

Notice of Funding Opportunity
Application due 07/10/2026

HRSA

Health Resources & Services Administration

HIV/AIDS Bureau
HIV Technical Assistance for Indian Country
HRSA-26-110



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Before You Begin

Health Resources and Services Administration

HIV/AIDS Bureau

Division of Policy and Data

HIV Technical Assistance for Indian Country

HRSA-26-110

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

Step 1: Review the Opportunity

Basic information

Building organizational and workforce capacity for Tribes, Tribal organizations, and Urban Indian organizations.

Summary

This funding opportunity will fund three (3) entities to build organizational and workforce capacity for Tribes, Tribal organizations, and Urban Indian organizations to implement sustainable, system-level changes that improve the identification of undiagnosed American Indian and Alaska Native individuals with HIV, increase linkage and re-engagement in HIV care, and improve viral suppression. This funding opportunity would be supported with funding from the U.S. Department of Health and Human Services' Minority HIV/AIDS Fund (MHAF) and would be administered by the Health Resources & Services Administration's HIV/AIDS Bureau.

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

Key facts

Opportunity name:

HIV Technical Assistance for Indian Country

Opportunity number:

HRSA-26-110

Announcement version:

initial

Federal assistance listing:

93.899

Key dates

NOFO issue date:

06/08/2026

Informational webinar: See [Join the webinar](#)

Application deadline:

07/10/2026

Expected award date is by:

09/30/2026

Expected start date:

09/30/2026

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

Funding details

Application Types:

New

Expected total available funding in FY:

2026: \$4,500,000

Expected number and type of awards:

3 CA (Cooperative Agreement)

Funding range per award:

\$0 - \$1,500,000

The program and awards depend on the approval of funds from the U.S. Department of Health and Human Services' Minority HIV/AIDS Fund (MHAFF) and are subject to change based on the availability and amount of the award.

We plan to fund awards in four 12-month budget periods for a total 4 year period of performance from 09/30/2026 to 09/29/2030.

Eligibility

You can apply if you are a:

- Public or nonprofit private entity, including institutions of higher education and academic health science centers.
- Faith-based or community-based organization, Tribe, Tribal organization, or Urban Indian organization.

Types of eligible organizations

These types of domestic organizations may apply:

State governments

County governments

City or township governments

Special district governments

Independent school districts

Public and State controlled institutions of higher education

Native American tribal governments (Federally recognized)

Native American tribal organizations (other than Federally recognized tribal governments)

Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education

Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education

Private institutions of higher education

Additional information on eligibility

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:

- 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. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

Program description

Purpose

This funding opportunity will fund three (3) entities to provide HIV training and technical assistance to Tribes, Tribal organizations, and Urban Indian organizations to build their organizational and workforce capacity to implement sustainable, system-level improvements to identify undiagnosed individuals with HIV, increase linkage and re-engagement in HIV care, and improve viral suppression.

HRSA worked collaboratively with the HHS Indian Health Service (IHS) to develop the concept for this funding opportunity and will continue partnering with IHS throughout the project. IHS and HRSA have identified a need for training and technical assistance for Tribal health providers in HIV care and treatment.

American Indian and Alaska Native people continue to experience barriers to HIV prevention, care, and treatment¹. Although they represent a small proportion of overall HIV diagnoses in the United States, their rates are disproportionately high when adjusted for population size². Barriers such as geographic isolation, limited health care access, lack of appropriately responsive services, stigma, and other factors often lead to lower HIV testing rates and delayed diagnoses, which can result in poorer health outcomes and a higher risk of HIV transmission. This funding opportunity will provide training and technical assistance to address these needs.

This project advances Make America Healthy Again (MAHA) priorities by focusing on tribal health and expanding access to primary care.

Project Overview

To strengthen HIV care and treatment efforts in American Indian and Alaska Native communities, HRSA HAB will fund three (3) entities in different geographical areas to provide training and technical assistance to Tribes, Tribal organizations, and Urban Indian organizations to bolster their organizational capacity to deliver quality HIV prevention, testing, care and treatment for people with HIV, especially for those who may not know their status or are not consistently engaged in care. This project emphasizes community engagement, appropriately responsive services, and organizational capacity building through provider and staff training and technical assistance.

