

Notice of Funding Opportunity
Application due August 12, 2025



Health Resources & Services Administration

HIV/AIDS Bureau








Division of Community HIV/AIDS Programs

Learning Collaborative for HIV Oral Health and Primary Care Integration

Opportunity number: HRSA-25-103



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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on August 12, 2025.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

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Basic information

Health Resources and Services Administration (HRSA)

HIV/AIDS Bureau

Division of Community HIV/AIDS Programs

Learning Collaborative for HIV Oral Health and Primary Care Integration, cooperative agreement: improving access to oral health care services for low-income people with HIV, while simultaneously providing education and clinical training for dental students, dental hygiene students, dental residents, or other dental providers in community-based settings.

Summary

The Health Resources and Services Administration (HRSA)'s HIV/AIDS Bureau (HAB) is accepting applications for the fiscal year (FY) 2025 Ryan White HIV/AIDS Program (RWHAP) Part F Community Based Dental Partnership Program (CBDPP), *Learning Collaborative for HIV Oral Health and Primary Care Integration*, cooperative agreement. This cooperative agreement will:

- promote information sharing and exchange
- maintain and strengthen oral health and primary care integration
- improve dental education and training through interprofessional training and community-based education
- support community-based dental leaders in HIV oral health care

Funding details

Application Types: New

Expected total available funding in FY 2025: \$600,000

Expected number and type of awards: 1 [cooperative agreement](#)

Funding range per award: \$600,000

We plan to fund awards in two 12-month budget periods for a total 2 -year period of performance from September 30, 2025 to August 31, 2027.



Have questions?
Go to [Contacts and Support](#).

Key facts

Opportunity name:
Learning Collaborative for HIV Oral Health and Primary Care Integration

Opportunity number:
HRSA-25-103

Announcement version:
New

Federal assistance listing:
93.924

Statutory authority: 42 U.S.C § 300ff-111(a) (Section 2692(a) of the Public Health Service Act)

Key dates

NOFO issue date:
July 1, 2025

Informational webinar:
July 15, 2025

Application deadline:
August 12, 2025

Expected award date is by:
September 30, 2025

Expected start date:
September 30, 2025

See [other submissions](#) for other time frames that may apply to this NOFO.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

Eligibility

Who can apply

You can apply if you are a public or nonprofit private entity or an institution of higher education or academic health center involved in addressing HIV related issues.

Types of eligible organizations

These types of domestic* organizations may apply:

- Public institutions of higher education
- Private institutions of higher education
- Non-profits with or without a 501(c)(3) IRS status
- For-profit organizations, including small businesses
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and freely associated states
- Independent school districts

* “Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Individuals are not eligible applicants under this NOFO.

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Does not include all required information as described in this NOFO.
- Is from an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is [submitted after the deadline](#).

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during [merit review](#). We will hold you accountable for any funds you add, including through [reporting](#).

Program description

Purpose

The purpose of this cooperative agreement is to establish a 24-month learning collaborative (LC) to support ongoing professional development and training among Ryan White HIV/AIDS Program (RWHAP) Part F CBDPP grant recipients. The CBDPP is designed to improve access to oral health care services for low-income people with HIV, while simultaneously providing education and clinical training for dental students, dental hygiene students, dental residents, or other dental providers in community-based settings. The recipient of this cooperative agreement will establish a 24-month virtual LC to disseminate promising and innovative practices and encourage action planning by participants in the LC.

The funded entity will build capacity, establish new, and/or strengthen, knowledge among staff of CBDPP grant recipients, which include:

- dental schools and other accredited dental education programs, such as dental hygiene programs.
- dental programs 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.

CBDPP grant recipient staff include the project director, program coordinator, community-based partners, and a select number of dental students, dental hygiene students, dental residents, and community-based dental providers.

To achieve the goals of the LC, the funded entity will use the Extension for Community Health Outcomes (ECHO) model^[1] to establish and implement a LC that focuses on the following three areas:

1. Community-based dental education.

2. Oral health and HIV primary care integration; and
3. Supporting and sustaining community-based dental leaders in HIV oral health care.

Background

The Ryan White HIV/AIDS Program

The HRSA Ryan White HIV/AIDS Program has five statutory [funding parts](#) that provide a comprehensive system of medical care, support, and medications for low-income people with HIV. The goal is to improve health outcomes and to prevent HIV transmission.

