticipated FY 2023 Total Available Funding:	\$4,000,000
Estimated Number and Type of Award(s):	Up to 50 grants
Estimated Award Amount:	Up to \$150,000 per award subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023 through August 31, 2024 (1 year)
Eligible Applicants:	Public and nonprofit private entities, faith-based and community-based organizations and tribes and tribal organizations are eligible to apply for these funds.

	See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.
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## **Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in [HRSA's SF-424 Application Guide](#). Visit [HRSA's How to Prepare Your Application page](#) for more information.

## **Technical Assistance**

HRSA has scheduled the following webinar:

Day: Thursday, January 12, 2023

Time: 2 p.m. – 4 p.m.

Meeting ID: 160 877 4507

Weblink: <https://hrsa.gov.zoomgov.com/j/1608774507?pwd=ZVhHbnNpRUVPMDkUZVVFdkwzc0INQT09>

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 833-568-8864 US Toll-free

Meeting ID: 160 877 4507

Passcode: 77212471

HRSA will record the webinar and make available on the [TargetHIV Center](#) website at <https://targethiv.org/library/nofos>.

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part C Capacity Development Program.

The purpose of this program is to strengthen organizational capacity to respond to the changing health care landscape and increase access to high-quality HIV primary health care services for low-income and underserved people with HIV.

HRSA intends funding under this program to support one short-term activity that can be completed by the end of the one-year period of performance. You may propose an expansion of an activity previously supported under FY2021 or FY2022 RWHAP Part C Capacity Development Program funding ([HRSA-21-058](#); [HRSA-22-019](#)) or RWHAP Part D Supplemental ([HRSA-21-059](#); [HRSA-22-037](#); [HRSA-22-156](#)) for either a HIV Care Innovation or Infrastructure Development activity; however, **HRSA will not fund the same activity in FY 2023 as HRSA funded previously in FY 2021 or FY 2022**. If the proposed project is an expansion of a previously funded activity, you must provide a clear rationale for how the proposed activity builds upon and furthers the objectives of the previously funded HIV Care Innovation or Infrastructure Development activity. You may select only one (1) activity under the selected category.

### **HIV Care Innovation**

HIV Care Innovation activities support progress along the HIV care continuum to improve the health and increase the life span of people with HIV and prevent new infections. There are three (3) activities from which to choose. If applying under this category, select only one of the three activities listed below:

- Intimate partner violence screening & counseling
- Coordination or integration of HIV primary care with oral health and/or behavioral health care
- Gender-affirming care

### **Infrastructure Development**

Infrastructure Development activities support organizational development and will increase the capacity of organizations to respond to changes in the health care environment. If applying under this category, select only one of the two activities listed below:

- Telehealth
- Office dental equipment for expanding dental capacity

The selected activity should target populations that are disproportionately impacted by the HIV epidemic and experience adverse health outcomes. Successful applicants will demonstrate your organization's intent and ability to sustain proposed HIV Care Innovation activities or proposed Infrastructure Development enhancements without additional federal funds beyond the one-year period of performance. Furthermore, successful applicants will demonstrate that the proposed activity will strengthen organizational capacity to respond to the changing health care landscape and increase access to high-quality HIV primary health care services for low-income people with HIV.

## **2. Background**

The RWHAP Part C Capacity Development Program is authorized by 42 USC § 300ff-54(c)(1)(B) (§ 2654(c)(1)(B) of the Public Health Service Act).

The HRSA RWHAP provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among priority populations.

The RWHAP has five statutorily defined Parts (Parts A, B, C, D, and F) that provide funding for core medical, support services, and medications; technical assistance (TA); clinical training; and the development of innovative interventions and strategies for HIV care and treatment to quickly respond to emerging needs of RWHAP clients.

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

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

### **Strategic Frameworks and National Objectives**

National objectives and strategic frameworks like [Healthy People 2030](#), the [National HIV/AIDS Strategy \(NHAS\) \(2022–2025\)](#); the [Sexually Transmitted Infections National Strategic Plan for the United States \(2021 – 2025\)](#); and the [Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination \(2021–2025\)](#) are crucial

to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and provide a blueprint for collective action across the Federal Government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to the extent possible.

### **Expanding the Effort: Ending the HIV Epidemic in the U.S.**

According to recent data from the [2021 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2017 to 2021, 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 85.9 percent to 89.7 percent. Additionally, racial and ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.<sup>[1]</sup> For example, the disparity in viral suppression rates between Black/African American and White clients has decreased since 2010.<sup>[2]</sup> These improved outcomes mean more people with HIV in the United States will live near-normal lifespans and cannot sexually transmit HIV to others.

In February 2019, the [Ending the HIV Epidemic in the U.S.](#) (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. This 10-year initiative seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. The initiative will continue to bring the additional expertise, technology, and resources needed to end the HIV epidemic in the United States and is a collaborative effort among key U.S. Department of Health and Human Services (HHS) agencies, primarily HRSA, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

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

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<sup>[1]</sup> Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021. <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/data/rwhap-annual-client-level-data-report-2021.pdf>. Published December 2022. Accessed December 5, 2022.