To achieve this purpose, within their defined service areas, the funded entities should:

- Create a needs assessment based on a review of previously conducted landscape analyses and training and technical assistance resources.
- Create a training and technical assistance plan.
- Provide tailored, appropriately relevant training and technical assistance to Tribes, Tribal organizations, and Urban Indian organization.
- Develop and implement a learning collaborative for Tribes, Tribal organizations, and Urban Indian organization staff.

¹ US Centers for Disease Control and Prevention. “Fast Facts: HIV in the US by Race and Ethnicity”

² Office of Minority Health. “HIV/AIDS and American Indians/Alaska Natives”

- Evaluate and report on the effectiveness of the training and technical assistance provided.

The intended outcome of this project is to provide training and technical assistance at the:

- System-level to increase the capability of Tribal governments, Tribal organizations, or Urban Indian organizations to implement system-level changes and enhance clinical practice to initiate or improve HIV prevention, testing, care, and treatment.
- Individual provider and staff level to increase the capability of health care team members and staff currently not involved in HIV prevention or care to initiate or improve HIV prevention, testing, care, and treatment.

When implementing this project, the following should be emphasized:

- Develop appropriately relevant training and technical assistance materials and tools.
- Focus on improving access to HIV prevention, testing, care, and treatment for American Indian and Alaska Native people.
- Align HIV efforts within the broader Tribal health system and strategic plans.
- Clinical quality improvement strategies, measurable outcomes, and long-term sustainability.
- Partner and collaborate with Indian Health Boards, Ryan White HIV/AIDS Program Part F AIDS Education and Training Centers, and other key partners.
- Ensure that American Indian and Alaska Native people with or affected by HIV from your service area are involved in the planning and implementation of the project.

Other considerations:

- You may contract and partner with other organizations or individuals that have subject matter expertise to carry out evaluation or other activities if you do not have expertise in-house.
- You may cover travel expenses, as necessary, and provide nominal one-time funds to learning collaborative participants.

Funding Opportunity Goals

- Reduce the new HIV infections in the U.S. by focusing on HIV care and treatment strategies so that people with HIV reach viral suppression and therefore do not sexually transmit HIV.
- Reach people with HIV who are out of care by leveraging partnerships, focusing interventions, and engaging communities.

Background

The Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program (RWHAP) has five statutorily defined Parts that provide grants to states, cities, counties, local clinics, and community-based organizations. The grants fund medical care, medication, and essential support services, to meet the needs of people with HIV and family members affected by HIV. Together, these grants provide a comprehensive system of care to ensure low-income people with HIV have access to services for early diagnosis of HIV, linkage to care, medically appropriate treatment, retention in care, and sustained viral suppression (a very low or undetectable amount of HIV in the blood).

For nearly four decades, the RWHAP has funded services to provide HIV primary health care, medication, and essential support services, including mental health care, transportation, case management, nutrition, and housing. These services support clients to enter and remain in care, access medications, and reach viral suppression, reducing transmission and lowering health care costs.

Ending the HIV Epidemic

Launched in 2020, the Ending the HIV Epidemic in the U.S. (EHE) initiative further expands 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.

Making America Healthy Again

The Ryan White HIV/AIDS Program helps advance the [Making America Healthy Again \(MAHA\)](#) priorities by:

- **Expanding access to primary care** for people with HIV, particularly those with low incomes, and by strengthening the health workforce.
- **Fighting the chronic disease epidemic** by providing HIV medical care, treatment, and support services to people with HIV.
- **Supporting improved nutrition** by providing patient-centered focused medical nutrition therapy and food services.
- **Supporting disease prevention** through HIV care and treatment services that help people reach viral suppression so they live longer, healthier lives and do not transmit HIV.