The HIV care continuum is a key strategy to meet the goals of the program. It shows the journey of someone with HIV from diagnosis to effective treatment, leading to viral suppression. Achieving viral suppression boosts the individual's quality of life and prevents HIV transmission.

This continuum also helps programs and planners measure progress and use resources effectively. We require you to assess your outcomes and work with your community and public health partners to improve outcomes across the HIV care continuum. To assess your program, review HRSA's Performance Measure Portfolio.

Expanding the effort

There have been significant accomplishments:

- From 2010 to 2023, HIV viral suppression among RWHAP clients improved from 87.1% to 90.6%. For more, see the 2023 Ryan White Services Report (RSR).
- In 2020, the [Ending the HIV Epidemic in the U.S. \(EHE\)](#) initiative launched to further expand federal efforts to reduce HIV transmission. 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 reach viral suppression.

Program resources and innovative models

We offer multiple projects and resources to help you. A full list of resources is available on [TargetHIV](#). We urge you to learn about them and use them in your project. For some examples, see Helpful Websites.

Program requirements and expectations

This project will establish a Learning Collaborative (LC), an interactive, learning community for staff of RWHAP Part F CBDPP grant recipients to work collaboratively in exchanging information and knowledge to strengthen oral health and HIV primary care integration, enhance interprofessional education, and support community-based dental leaders.

The LC will support the HAB strategic priorities, which include building workforce and organizational capacity and ensuring continuity of care for people with HIV. This will be achieved by:

- Promoting information sharing and exchange;
- Providing technical assistance (TA) to enhance oral health and primary care integration in community-based dental settings, including those funded by or participating in both RWHAP and the HRSA Community Health Center Program;
- Optimizing dental education and training through interprofessional training and community-based education; and
- Supporting and sustaining community-based dental leaders in HIV oral health care.

The LC supports the HAB strategic priorities of building workforce and organizational capacity and ensuring continuity of care for people with HIV by addressing the non-oral/dental health training needs and demands of dental providers such as:

- HIV primary care and co-morbidities
- HIV prevention
- HIV background and management
- Patient-centered care.

This cooperative agreement addresses the following objectives:

Objective 1: Develop and provide a virtual LC for staff of RWHAP Part F CBDPP grant recipients to receive training, education, and support to learn about promising and innovative practices in three core areas:

- a) community-based dental education,
- b) oral health and HIV primary care integration
- c) supporting and sustaining community-based dental leaders in HIV oral health care.

Objective 2: Support the planning and facilitation of presentations to communicate key insights, emerging best practices, and lessons learned through the LC. These presentations may be shared at virtual or in-person meetings and conferences to promote knowledge exchange and highlight progress and impact.

Objective 3: Create and disseminate user-friendly multimedia materials to help other RWHAP recipients or subrecipients replicate best practices and effective innovations.

Award information

Cooperative agreement terms

Our responsibilities

Aside from monitoring and technical assistance, we also get involved in these ways:

- Make available experienced HRSA personnel to inform, support, or participate in planning, developing, and/or delivering cooperative agreement activities.
- Participate in designing, developing, directing, and/or delivering procedures, strategies, tools, training, TA, and peer learning activities, including the selection of sites to receive targeted training and TA.
- Provide ongoing monitoring and review of the design, development, direction, and/or delivery of cooperative agreement activities, including procedures, evaluation measures, and quality improvement efforts for accomplishing the objectives of the cooperative agreement.
- Participate in cooperative agreement trainings, TA, or other meetings with RWHAP recipients, subrecipients, and other stakeholders.
- Review and provide substantive and stylistic input on cooperative agreement materials and activities.
- Inform methods for evaluating the process and outcomes of cooperative agreement activities and use evaluation findings to inform future work.
- Participate in disseminating cooperative agreement activities, progress, and results (e.g., formal, or informal presentations to internal and external stakeholders, presentations at national or regional conferences), including best practices and lessons learned.
- Host and facilitate all virtual sessions.