<sup>[2]</sup> Viral suppression among Black/African American clients increased from 82.6 percent in 2017 to 87.2 percent in 2021, while viral suppression for White clients increased from 90.1 percent in 2017 to 92.7 percent in 2021; therefore the gap in viral suppression between these two groups decrease from a difference of 7.5 percentage points in 2017 to 5.5 percentage points in 2021.

## Using Data Effectively: Integrated Data Sharing and Use

HRSA and CDC's Division of HIV Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, conducting needs assessments, determining unmet need estimates, reporting, quality improvement, enhancing the HIV care continuum, and public health action. HRSA strongly encourages RWHAP recipients to:

- Follow the principles and standards in the [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action](#).
- Establish data sharing agreements between surveillance and HIV programs to ensure clarity about the process and purpose of the data sharing and utilization.

Integrated data sharing, analysis, and utilization of HIV data by state and territorial health departments can help further progress toward reaching the NHAS goals and improve outcomes on the HIV care continuum.

HRSA's new [RWHAP Compass Dashboard](#) is a user-friendly, interactive data tool to allow users to visualize the reach, impact, and outcomes of the RWHAP and supports data utilization to understand outcomes and inform planning and decision making. The dashboard provides a look at national-, state-, and metro area-level data and allows users to explore RWHAP client characteristics and outcomes, including age, housing status, transmission category, and viral suppression. The RWHAP Compass Dashboard also visualizes information about RWHAP services received and the characteristics of those clients accessing the AIDS Drug Assistance Program (ADAP).

As outlined in Policy Clarification Notice 21-02, [Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program](#), recipients and subrecipients should use electronic data sources (e.g., Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify client eligibility information, such as income and health care coverage (that includes income limitations), when possible. RWHAP recipients and subrecipients should first use available data sources to confirm client eligibility before requesting additional information from the client. In addition, RWHAP recipients and subrecipients are encouraged to develop data sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden across programs. HRSA strongly encourages complete CD4, viral load (VL), and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate



HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic in the U.S. can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

## **Program Resources and Innovative Models**

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

In addition, tools have been developed under the RWHAP Special Projects of National Significance (SPNS) demonstration and evaluation program as well as various other HRSA TA and training projects. As resources permit, RWHAP recipients are encouraged to review and integrate these tools within their HIV system of care in accordance with the allowable service categories defined in [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#).

Examples of these resources include:

- [RWHAP Best Practices Compilation](#) (BPC)

The RWHAP BPC is a central repository ('compilation') located on [TargetHIV.org](#) that captures and houses intervention strategies. The interventions cataloged in this searchable database have demonstrated real-world impact in helping people with HIV engage in care. The collection is designed to serve as a central location for Ryan White-funded programs to share innovative interventions to bring people into care, keep them engaged in care, and improve their health while reducing new HIV infections.

- [RWHAP Center for Innovation and Engagement](#) (CIE)

The RWHAP CIE identified, cataloged, disseminated, and supported the replication of evidence-informed approaches and interventions to engage people with HIV who are not receiving care, or who are at risk of not continuing to receive care. To support the real-world replication of the cataloged interventions, CIE provides steps for implementation and resources such as, but not limited to, replication tips, job aids, a cost calculator, and TA.

- [Integrating HIV Innovative Practices](#) (IHIP)

Resources on the IHIP website include easy-to-use guides and manuals, interactive online tools/toolkits, publications, and instructional materials that describe how to coordinate, replicate, and integrate interventions and strategies for RWHAP providers. IHIP also hosts training webinars designed to provide a more interactive experience with experts, and a help desk that allows users to pose additional questions and share lessons learned.

- [E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV](#)

E2i used an implementation science approach to evaluate and understand existing and new intervention strategies that can be used in RWHAP provider settings. Manuals, guides, interactive online tools, publications, and instructional materials have been developed and are available for download to facilitate replication and integration into RWHAP provider settings.

- [Dissemination of Evidence-Informed Interventions](#)

The Dissemination of Evidence-Informed Interventions initiative ran from 2015–2020 and disseminated four adapted linkage and retention interventions from prior SPNS and the Minority HIV/AIDS Funds (MHAF) from the HHS Secretary's Office initiatives to improve health outcomes along the HIV care continuum. The initiative produced four evidence-informed care and treatment interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing health care environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

See [HIV Care Innovations: Replication Resources](#) for additional information. <https://targethiv.org/library/replication-resources-spns-systems-linkages-and-access-care>

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

- [Building Futures: Supporting Youth Living with HIV](#)
- [The Center for Engaging Black MSM Across the Care Continuum \(CEBACC\)](#)
- [Using Community Health Workers to Improve Linkage and Retention in Care](#)
- [Engage Leadership through Employment, Validation, and Advancing Transformation and Equity for persons with HIV \(ELEVATE\)](#)

- [Ending Stigma through Collaboration and Lifting All to Empowerment \(ESCALATE\)](#)

## 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 \$4,000,000 to be available to fund approximately 50 recipients. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to \$150,000 (reflecting direct and indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is September 1, 2023 through August 31, 2024 (1 year).