Key accomplishments

- **Nearly 602,000 people with HIV** in the U.S. received life-saving care, medication, and essential support services in 2024, through the RWHAP, representing over half of all diagnosed with HIV in the U.S. This is an increase of nearly 26,000 clients since 2023.
- **More than 91 percent** of Ryan White HIV/AIDS Program patients receiving HIV medical care were virally suppressed in 2024. This is up from 69.5% of patients virally suppressed in 2010 and significantly higher than the 67.2% virally suppressed nationally among all people with diagnosed HIV.
- **More than 47 percent** of Ryan White HIV/AIDS Program clients are aged 50 years and older, demonstrating the program's success in supporting older clients and its commitment to addressing the unique needs of people aging with HIV.

Program requirements and expectations

- You should **define your service area**, which may be a geographic region or specific population or Tribe(s), and conduct your activities based on their specific needs.
- Based on a review of previously conducted landscape analyses and training and technical assistance resources, you should **develop a needs assessment** that identifies gaps,

barriers, opportunities, and potential partners and champions to improve existing or create new training and technical assistance resources.

- You should **create a training and technical assistance plan**, based on the review and needs assessment, that includes:
 - The list of the Tribes, Tribal organizations, and Urban Indian organizations to which you will provide the training and technical assistance.
 - The plan for conducting a needs assessment with each organization to assess their provider/staff-level and system-level training and technical assistance needs, including provider and staff attitudes and gaps in knowledge and skills on HIV prevention, testing, care, and treatment topics as well as organizational capacity and readiness.
 - The anticipated goals, learning objectives, and types of training and technical assistance strategies for the training and technical assistance.
 - The materials you will use, which may be modified from existing resources or, if needed, developed new.
 - The topic, learning objectives, and potential participants for the learning collaborative.
- You should **provide tailored, appropriately relevant training and technical assistance** to specific organizations identified in the training and technical assistance plan.
- You should **develop and implement at least one learning collaborative** for Tribes, Tribal organizations, and Urban Indian organization staff to accelerate peer learning and collective impact. Participants will share strategies to overcome structural barriers, address stigma, and strengthen outreach and retention systems.
- Throughout the program’s lifecycle, you should **evaluate and report on the effectiveness of the training and technical assistance** to support organizations to adopt and sustain the methodologies, tools, and techniques that strengthen individual or system-level capacity to initiate HIV services or improve existing HIV services.
 - As noted above, you may contract with another organization or an individual if you do not have this expertise in-house.

Key Personnel

Key personnel should have experience working with American Indian and Alaska Native communities. Relevant personal or professional expertise is acceptable instead of educational background, as appropriate. Most key personnel should be in place prior to the beginning of the period of performance, although contracting with organizations and individuals may happen throughout the period of performance, as necessary.

Statutory authority

Consolidated Appropriations Act, 2026 (P.L. 119-75), Division B, Title II

Award information

Cooperative agreement terms

Our responsibilities

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

- Collaborate in the design, operation, direction, and evaluation of training and technical assistance activities, including meetings, training activities, guides, tools, reports, and other project materials.
- Participate in the planning, coordination, and review of trainings and the learning collaborative(s).
- Review and, as appropriate, assist the recipient with the dissemination of project findings, lessons learned, and promising practices.
- Coordinate partnership and communication with the other recipients of this award and in the RWHAP.
- Coordinate communication with appropriate IHS subject matter experts for consultation on previously developed landscape analyses, inventories, and technical assistance resources.
- Coordinate with other projects in the service area to avoid duplication.

Your responsibilities

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

- Participate in the biennial National Ryan White Conference on HIV Care and Treatment.
- Participate in the biennial HAB Administrative Reverse Site Visit.
- Attend and present at health conferences where American Indian and Alaska Native Tribes, Tribal organizations, and Urban Indian organizations attend.
- Follow HRSA clearance and review requirements for all training and technical assistance materials.
- Provide HRSA with a complete, updated, and accessible copy of all federally supported materials.

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS has adopted [2 CFR Part 200](#), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

Policies

- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls. 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 the [Application Guide](#).
 - [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
 - Allowable and Unallowable Costs and Activities in the [HHS Grants Policy Statement](#).
- All costs must be [reasonable](#), necessary, [allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
 - You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).
 - Current appropriations law includes a salary limit of \$228,000 as of January 2026 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.

Indirect costs

Indirect costs are costs you charge 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 incur 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 the time of award.