Your responsibilities

You must follow all applicable laws and policies. Your other responsibilities will include:

- Develop and provide a virtual LC for staff of RWHAP Part F CBDPP grant recipients to receive training, education, and support to learn about promising and innovative practices in the three core areas of:
 1. community-based dental education,

2. oral health and HIV primary care integration, and
 3. supporting and sustaining community-based dental leaders in HIV oral health care.
- Identify and recruit individuals with experience in providing TA to HRSA recipients to serve as LC faculty and subject matter experts (SMEs). While it is preferred that SMEs be dental providers, it is not required.
 - Launch and coordinate several LC sessions for staff of RWHAP Part F CBDPP grant recipients over the LC's period of performance. Activities may include a mix of didactic sessions, facilitated discussions, and interactive peer learning, with opportunities for participants to share experiences and promising practices.
 - Manage all details associated with the process of securing continuing dental education (CDE) credits, ensuring trainings are eligible for CDEs where applicable.
 - Create and send curated emails on topics related to each LC session to LC participants.
 - Develop and conduct post LC session satisfaction assessments.
 - Post and disseminate all training and TA information, materials and products, findings, best practices, and lessons learned to national and local audiences on the [TargetHIV](#) website.
 - Provide information related to project activities to HRSA upon request.
 - Collaborate on the development and delivery of a TA activity, such as a webinar, to highlight the LC approach as a model for professional development and practice improvement, including innovative strategies and other relevant topics shared by LC participants.
 - Identify and participate in opportunities to disseminate insights from the LC—such as submitting abstracts to relevant national conferences or events, including the Ryan White National Conference and/or DCHAP Business Day—to share best practices, lessons learned, and key findings with the broader field.
 - Submit a comprehensive report summarizing LC participants' plans for sustaining the practices, knowledge, and improvements gained through the LC. This summary may include an overview of participants sustainability strategies anticipated challenges, and potential approaches to address them.

Funding policies and limitations

Policies

- Awards will be made only if funding is available and allocated for this program and purpose, at which point we will move forward with the review and award process. Support beyond the first budget year will depend on:

- Appropriation of funds.
- Your satisfactory progress in meeting the project's objectives.
- A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
 - Fund more applicants from the rank order list.
 - Extend the period of performance.
 - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in Section 3.1.4 of the [Application Guide](#). You can also see 45 CFR part 75, or any superseding regulation, [General Provisions for Selected Items of Cost](#).
- You cannot earn profit from the federal award. See [45 CFR 75.400\(g\)](#).

Current appropriations law includes a salary limit of \$225,700 as of January 2025 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds not associated with the HHS awarded project.

Program-specific statutory or regulatory limitations

You cannot use funds under this notice for the following:

- 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 of 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 statute 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 D funds can be used toward psychosocial support services, a component of family-centered care, which may include counseling and testing and information on PrEP to eligible clients' partners and affected family members, 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 any type of sexual activity.
- Research
- Foreign travel
- Long-term activities: instead, the activities should be short-term in nature with a targeted completion by the end of the period of performance.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 3.1.4 (Funding Restrictions) of the Application Guide. We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#)).

See [Manage Your Grant](#) for other information on costs and financial management.

Indirect costs

Indirect costs are costs you incur across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To charge indirect costs you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at time of award.

Method 2 – *De minimis* rate. Per [2 CFR 200.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose

this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See [2 CFR 200.1](#) for the definition of MTDC. You can use this rate indefinitely.

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [45 CFR 75.307](#).



Step 2:

Get Ready to Apply

In this step

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Get registered

SAM.gov

You must have an active account with SAM.gov to apply. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist to find out what you'll need to register.

When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#). You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-25-103.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit [HHS Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

FAQs will be posted on our TA webpage after the webinar

Join the webinar

For more information about this opportunity, join the webinar:

Tuesday, July 15, 2025

2 PM ET.

Join on: <https://events.gcc.teams.microsoft.com/event/9333faa1-f36f-4570-b9a5-d21d3f50c2cf@14b77578-9773-42d5-8507-251ca2dc2b06>

If you are not able to join through your computer, you can call in:

- Phone number: 1-240-800-7959
- Meeting ID: 284 347 813 788 8
- Phone conference ID: 506 543 5#

We will record the webinar.

Have questions? Go to [Contacts and Support](#).



Step 3:

Prepare Your Application

In this step

Application contents and format

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Application contents and format

Applications include four main components. This section includes guidance on each.

Application page limit: 60 pages.

Submit your information in English and express whole number budget figures using U.S. dollars.

Make sure you include each of these:

Components	Submission format
Project abstract	Use the Project Abstract Summary form.
Project narrative	Use the Project Narrative Attachment form.
Budget narrative	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Attachments form.
Other required forms	Upload using each required form.