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

Eligible entities include public and nonprofit private entities, faith-based and community-based organizations, and tribes and tribal organizations. **Foreign entities are not eligible for this award.** (§ 2652 of Public Health Service (PHS) Act).

### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

### 3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

## Maintenance of Effort

Applicants applying for HIV Care Innovation activities must agree to maintain non-federal expenditures for early intervention services (EIS) (i.e., counseling of individuals with respect to HIV, high risk targeted HIV testing, referral and linkage to care, other clinical and diagnostic services related to HIV diagnosis, and the provision of therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV) at a level equal to or greater than your total non-federal expenditures for EIS during the most recently completed fiscal year prior to the competitive application deadline (as authorized by section 2664(d) of the PHS Act). Submit information to ensure compliance with the maintenance of effort requirements as [Attachment 6](#).

NOTE: Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov [application due date](#).

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-052 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

### 2. Content and Form of Application Submission

#### Application Format Requirements

Section 4 of HRSA’s [SF-424 Application Guide](#) provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA’s [SF-424](#)

[Application Guide](#). 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 HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

### **Application Page Limit**

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **30 pages** when printed by HRSA.

### **Forms that DO NOT count in the Page Limit**

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project\_Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.
- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in [Section IV.2.v Attachments](#).

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-052, 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.

- HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

**It is important to take appropriate measures to ensure your application does not exceed the specified page limit.**

**Applications must be complete and validated by Grants.gov under HRSA-23-052 before 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. § 3354).

- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 7: Other Relevant Documents*.

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

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

Section 319(e) of the PHS Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e), which sunsets / terminates on September 30, 2023. Please reference detailed information available on the [HHS Office of the Assistant Secretary for Preparedness and Response \(ASPR\)](#) website.

### **Program-Specific Instructions**

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

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

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, 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 indicate the project title as "*FY 2023 RWHAP Part C Capacity Development Program*" and include the following information:

- Identification of the category (HIV Care innovation or Infrastructure Development) and the selected activity.
- A summary of the proposed activity and its intended impact (i.e., how the activity will develop, enhance, or expand access to high quality HIV primary care services for low income low-income and underserved people with HIV).
- The funding amount requested for the one-year period of performance.

## NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
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 Narrative	(6) Support Requested

### ii. ***Project Narrative***

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

See below for a description of the activities that you may select for this funding. You may submit a proposal for only one of the following two categories. You may select only one (1) activity under the selected category.

- **HIV Care Innovation**

- **Intimate partner violence screening and counseling**

There has been an increased risk of intimate partner violence (IPV) and other forms of trauma during the COVID-19 pandemic due to factors such as increased stress, sudden shifts in daily routines, and a rapid decrease in available resources. If you select this activity, you should implement IPV screening and counseling in the clinical setting and establish referral networks to community-based social service organizations taking into consideration the impact of COVID-19 in your communities. The activity

must address one or more of the stages of the HIV care continuum. For resources addressing this topic, access the IPV Toolkit ([Intimate Partner Violence Health Partners Toolkit](#)) located on the [HRSA Office of Women's Health](#) website.

- **Coordination or integration of HIV primary care with oral health and/or behavioral health care**

The [National HIV/AIDS Strategy: 2022 – 2025](#) outlines the importance of improved coordination and integration of HIV primary care with other services. Integration between oral health care or behavioral health care services (including mental health services) and primary care can help improve health outcomes for people with HIV and reduce HIV-related disparities and health inequities.

You may select this activity to coordinate or integrate behavioral health care to support the need and access to behavioral and mental health services for people with HIV. Applicants can develop strategies, policies, and procedures to improve care coordination and integration of HIV primary care with oral health and/or behavioral health care. Specific activities may include: developing policies and procedures to facilitate onsite provision of oral health care or behavioral health services; training staff to understand workflow and processes; and, developing policies and procedures to track and coordinate referrals for oral health care or behavioral health services.

The proposed activity must address one or more of the stages of the HIV care continuum. **Hiring clinical staff is not allowable as part of this activity.**

- **Gender-affirming care**

The care and treatment of transgender and gender diverse people with HIV are a priority for HRSA HAB. In December 2021, HRSA HAB released a program letter, [Gender Affirming Care in the Ryan White HIV/AIDS Program](#), to RWHAP service providers reaffirming the importance of providing gender-affirming health care and social services to the transgender community as a key component to improving the lives of transgender people with HIV and eliminating health disparities. The letter builds on HRSA HAB funded initiatives that support patient-centered, trauma-informed, and inclusive environments of care for RWHAP clients to help reduce medical mistrust and other barriers to antiretroviral therapy adherence for transgender people with HIV.



Many transgender people face a complex array of social, structural, and environmental barriers that make it difficult to access HIV services. Moreover, transgender people are more likely to experience negative encounters in health care settings, (e.g. use of wrong name/pronoun, invasive questions about being transgender, and lack of provider knowledge about transgender health and social issues). These health disparities widen among transgender persons of color, and studies have demonstrated that transgender women are more likely to experience higher rates of unstable housing, mental health issues, and poverty.

Transgender people with HIV are more likely to initiate and remain engaged in care that is gender affirming and inclusive.