Method 2 – *De minimis* rate. Per [2 CFR § 200.414\(f\)](#), if you do not have a current 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 up to 15% of modified total direct costs (MTDC). See [2 CFR § 200.1](#) for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

Consider your indirect costs when developing your [budget](#).

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 [2 CFR 200.307](#).

- 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.

Step 2: Get Ready to Apply

Get registered

SAM.gov

You must have an active account with SAM.gov to apply. 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 for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

If you need additional information about user roles in SAM.gov, see “Get registered: SAM.gov user roles” in the [Application Guide](#).

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](#) and [How to Apply for Grants](#).

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-26-110.

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

- Webinar information will be posted to the Related Documents tab on Grants.gov. We recommend you “Subscribe” to the NOFO on Grants.gov to receive updates when documents are posted.

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

Step 3: Build Your Application

Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments, as applicable.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

Narratives

| Component | Grants.gov form | Included in page limit*? |
|--|------------------------------------|--------------------------|
| <input type="checkbox"/> <u>Project narrative</u> Use the Project Narrative Attachment form. | Project Narrative Attachment form. | Yes |
| <input type="checkbox"/> <u>Budget narrative</u> Use the Budget Narrative Attachment form. | Budget Narrative Attachment form. | Yes |

Attachments

Insert each in the Attachments Form in this order.

| Component | Included in page limit*? |
|--|--------------------------|
| <input type="checkbox"/> 1. Work plan | Yes |
| <input type="checkbox"/> 2. Staffing plan and job descriptions | Yes |
| <input type="checkbox"/> 3. Biographical sketches | No |
| <input type="checkbox"/> 4. Agreements with other entities | Yes |
| <input type="checkbox"/> 5. Funding priority documentation | Yes |
| <input type="checkbox"/> 6. Project organizational chart | No |
| <input type="checkbox"/> 7. Tables and charts | Yes |
| <input type="checkbox"/> 8. Other relevant document | Yes |
| <input type="checkbox"/> 9. Other relevant document | 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 in Grants.gov.

| Forms | Submission requirement |
|---|------------------------|
| Application for Federal Assistance (SF-424) | With application. |
| Project Abstract Summary Form | With application. |
| Grants.gov Lobbying Form | With application. |

| Forms | Submission requirement |
|--|-------------------------------|
| Disclosure of Lobbying Activities (SF-LLL), optional | With application. |
| Project/Performance Site Location(s) | With application. |
| Budget Information for Non-Construction Programs (SF 424A) | With application. |
| Key Contacts | With application. |

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

Application contents and format

This section includes guidance on each component found in the application checklist.

Application page limit: 45

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

Required format

Required format for project summary, project narrative, budget narrative, and attachments.

Font: A readable font like Arial, Courier, CG Times, or Times New Roman

File format: We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format o .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

Size: 12-point font

Footnotes, charts, graphics, and budget tables may be 10-point or higher.

Ink color: Black

Spacing: Single-spaced, including all text and tables

Alignment: Left

Headings: Bold all headings and align left.

Size: 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)

Margins: 1-inch on all sides

Footer: On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

Page numbering:

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.

- Treat each attachment as a separate section.

File names: You can find guidance for naming your files in the [Application Guide](#).

Project narrative

Introduction

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

Briefly describe the purpose of your project.

Need

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

- Describe the service area for your proposed training and technical assistance project, which may cover a geographic region or a specific population or Tribe(s).
 - Include in your description the number and type of current and potential Tribal and/or Urban Indian health service delivery sites that have the capacity to provide HIV prevention, testing, care, and treatment.
- Discuss the HIV prevention, testing, care, and treatment needs of the population living and/or receiving health care within your proposed service area.
- Discuss the training and technical assistance needs related to HIV prevention, testing, care, and treatment for the organizations within your proposed service area.
- Describe how your project will support long-term solutions to HIV, including but not limited to strategies to optimize the delivery, uptake and adoption of novel long-acting therapeutic options, interventions to achieve viral suppression, and practices that integrate and sustain evidence-based HIV prevention and care in a variety of settings.
-
- You may use local, IHS, state, or national data along with Indigenous knowledge about the community or population and you may include both quantitative (numbers) and qualitative (stories) data.