Required format

You must format your narratives and attachments using our required formats for fonts, size, color, format, and margins. See the formatting guidelines in Section 3.2 of the [Application Guide](#).

Project abstract

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see Section 3.1.2 of the [Application Guide](#).

Project narrative

In this section, you will describe all aspects of your project.

Use the section headers and the order listed.

Introduction

See merit review criterion 1: [Need](#)

Provide a brief description of the overall project including proposed activities and briefly describe your organization and any collaborating organization to be involved in this project. Summarize your ability to work closely with other entities to carry out a successful LC.

Need

See merit review criterion 1: [Need](#)

- Describe your understanding of and relevant work related to the HIV care continuum, specifically how oral health integration supports improved health outcomes for people with HIV. Discuss the role of oral health in enhancing retention in care, overall well-being, and viral suppression, and highlight how the LC will address gaps in oral health care for people with HIV.
- Discuss the issues impacting the effective integration of medical and oral health care in community-based settings including those organization's dually funded RWHAP and HRSA's Community Health Center's programs.
- Include examples of LCs as an effective tool for development of interprofessional training, community-based education and program development
- Discuss any relevant barriers the proposal seeks to address, such as geographic disparities, workforce shortages, and sustainability of oral health programs for people with HIV.
- Use and cite demographic data whenever possible.

Approach

See merit review criterion 2: [Response](#)

- Tell us how you will address the stated purpose and objectives and meet each of the recipient responsibilities listed in this NOFO. The response should describe how the approach aligns with the three core focus areas: community-based dental education, oral health and HIV primary care integration, and supporting and sustaining community-based dental leaders in HIV oral health care.
- Include innovative strategies, procedures, and activities for collaborating with HRSA HAB and LC participants.

Learning Collaboratives

- Provide a clear explanation of the proposed approach to collaborative learning. Describe your strategy for leading and coordinating LC sessions that incorporate both didactic presentations and facilitated discussions.
- Propose the number of sessions to be conducted over the period of performance and detail your process for selecting session topics, in collaboration with HRSA staff, that align with and emphasize the three core areas of focus.

- Explain how SMEs will be identified, engaged, and integrated into the LC structure to ensure delivery of relevant, evidence-informed, and high-quality content.
- Propose how you will manage the process of obtaining CDE credits for applicable LC sessions.

Dissemination and Technical Assistance

- Discuss how you will disseminate knowledge gained from the project, including best practices, key insights, and lessons learned. Include plans for at least two presentations, such as virtual sessions or conference presentation.
- Explain how you will work with HRSA on logistics and platform hosting, particularly for virtual sessions.

Final Report

- Describe your plan for developing a final written report and summary presentation that reflects the full scope of project activities, outcomes, and recommendations.

High-level work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Describe how you'll achieve each of the objectives during the period of performance.
- Provide a timeline that includes each activity and identifies who is responsible for each. As needed, identify how key stakeholders will help plan, design, and carry out all activities, including the application.
- The work plan should detail the steps required to implement key activities, assess needs, develop and update training materials, engage participants, and ensure sustainability
- Describe the activities or steps that will be used to achieve each of the activities proposed during the entire period of performance in the Approach section. The work plan should directly relate to the methods described in the Approach section.
- The work plan should be presented in a table format and cover the full two-year period of performance, broken out by project year. It must include:
 1. Goals;
 2. Objectives that are specific, measurable, achievable, realistic and time-framed (SMART);
 3. Action steps;

4. Personnel responsible for each action step (including any consultants and contractors) used to achieve each of the proposed activities; and
 5. Anticipated dates of completion.
- The work plan should be included as [Attachment 7](#).

You will also include a more detailed work plan in your [attachments](#).

Resolving challenges

See merit review criterion 2: [Response](#)

Discuss possible challenges you may face in designing and carrying out the activities in the work plan. Explain how you'll resolve them.

- Describe challenges to the coordination of virtual collaboratives and group learning dynamic and techniques that will be used to mitigate these challenges.
- Describe the challenges to providing TA to a diverse, national audience of providers and community partners of recipients/subrecipients of Ryan White HIV/AIDS Program grant awards and the oral health and medical providers serving people with HIV.
- Describe the challenges that are likely to be encountered in the development and implementation of an effective approach to integrating oral health care and clinical care and propose strategies that have been or may be employed to overcome these challenges.