Because transgender and non-binary people bear a disproportionate burden of HIV, it is important for HIV care providers to be knowledgeable about the specific HIV care needs of these individuals. Educating health care professionals and front-line service staff about the health and social needs of transgender people with HIV and provision of culturally responsive care is one approach for reducing HIV-related disparities and health inequities in this population.

If you select this activity, you should implement gender-affirming care education and training in the clinical setting and establish collaborative networks with other educational and training programs and community-based social service organizations serving the transgender community.

**The activity must address one of the following educational and training components critical to gender-affirming care:**

1. *Stigma and Discrimination.* Activities in this category should address unrecognized bias toward transgender and gender-diverse populations. In addition, any learning activities in this category should include education and training on how cultural humility and cultural sensitivity can counter stigma, discrimination, and bias. Additionally, learning activities should incorporate education and training on gender affirming terminology, including use of pronouns, the differences between sexual orientation and gender identity, and the challenges faced in gender diverse communities.
2. *Gender-Affirming Medical Treatment (Didactic Training and Education).* Activities in this category should include education and training on the common types of gender affirming therapies for transgender adults and adolescents. ***While the purchase of hormones is not an allowable activity under this announcement,*** the learning activities should address topics such

as the role of gender affirming hormones in reducing gender dysphoria and improving mental and emotional health outcomes and the medical monitoring and management of transgender people with HIV who are taking antiretroviral therapy and gender-affirming hormones. Learning activities should also address legally affirming activities such as gender marker changes on identification documents and gender identity feminizing and masculinizing surgeries commonly sought by transgender people, but whose costs are not allowable under the RWHAP. A basic understanding of these gender-affirming medical treatments and procedures and their role in improving health outcomes of transgender people can foster more inclusive and affirming care experiences.

3. *Gender-Affirming Medical & Psychosocial Treatment* (Model of Care Infrastructure and Clinical Application). Activities in this category should include training and education on inclusive medical intake and registration forms, taking a gender affirming history, conducting a gender affirming physical assessment, and implementing anatomically appropriate preventive health screenings. For mental health and psychosocial service providers, these activities may also include cultural competency training and education on: (a) creating safe spaces that build trust with health care providers and support disclosing relevant aspects of their gender identity and (b) implementing interventions or treatment models that improve mental health outcomes of gender diverse clients through self-esteem building and resilience.

The following is a list of suggested resources for addressing this topic:

National Academies of Sciences, Engineering, and Medicine 2020. Understanding the Well-Being of LGBTQI+ Populations. Washington, DC: The National Academies Press.  
<https://doi.org/10.17226/25877> .

National LGBT Health and Education Center, Fenway Institute (2017). [Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients](#).

University of California San Francisco (2016). [Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People](#).

Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services.

A (2019). [Guidelines for the use of antiretroviral agents in adults and adolescents living with HIV: Transgender people with HIV.](#)

- **Infrastructure Development**

- **Telehealth**

Telehealth technologies can help improve access to quality health care. They have been critical during the COVID-19 pandemic, especially in remote areas, settings that lack sufficient health care services, and in the provision of specialty behavioral health care. HRSA's Federal Office for the Advancement of Telehealth defines telehealth as *"the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health."* This definition includes patient counseling and case management. The term "telehealth" also includes clinical activities such as mHealth, telehomecare, remote monitoring, e-health, and tele-ICUs.

If you select this activity, you must develop and acquire, through lease or purchase, computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and other equipment that furthers the objectives of the proposed telehealth activity. You must describe technology requirements and each type of equipment to be employed. Include a concise description of the relevance to the project, cost-effectiveness, timeliness, accuracy of care, and ease of use. Discuss the telehealth reimbursement environment and whether Medicare, Medicaid, and/or private insurance in your state(s) cover telehealth services. For resources addressing this topic, access [HRSA's National Consortium of Telehealth Resource Centers](#) or [HRSA Telehealth Programs](#).

- **Dental Equipment for Expanding Dental Service Capacity**

If you select this activity, you must purchase dental equipment for the purpose of developing, enhancing, or expanding oral health care services for people with HIV. Specifically, this activity involves creating or expanding a dental operator in a clinic or in a mobile unit (e.g. van) through purchasing such equipment as dental patient chairs, sterilization units, X-ray imaging instruments, dental operating lights, operator cabinets, hand pieces, etc.). **Purchase of a van is not allowable under this activity.**

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion [#1 NEED](#)*

**Clearly indicate the activity proposed under either HIV Care Innovation or Infrastructure Development.** Briefly describe the purpose of the proposed activity. Clearly indicate the category under which the proposed activity falls: **1) HIV Care Innovation or 2) Infrastructure Development.** Discuss why your local community and/or organization needs capacity development funds and how the proposed activity will develop, enhance, or expand access to high quality HIV primary care services for low income, uninsured, and underserved people with HIV. If the proposed activity is an expansion of a previously funded activity, clearly describe how the proposed activity builds upon and furthers the objectives of the previously funded activity in maximizing impact.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion [#1 NEED](#)*

For **HIV Care Innovation activities**, clearly describe and document the affected population(s) and their unmet health care needs. More specifically, describe how the affected population(s) is disproportionately affected by the HIV epidemic and has poor health outcomes. Additionally, describe the service needs based on your evaluation of the gaps in the HIV care continuum for your target population(s) with HIV that your organization serves. Provide data on the five stages of the HIV care continuum for your target population(s) with HIV using the most recent three calendar years of available data. You must clearly define the numerator and the denominator for each stage. Use the same numerators and denominators as outlined for the [HHS HIV Core Indicators](#).