Performance reporting and evaluation

See merit review criteria 3: [Performance reporting and evaluation](#) and 5: [Resources and capabilities](#)

- **Outcomes.** Describe the expected outcomes (desired results) of the funded activities.
- Describe how you will manage and securely store data, including how you will protect data against cybersecurity threats, breaches, or other loss of data integrity.
- **Program evaluation.** Describe how you will evaluate your project. The evaluation should examine processes and progress towards goals, program objectives, and expected outcomes. Evaluations must follow the [HHS Evaluation Policy](#), as well as the standards and best practices described in OMB Memorandum M-20-12. In the description of your evaluation, include:
 - The evaluation questions, methods, data you will collect, and timeline for evaluating the program.
 - Challenges in evaluating your program and how you will address them.

- The capacity of your organization and staff to evaluate the program. Include their experience, skills, and knowledge.
- How you will share results, how you will assess whether you are sharing results effectively, whether your results are national in scope, and whether other organizations can replicate your program.

See the [reporting](#) section for more information.

Sustainability

See merit review criterion 4: [Impact](#)

We expect you to address sustainability for participating LC sites. Describe how you will assess LC participants' plans for sustaining practices, knowledge, and improvements. This assessment should include methods for evaluating participants' sustainability strategies and identifying potential challenges. Additionally, outline how you will report participants' sustainability plans, including the format, key components, and intended recipients of the report.

Organizational information

See merit review criterion 5: [Resources and capabilities](#)

Briefly describe your mission, structure, and the scope of your current activities. Explain how they will help you carry out the program requirements. You'll include a [project organizational chart](#) in your attachments.

- The chart should be a one-page figure that depicts the project structure of the LC, not the entire organization.
- Include a staffing plan with job descriptions for key personnel ([Attachment 9](#)) that identifies staff credentials and commitments to the proposed project components. If you will use consultants and/or contractors to provide any of the proposed services, describe their roles and responsibilities on the project
- Demonstrate the experience of your organization with:
 - Co-leading or collaborating with another organization on a project or initiative. Include experience in cross-organizational communication, planning, and negotiating roles and responsibilities
 - Discuss any examples of previous projects that reflect the experience of proposed staff in working collaboratively with RWHAP-funded organizations and providers of oral health care
 - Discuss examples of previous projects that involved working with institutes of higher learning including advanced learning at the college or university level
 - Collaborating with internal or external providers

- Demonstrate the experience of your organization with similar projects. Discuss how you'll follow the approved project, keep track of all federal funds, and record all costs to avoid issues during the project audit. Describe your organizational profile, budget, partners, key processes, and your key staff's experience, skills, and knowledge.

Budget and budget narrative

See merit review criterion 6: [Support requested](#)

Your **budget** should follow the instructions in Section 3.1.4 Project Budget Information – Non-Construction Programs (SF-424A) of the [Application Guide](#) and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for [equipment](#) and [supply](#) in [2 CFR 200.1](#). The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. See [other required forms](#). It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).
- Separate the line-item budgets for each of the two years in the period of performance, using the Section B Budget Categories of the SF-424A and breaking down cost categories as appropriate. You'll include these as [Attachment 5](#).
- Include travel to the biennial National Ryan White Conference on HIV Care and Treatment, to be held in the Washington, DC, metropolitan area.
- List each key position in the budget, including the principal investigator and project director.
- For all staff listed on the budget, identify what percentage of their full-time equivalence (FTE) you will allocate to this award, the full salary amount, and all other funding sources used to pay the full salary. For subsequent budget years, the justification narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive budget changes during the project period.

To create your budget narrative, see detailed instructions in Section 3.1.5 of the [Application Guide](#).

Attachments

Place your attachments in this order in the Attachments Form. See [application checklist](#) to determine if they count toward the page limit.

Attachment 1: Proof of Non-Profit Status (if applicable)

If your organization is a non-profit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the IRS.
- A letter from your state's tax department, attorney general, or another state official saying that your group is a non-profit and that none of your net earnings go to private shareholders or others.
- A certified copy of your certificate of incorporation. This document must show that your group is a non-profit.
- Any of the listed documents for a parent organization. Also include a statement signed by an official of the parent group that your organization is a non-profit affiliate.

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

Submit a copy of the current agreement.

Attachment 3: Staffing plan and job descriptions (required)

See Section 3.1.7 of the [Application Guide](#).

Include a staffing plan that shows the staff positions that will support the project, and key information about each. Justify your staffing choices, including their education and experience. Explain your reasons for the amount of time you request for each staff position.

For each key staff member, attach a one-page job description. It must include their role, responsibilities, and qualifications.

Attachment 4: Biographical sketches (required)

Include biographical sketches for people who will hold the key positions you describe in Attachment 3.

Each biographical sketch should be no more than two pages. Do not include non-public, [personally identifiable information](#). If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

Attachment 5: Program Specific Line-Item Budget (required)

Submit as a PDF a program-specific line-item budget for each 12 months in the 24-month period of performance.

SF-424A Section B does not count in the page limit; however, the line-item budget does count. See Section 4.1.iv of the [Application Guide](#).

Attachment 6: Agreements with other entities (if applicable)

Provide any documents that describe working relationships between your organization and others you mention in your project narrative. If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of subrecipients and contractors and any deliverables. It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization. Make sure letters of agreement are signed and dated.

Attachment 7: Work plan (required)

Attach the project's work plan that outlines how you will implement the project over the two-year period of performance. Make sure it includes everything required in the [project narrative](#) section.

You should use the work plan as a tool to manage the project by measuring progress, identifying necessary changes, and quantifying project accomplishments. The work plan should directly relate to your approach section and the program requirements.

Attachment 8: Funding preference documentation (required)

Provide information including supporting documentation, data, and other details according to the instructions for funding preferences. HRSA will review the information to determine whether you qualify for a funding preference. See [Funding Preferences](#) for more information.

See [Selection process](#) for information about how these apply.

Attachment 9: Project organizational chart (required)

Provide a one-page diagram that shows the full project's organizational structure.

Attachment 10-15: other relevant documents (if applicable)

You may use attachments 10 through 15 to add other relevant documents, tables, or charts that give more details about the proposal.

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.
Budget Narrative Attachment Form	With application.
Project/Performance Site Location(s)	With application.
Grants.gov Lobbying Form	With application.
Key Contacts	With application.

Important: public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples.](#)



Step 4:

Learn About Review and Award

In this step

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Application review

Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, it will not be funded.

We will not review any pages that exceed the page limit.

Merit review

A panel reviews all applications that pass the initial review. The members use these criteria.

Criterion	Total number of points = 100
1. Need	15 points
2. Response	30 points
3. Performance reporting and evaluation	15 points
4. Impact	15 points
5. Resources and capabilities	15 points
6. Support requested	10 points

Criterion 1: Need (15 points)

See the project narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for:

- The strength and clarity of the overall project description, including proposed activities, and the capacity of your organization and any collaborating organizations to successfully implement the project.
- How well it supports and clearly identifies the impact of oral health integration on improved health outcomes and retention in care for people with HIV.
- The strength and clarity of your understanding of the barriers to effective integration of oral health and HIV primary care in community-based settings.
- The degree to which you can describe/articulate the challenges with integrating oral health and medical care.

- The level of demonstrated knowledge on the use of LCs for professional education and community-based workforce training.
- The strength and clarity of the applicant's understanding of the barriers that impact health disparities, shortages of qualified health professionals, and how these impact the continuity of care.
- Clearly demonstrates the ability to effectively use and accurately cite demographic data to support the proposal's rationale and need.

Criterion 2: Response (30 points)

See the project narrative [Approach](#), [High-level work plan](#), and [Resolving challenges](#) sections.

The panel will review your application for:

Approach (15 points)

- The clarity, completeness, and feasibility of the proposed approach to meeting the stated purpose, objectives, and recipient responsibilities, and how well the approach aligns with the three core focus areas.
- The extent to which the applicant proposes clear, feasible, and relevant innovative and effective strategies, procedures, and activities for meaningful collaboration with HRSA HAB and LC participants.
- Quality and feasibility of the strategy for developing LC sessions, including integration of didactic and discussion formats, alignment of session topics with core focus areas, engagement of SMEs, and management of CDE credits.
- Clarity and effectiveness of the proposed dissemination strategy for sharing best practices, key insights, and lessons learned in the required presentation formats.
- The degree to which it demonstrates an understanding of dually funded clinics and their role in HIV primary care.
- The extent to which the outlined approach for collaborative learning includes clear methods on the identification of experts in relevant oral healthcare models as facilitators.
- Clarity and completeness of the plan to develop a final written report and summary presentation that accurately captures the full scope of project activities, outcomes, and recommendations.