For **Infrastructure Development activities**, clearly describe the gaps in organizational capacity that exist due to current limitations in system infrastructure. Include alterations you have made to the current service delivery system and how lessons learned will be applied to this activity. Provide information specific to the selected activity and describe how these gaps or limitations are affecting the optimal provision of quality HIV primary care services and/or affecting your organization's ability to optimize your response to the changing health care landscape.

Regarding **the Telemedicine activity**, provide information specific to the telehealth activity and describe how these gaps or limitations are affecting the optimal provision of quality HIV primary care services and/or affecting your organization's ability to optimize your response to the changing health care landscape. Describe technology requirements and each type of equipment or software system employed along with its relevance to the project and how it

contributes to cost-effective, timely, and accurate care delivery. Describe the proposed equipment (through lease or purchase), computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and other equipment that furthers the objectives of the proposed telemedicine activity.

Regarding the **Dental Equipment for Expanding Dental Capacity** activity, describe any additional information on how your current infrastructure and oral health resources limit your organization's ability and capacity to satisfy the unmet need or current demand for oral health services to your RWHAP-eligible population.

▪ **METHODOLOGY -- Corresponds to Section V's Review Criterion [#2 RESPONSE](#)**

Provide detailed information regarding the proposed methods that you will use to address the stated needs described in the needs assessment section. In addition, provide information regarding involvement of people with HIV in the activity, collaboration and coordination efforts, and sustainability plans as follows:

- **Involvement of People with HIV:** People with HIV who receive services at an RWHAP-funded organization should be actively involved in the development, implementation, and evaluation of program and clinical quality management (CQM) activities. Describe how you will engage people with HIV and/or organizations that represent them in the implementation of this activity, including decision-making.
- **Collaboration and Coordination:** In describing the methods by which you will implement the activity, outline the partners and/or collaborating entities needed for this proposed activity, if applicable. Identify the tasks each partner proposes to perform and the amount of funding, if any, you expect to allocate to the partner. Include letters of agreement and/or memoranda of understanding from each partner and/or collaborating entity as [Attachment 8](#).
- **Sustainability:** Describe how you will maintain the efforts set forth in this activity after the period of federal funding ends. For example, describe how you will support the maintenance of systems, the continuation of personnel time and effort on proposed activities, continued training of new staff, updates to workflows, policies, and procedures, etc. In addition, describe how you intend to share or disseminate relevant information and/or products developed through the funded activity and lessons learned with other providers in the community and/or collaborators to this project.

- **WORK PLAN** -- Corresponds to Section V's Review Criteria [#2 RESPONSE](#) and [#4 IMPACT](#)

A work plan is a concise, easy-to-read overview of your goals, strategies, objectives, activities, timeline, outcomes, and staff responsible for implementing the program. **You must submit the detailed work plan for the 12-month period of performance of September 1, 2023 – August 31, 2024.** Describe the activity's goal, specify the objectives, and identify the key action steps that you will use to achieve the proposed goal. Use a timeline that includes each step of the proposed activity and target date for each step's completion, and identifies staff responsible for the activities. Identify the measures you will use to evaluate success for each action step. The work plan should detail the expected outcomes to demonstrate the impact of the project's activity. The expected outcomes can include changes in knowledge, awareness, attitudes, skills, behaviors, practices, or more. The outcomes must address at least one or more of the stages of the HIV care continuum. As appropriate, identify meaningful support and collaboration with key partners in planning, designing, and implementing all activities. Please provide the above information in a table format with the following sections outlined: goal, objectives, action steps, timeline, person responsible, evaluation measures, and outcomes. Submit the work plan as [Attachment 5](#).

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

Discuss challenges you are likely to encounter in the planning and implementation of your proposed HIV Care Innovation or Infrastructure Development project, including the impact of COVID-19 on organizational operations and proposed activities.

Describe the specific activities or strategies you will use to mitigate or resolve anticipated challenges in implementing your proposed activity.

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

Describe the systems and processes you will use to track measures and evaluate progress toward meeting the goals and objectives of the proposed activities. Explain how you will use data to improve service delivery. More specifically, address the following:

- **Data Collection and Management:** Describe the systems and processes that will support your organization's monitoring of the proposed activity, including performance measures and outcomes. Include a description of

how your organization will collect, manage, and analyze data (e.g., assign skilled staff, data management systems, and software).

- **Project Evaluation:** Describe the evaluation plan that will monitor ongoing processes and progress toward the goals and objectives of the proposed activity. Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. Describe how you will share evaluation results internally with program staff and externally with key stakeholders (including people with HIV) to improve program implementation and outcomes.