High Level Work Plan (10 points)

- The strength of the proposed work plan as evidenced by measurable and appropriate objectives across LC sessions, TA, dissemination of TA and a final report.

- The reasonableness of the projected measures/numbers provided in the work plan with respect to the needs described in the Need section, and the data provided in Need section.

Resolving Challenges (5 points)

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

Criterion 3: Performance reporting and evaluation (15 points)

See the project narrative [Performance reporting and evaluation](#) section.

The panel will review your application for:

Evaluation (10 points)

- Overall approach and methodology to evaluate project results against goals and objectives and gain insights into program outcomes and impact.
- The extent to which the expected outcomes of the funded activities are clearly defined, realistic, and aligned with the program's goals and objectives.
- The adequacy of plans to manage, store, and protect data, including strategies to mitigate cybersecurity threats and ensure data integrity.

Performance measurement (5 points)

- Evidence that the measures assess how well project objectives have been met and to what extent the results are attributed to the project.

Criterion 4: Impact (15 points)

See the project narrative [High-level work plan](#) and [Sustainability](#) sections.

The panel will review your application for:

High-level work plan (10 points)

- How likely is the work plan to achieve the three objectives stated in the program requirements and expectations section.
- How effective is the proposed LC likely to improve the exchange of information among LC participants and to promote innovation in oral/dental health care for people with HIV.
- How effective your plans are likely to be in sharing the results of the three core focus areas of community-based dental education, oral health and HIV primary care integration, and building the next generation of dental leaders.

Sustainability (5 points)

- Extent to which you present a clear, feasible, and comprehensive plan to evaluate and report on the sustainability efforts of participating CBDPP LC recipient sites.

Criterion 5: Resources and capabilities (15 points)

See the project narrative [Organizational information](#) and [Performance reporting and evaluation](#) sections.

The panel will review your application to determine the extent to which:

Organizational Information (10 points)

- Your project staff have the training and clinical experience in understanding the provision of community-based oral health care services by RWHAP Part F CBDPP recipients.
- Your project staff have the training and experience to carry out performance reporting and program evaluation.
- You have the capabilities to fulfill the needs of the project including hosting effective LCs, produce quality TA tools, and present findings at the national level.

Performance reporting and evaluation (5 points)

- You have the capacity to gather, manage, and use data.

Criterion 6: Support requested (10 points)

See the [Budget and budget narrative](#) section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the two-year period of performance.
- How reasonable costs are and how well they align with the project's scope and proposed activities.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.

We do not consider **voluntary** cost sharing during merit review.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.

- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.
- The funding preferences listed.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Funding preferences

This program includes a funding preference, as authorized by 42 U.S.C § 300ff-111(a)(2) (Section 2692(a)(2) of the Public Health Service Act). If we determine that your application meets the funding preference criteria, we will move it up in our ranking of

applications. Qualifying for a funding preference does not guarantee that you will receive funding. Applications that do not receive a funding preference will still receive full consideration during the review process.

Qualifications to meet the funding preference:

Provide information to support your request to be considered for a funding preference. You must cite examples of proposed activities in your application as indicated in the instructions for the funding preference. By statute, your organization must meet the three criteria below to receive the funding preference.

- Train, or result in the training of, health professionals who will provide treatment for minority individuals and Native Americans with HIV/AIDS and other individuals who are at high risk of contracting HIV/AIDS;
- Train, or result in the training of, minority health professionals and minority allied health professionals to provide treatment for individuals with HIV/AIDS; and
- Train, or result in the training of, health professionals and allied health professionals to provide treatment for Hepatitis B or C and HIV co-infected individuals.

See 42 U.S.C. § 300ff-111(a)(2).

To evaluate your eligibility for the funding preference, please cite examples of proposed activities in your application that meet the three criteria noted above in [Attachment 8](#). Please limit your response to one page.

If your organization does not propose any activities related to the funding preference, you can indicate “Not applicable” on [Attachment 8](#).

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See Section 4 of the [Application Guide](#) for more information.

By drawing down funds, you accept the terms and conditions of the award.



Step 5:

Submit Your Application

In this step

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Application submission and deadlines

Your organization's authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#), and specifically with regard to grants.

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. [See information on getting registered](#). You will have to maintain your registration throughout the life of any award.

Deadlines

Application

You must submit your application by June 18, 2025, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives applications.

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

Have questions? Go to [Contacts and Support](#).

Other submissions

Intergovernmental review

This NOFO is not subject to [Executive Order 12372](#), Intergovernmental Review of Federal Programs. No action is needed.

Application checklist

Make sure that you have everything you need to apply:

Component	How to upload	Included in page limit*?
<input type="checkbox"/> Project abstract	Use the Project Abstract Summary Form.	No
<input type="checkbox"/> Project narrative	Use the Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in the Attachments Form in this order.	
<input type="checkbox"/> 1. Proof of Non-Profit Status		Yes
<input type="checkbox"/> 2. Federally negotiated indirect cost rate		Yes
<input type="checkbox"/> 3. Staffing plan & job descriptions		Yes
<input type="checkbox"/> 4. Biographical sketches		No
<input type="checkbox"/> 5. Program Specific Line-Item Budget		Yes
<input type="checkbox"/> 6. Letters of agreement & MOUs		Yes
<input type="checkbox"/> 7. Work plan		Yes
<input type="checkbox"/> 8. Funding preference documentation		Yes
<input type="checkbox"/> 9. Project organizational chart		Yes
<input type="checkbox"/> 10. Other relevant document		Yes
<input type="checkbox"/> 11. Other relevant document		Yes
<input type="checkbox"/> 12. Other relevant document		Yes
<input type="checkbox"/> 13. Other relevant document		Yes
<input type="checkbox"/> 14. Other relevant document		Yes
<input type="checkbox"/> 15. Other relevant document		Yes
Other required forms*	Upload using each required form.	

Component	How to upload	Included in page limit*?
<input type="checkbox"/> Application for Federal Assistance (SF-424)		No
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)		No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL), optional		No
<input type="checkbox"/> Project/Performance Site Location(s)		No
<input type="checkbox"/> Grants.gov Lobbying Form		No
<input type="checkbox"/> Key Contacts		No

*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.



Step 6:

Learn What Happens After Award

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Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, and any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
 - [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
 - [2 CFR 200.1](#), Definitions, Equipment.
 - [2 CFR 200.1](#), Definitions, Supply.
 - [2 CFR 200.313\(e\)](#), Equipment, Disposition.
 - [2 CFR 200.314\(a\)](#), Supplies.
 - [2 CFR 200.320](#), Methods of procurement to be followed.
 - [2 CFR 200.333](#), Fixed amount subawards.
 - [2 CFR 200.344](#), Closeout.
 - [2 CFR 200.414\(f\)](#), Indirect (F&A) costs.
 - [2 CFR 200.501](#), Audit requirements.
- The HHS [Grants Policy Statement](#) (GPS). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations applicable to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- The requirements for performance management in [2 CFR 200.301](#).

Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.

- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan on the [NIST Cybersecurity Framework](#). Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

Protect:

- Limit access to only those who need it for award activities.
- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): [Knowledge on Demand \(hhs.gov\)](#).
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. See [Incident-Response-Plan-Basics_508c.pdf \(cisa.gov\)](#) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
 - Any unplanned interruption or reduction of quality, or
 - An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Reporting

If you are funded, you will have to follow the reporting requirements in Section 4 of the [Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress reports each quarter
- Annual performance reports through [Electronic Handbooks](#).
- Federal Financial Report



Contacts and Support

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Agency contacts

Program and eligibility

Catishia Mosley

Public Health Advisor

Attn: Division of Community HIV/AIDS Program

HIV/AIDS Bureau

Health Resources and Services Administration

Email your question to this program's in-box: AskPartFDental@hrsa.gov

Call: 301-945-0903

Financial and budget

Marie Mehaffey

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

MMehaffey@hrsa.gov

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Helpful websites

- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Integration of Oral Health and Primary Care Technical Assistance Toolkit](#)

Endnotes

1. Komaromy, M., Duhigg, D., Metcalf, A., Carlson, C., Kalishman, S., Hayes, L., Burke, T., Thornton, K., & Arora, S. (2016). Project ECHO (Extension for Community Healthcare Outcomes): A new model for educating primary care providers about treatment of substance use disorders. *Substance Abuse* , 37 (1), 20–24. [↑](#)