If applicable, provide a brief description of the CQM program, how supplemental CQM activities are linked to the overarching RWHAP CQM work, and other resources devoted to CQM.

- **ORGANIZATIONAL INFORMATION** -- *Corresponds to Section V's Review Criteria*  
[#5 RESOURCES/CAPABILITIES](#)

Describe the organizational skills, capabilities, and resources, including staff that will contribute to your organization's ability to carry out the proposed activity. Highlight key staff with relevant expertise and experience with similar work. This information should align with the staffing plan provided in [Attachment 3](#) and the biographical sketches of key personnel provided in [Attachment 4](#).

Describe the organizational resources that will be used to sustain, without additional federal funds, the project activities, and/or enhancements supported by this award beyond the one-year period of performance. In addition, describe your experience with the fiscal management of grants and contracts. Include information on your organization's experience managing multiple federal grants.

### iii. **Budget**

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

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



In addition, the RWHAP Part C Capacity Development Program requires the following:

**Line item budget:** In addition to the SF-424 Application Guide requirements, you must also provide the line item budget and budget narrative according to each object class category (e.g., Personnel, Fringe Benefits, Travel). The budget allocations on the line item budget must relate to the activities proposed in the project narrative, including the work plan. To evaluate your adherence to RWHAP Part C Capacity legislative budget requirements, highlight in bold any administrative costs.

The line-item budget requested must not exceed the total funding ceiling amount. In addition, the total amount requested on the SF-424A and the total amount listed on the line item budget 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. In addition, designate the full-time equivalent (FTE). Upload the line-item budget as [Attachment 1](#).

By law, not more than 10 percent of an RWHAP Part C Capacity award can be spent on administrative costs. You must allocate to administrative costs staff activities that are administrative in nature. For further guidance on the treatment of costs under the 10 percent administrative limit, refer to [PCN 15-01 Treatment of Costs under the 10 Percent Administrative Cap for Ryan White HIV/AIDS Programs Parts A, B, C, and D](#).

Review [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#) for allowable uses of RWHAP funds.

NOTE: HRSA recommends that you convert or scan the budgets into PDF format for submission. Do not submit Excel spreadsheets. Submit the program-specific line-item budget in a table format, listing the object class categories (e.g., Personnel, Fringe Benefits, Travel) in a column down the left-hand side.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal year, as required by law.

#### 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](#), RWHAP Part C Capacity Development Program requires a budget narrative that clearly explains the amounts requested for each line in the line item budget. The budget narrative must be clear and concise and the requested budget must correlate with the work plan



**v. 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](#).** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.** You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

*Attachment 1: Program-specific Line-Item Budget (required)*

Submit as a PDF document a program-specific line-item budget for the 1-year period of performance. Reference Section IV.2.iii for details.

*Attachment 2: Federally Negotiated Indirect Cost Rate Agreement (If applicable)*

Submit a copy of the current agreement. This does not count towards the page limit.

*Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#)) (required)*

Include a staffing plan that lists the key personnel who will be involved in the implementation of the proposed activity. Key personnel include the program director and other individuals who contribute to the programmatic development or execution of the activity in a substantive and measurable way, whether or not they are funded by the grant. Additionally, include the role, responsibilities, and qualifications, and credentials (if applicable) of proposed project staff. For each staff, note all sources of funding and the corresponding time and effort. It may be helpful to supply this information in a table. Provide a job description for any vacant positions on the proposed project. Keep each job description to one page in length as much as is possible. Also 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 4: Biographical Sketches of Key Personnel (required)*

Include biographical sketches for persons occupying the key positions described in *Attachment 3*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

*Attachment 5: Work Plan (required)*

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#).

*Attachment 6: Maintenance of Effort (MOE) Documentation (Required)*

You must provide a baseline aggregate total of the actual expenditure of non-federal funds for EIS activities for your fiscal year prior to the application deadline and

estimates for your next fiscal year using a table similar to the one below. In addition, you must provide a description of baseline data and the methodology used to calculate the MOE.

NON-FEDERAL EXPENDITURES	
<p style="text-align: center;">FY Prior to Application (Actual)</p> <p>Actual prior FY non-federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$ _____</p>	<p style="text-align: center;">Current FY of Application (Estimated)</p> <p>Estimated current FY non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$ _____</p>

Recipients must maintain non-federal expenditures for EIS at a level equal to or greater than their total non-federal expenditures for EIS during the most recently completed fiscal year prior to the competitive application deadline.

The costs associated with the RWHAP Part C EIS include:

- Counseling of individuals with respect to HIV
- High risk-targeted HIV testing
- Referral and linkage to care
- Other clinical and diagnostic services related to HIV diagnosis, and periodic medical evaluations
- Providing therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV

***Attachment 7: Funding Preference (Required)***

Provide information, including supporting documentation, data, and other details according to the instructions for [funding preferences](#) for either rural areas or underserved populations. **HRSA will review the information to determine whether you qualify for a funding preference.** See [Section V.2](#) for more information.

*Attachment 8: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) (if applicable)*

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. Not scored during the objective review.

*Attachments 9-15: 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 30-page limit. Not scored during the objective review.

### **3. Unique Entity Identifier (UEI) and System for Award Management (SAM)**

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.
- Register at [SAM.gov](#) and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

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

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

For more 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 application due date under this NOFO is **February 17, 2023 at 11:59 p.m. ET**. HRSA suggests you submit your application 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 in HRSA's [SF-424 Application Guide](#) for additional information.

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

RWHAP Part C Capacity is 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 one year, at no more than \$150,000 (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- Funding restrictions included in [PCN 16-02](#)
- Charges that are billable to third party payors (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, Department of Housing and Urban Development (HUD) funding for housing services, other RWHAP funding including AIDS Drug Assistance Program)
- To directly provide housing or health care services (e.g., HIV care, counseling and testing) that duplicate existing services
- Payments for clinical research

- Payments for nursing home care
- Cash payments to intended clients of RWHAP services
- Purchase or improvement to land
- Purchase, construction, or major alterations or renovations on any building or other facility (see [45 CFR part 75](#) – subpart A Definitions)
- PrEP or non-occupational Post-Exposure Prophylaxis (nPEP) medications or the related medical services. As outlined in the updated [November 16, 2021 RWHAP and PrEP program letter](#), the RWHAP legislation provides grant funds to be used for the care and treatment of people with HIV, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as clinician visits and laboratory costs. RWHAP Part C Capacity funds can be used toward risk reduction counseling and targeted testing, a component of primary HIV care, which may include counseling and testing and information on PrEP to eligible clients and their partners, within the context of a comprehensive PrEP program.
- Purchase of sterile needles and syringes for the purpose of hypodermic injection of any illegal drug use. Some aspects of syringe services programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See [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
- Long-term activities; instead, the activities should be short-term in nature with a targeted completion by the end of the one-year period of performance.

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 specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

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

## V. Application Review Information

### 1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has 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.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank RWHAP Part C Capacity Development Program applications. Below are descriptions of the review criteria and their scoring points.

*Criterion 1: NEED (20 points) – Corresponds to Section IV's [Introduction](#) and [Needs Assessment](#)*

- **Introduction**
  - The extent to which the proposed project responds to the “Purpose” included in the program description.
  - The extent to which the application demonstrates the need and associated contributing factors to the problem.
- **Needs Assessment:** The extent to which the application demonstrates the need and associated contributing factors to the problem.
- **HIV Care Innovation ONLY:**
  - The strength of the applicant’s justification for the need for capacity development funds in the proposed service area and for the identified target population(s) based on the identified gap(s) in their HIV care continuum.
  - The completeness of the baseline data reported for each stage in the organization’s HIV care continuum for the most recent three calendar years of available data with clear numerators and denominators that align with the HHS Common HIV Core Indicators.

- **Infrastructure Development ONLY:**

- The strength of the applicant's justification for the need for capacity development funds to address gaps in organizational capacity that exists due to current limitations in system infrastructure.
- The extent to which the applicant clearly describes how the system limitations are affecting the optimal provision of quality HIV primary care services.

*Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's [Methodology](#), [Work Plan](#) and [Resolution of Challenges](#)*

- **Methodology (15 points)**

- The extent to which the activities described in the application are capable of addressing the need and attaining the project objectives.
- The clarity and strength of the roles for identified partners in the proposed project, and the tasks for each partner as described in the letters of support/commitment, if applicable.
- The extent to which people with HIV and/or organizations that represent them are engaged in the implementation of the activity, including decision-making.
- The strength and reasonableness of the proposed resources, organizational support, and organizational capacity to sustain project activities without additional federal funds beyond the one-year period of performance.

- **Work Plan (5 points)**

- The strength and clarity of the proposed goals and objectives and their relationship to the identified project.
- The strength of the proposed work plan (Attachment 5) as evidenced by measurable and appropriate objectives.

- **Resolution of Challenges (5 points)**

- The extent to which the potential challenges in designing, implementing, and measuring health outcome improvement are identified and a plan to address the challenges is provided.

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

- The strength and effectiveness of the method proposed for data collection, monitoring and evaluation of project results and outcomes.

- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

*Criterion 4: IMPACT (15 points) – Corresponds to Section IV's [Work Plan](#),*

- The extent to which the proposed goals, objectives, work plan activities ([Attachment 5](#)) address the health outcome gaps in the HIV care continuum.
- The extent to which activities outlined in the work plan can reasonably be completed in the 12-month period and the organization presents a plan for sustaining activities without additional federal funds.

*Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#) and [Organizational Information](#)*

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project ([Attachment 4](#)).
- The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- The extent to which the staffing plan ([Attachment 3](#)) is consistent with the proposed activity.
- The strength of the applicant's experience with the administration of federal funds and multiple grant awards.
- The strength and reasonableness of the proposed resources, organizational support, and organizational capacity to sustain project activities without additional federal funds beyond the one-year period of performance.

*Criterion 6: SUPPORT REQUESTED (20 points) – Corresponds to Section IV's [Budget](#) AND [Budget Narrative](#)*

- The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work and are consistent with the applicant's stated plans for sustaining project activities without additional federal funds beyond the one-year period of performance.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.



- The extent to which the budget justification narrative fully explains each line item and justifies the resources requested, including proposed staff.
- The applicant's program-specific line-item budget, budget justification narrative, and SF-424A are aligned with each other.

## 2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide for more details](#).

### Funding Preference

This program includes a funding preference for some applicants, as authorized by section 2654(c)(3) of title XXVI of the PHS Act. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant only **one** funding preference to any qualified applicant that demonstrates it meets the criteria for the preference(s) as follows:

#### *Qualification 1: Rural Areas*

The criterion for this funding preference is based on the provision of HIV primary care services in a rural area. RWHAP recipients are defined as rural if their service area (in part or in whole) or main organizational address is in a HRSA Federal Office of Rural Health Policy (FORHP)-designated rural area. FORHP classifies all non-metropolitan counties, as defined by the Office of Management and Budget, as rural. In addition, FORHP uses Rural-Urban Commuting Area (RUCA) codes to identify other rural areas. For more information about what defines a rural area, visit FORHP's website at <https://www.hrsa.gov/rural-health/about-us/definition/index.html>. **To determine if your organization serves a rural area, refer to <https://data.hrsa.gov/tools/rural-health>.**

If your service area (either in part or in whole) or main organizational address is defined as rural by FORHP's [Rural Health Analyzer](#), print out a screenshot of the result and include the printout as supporting documentation in .pdf format as [Attachment 7](#).

If your organization does not provide HIV primary care services in a rural area, you can indicate "Not applicable" on [Attachment 7](#).

## *Qualification 2: Underserved Populations*

The criterion for this funding preference is the provision of HIV primary care services to underserved populations. Underserved populations include communities and subpopulations that do not have access to adequate HIV primary care services, as defined by HAB PCN 16-02. These gaps in the provision of HIV primary care services must be defined and documented in [Attachment 7](#).

State in Attachment 7 whether your organization provides HIV primary care services for underserved populations. Provide:

- Data and information on overall HIV primary care gaps, including any inadequate or unavailable HIV primary care services, as defined by [HAB PCN 16-02](#); and
- Data and information on specific HIV subpopulations served by your organization that are disproportionately affected by inadequate or unavailable HIV primary care services, as defined by [HAB PCN 16-02](#).

If your organization does not provide HIV primary care services to underserved populations, you can indicate “Not applicable” on [Attachment 7](#).

**Attachment 7 is required for all applicants. HRSA will review the information and determine whether your application qualifies for a funding preference, although receipt of a funding preference is not a guarantee of funding.**

## **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.

## VI. Award Administration Information

### 1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2023. 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](#).

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of [45 CFR part 75](#), currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

### Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an [HHS Assurance of Compliance form \(HHS 690\)](#) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

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

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at [HRSACivilRights@hrsa.gov](mailto:HRSACivilRights@hrsa.gov).

### **Executive Order on Worker Organizing and Empowerment**

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

### **Requirements of Subawards**

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

## Data Rights

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

## Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Utilize health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit <a href="https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B">https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B</a> to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Utilize health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit <a href="https://www.healthit.gov/topic/certification-ehrs/certification-health-it">https://www.healthit.gov/topic/certification-ehrs/certification-health-it</a> to learn more.

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isa/>.

### 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 Reports.** The recipient must submit a progress report to HRSA on a semi-annual basis. The first progress report is due six months after the period of performance start date. Additionally, a final report is due 90 days after the period of performance ends. The final report collects:
  - information relevant to program-specific goals and progress on the work plan (e.g. number of clients served, partnerships, etc.);
  - performance measurement data on HIV care continuum stages (to include baseline data and numerator/denominator for each HIV care continuum stage;
  - impact of the overall project;
  - the degree to which the recipient achieved the mission, goal, and objectives outlined in the program;
  - recipient accomplishments;
  - barriers encountered; and
  - responses to summary questions regarding the recipient's overall experiences during the one-year period of performance. Recipients will be expected to provide end-of-the-period of performance outcome data and demonstrate the impact of the project's activity. Further information will be available in the award notice.

**Please Note:** Recipients currently funded under the RWHAP Part C EIS and/or Part D WICY program who are successfully awarded through this funding opportunity announcement will be required to provide updated progress on the impact of capacity funded activities. Recipients will provide updates through routine monitoring and progress reports (non-competing continuation applications). HRSA will request these updates for up to one year following the completion of the funded project period.

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. No additional termination provisions apply unless otherwise noted.

## **VII. Agency Contacts**

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

Bria Haley  
Grants Management Specialist  
HRSA Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
Phone: (301) 443-3778  
Fax: (301) 443-9810  
Email: [BHaley@hrsa.gov](mailto:BHaley@hrsa.gov)

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

Cypriana Fowell  
Chief, Northeastern Branch  
Division of Community HIV/AIDS Programs  
HIV/AIDS Bureau  
Health Resources and Services Administration  
Email: [AskPartCCapacity@hrsa.gov](mailto:AskPartCCapacity@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  
Phone: 1-800-518-4726 (International callers dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)

[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center

Phone: (877) 464-4772 / (877) Go4-HRSA

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## **VIII. Other Information**

### **Technical Assistance**

See [TA details](#) in Executive Summary.

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

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