Approach

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

- Tell us how you plan to gather input on your project from American Indian and Alaska Native people with HIV or affected by HIV from your service area.
- Tell us your plan for conducting the review of previously conducted landscape analysis and training and technical assistance resources to identify existing and gaps in training and technical assistance on strengthening HIV prevention, testing, care, and treatment systems for Tribes, Tribal organizations, and Urban Indian organizations.
- Tell us your plan for developing a needs assessment, based on the review you conduct, that identifies gaps, barriers, opportunities, and potential partners and champions to improve existing or create new training and technical assistance resources.
- Describe how you will create a plan to provide individualized training and technical assistance to Tribes, Tribal organizations, and Urban Indian organizations within your defined service area. Include in your description:
 - How you will determine the number of, identify, and select the organizations to which you will provide the training and technical assistance.

- The materials you anticipate using to deliver the training and technical assistance.
- The topic, learning objectives, and potential participants for the learning collaborative.
- Tell us how you plan to tailor training and technical assistance materials for the specific organizations identified in the training and technical assistance plan. Include in your description, how you:
 - Will determine the level(s) (individual and/or system-level) at which the training and technical assistance should be directed.
 - Plan to tailor existing training and technical assistance materials and how you will determine if you need to create new training and technical assistance materials.
- Tell us how you plan to deliver training and technical assistance to these organizations to support their ability to design, implement, document, and monitor HIV-related activities. Include in your description, how you will:
 - Ensure you are providing the training and technical assistance to meet the learning needs of the organization's staff.
 - Consider how the services that will be provided because of the training and technical assistance will be sustainable within the organization (e.g., costs, staffing needs).
 - Be customer service-oriented and responsive to the needs of Tribal governance structures and Urban Indian clinical settings.
- Describe how you plan to develop, implement, and evaluate at least one learning collaborative. Include in your description how you will:
 - Determine the topic and learning objectives.
 - Recruit participants.
 - Evaluate the effectiveness of the learning collaborative.

High-level work plan

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

Provide a high-level workplan of your objectives, activities, timeline, and staff responsible for implementing the project (**Attachment 1**). Include objectives for the entire 4-year period of performance that are specific, measurable, achievable, realistic, and time-framed (SMART).

For year one only, include:

- Action steps to achieve the stated objectives.
- Anticipated start and completion dates for each action step.
- Staff responsible for each action step, including any consultants.
- As needed, identify how contractors or other partners will help plan, design, and carry out these activities.

Your work plan activities should correspond to your proposed budget.

For years two to four, you will submit a detailed work plan with action steps post-award.

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 and proposed methods described in the approach section. Explain how you'll address them.

Performance management

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

Tell us your plan for evaluating the training and technical assistance activities. Include in your description:

- How you will measure the effectiveness of the training and technical assistance to support organizations to adopt and sustain the methodologies, tools, and techniques that strengthen individual or system-level capacity to initiate HIV services or improve existing HIV services.
 - Include in your description how you plan to track the training and technical assistance activities and the outcomes you plan to measure.
- How you will engage in continuous quality improvement activities to identify opportunities for mid-project improvements.

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

Organizational information

See merit review criterion 4: [Resources and capabilities](#)

- Briefly describe your organization's mission, structure, and the scope of its current activities. Explain how they will help you carry out the program requirements.
- Include a staffing plan with job descriptions for key personnel (**Attachment 2**) 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.
- Include biographical sketches of key personnel (**Attachment 3**).
- Include signed letters of agreement, memoranda of understanding, and descriptions of proposed or existing contracts (**Attachment 4**), if applicable.
- Include a project organizational chart (**Attachment 6**). The chart should be a one-page figure that depicts the project structure, not the entire organization. It should include subrecipients, contractors, and other significant collaborators, if applicable.
- Describe the experience of your organization with similar projects, including:
 - Working with American Indian and Alaska Native people;
 - Providing training and technical assistance to Tribes, Tribal organizations, and Urban Indian organizations;
 - In the field of HIV, or how you plan to contract with organizations with this experience;
 - Evaluating effectiveness of training and technical assistance provided to health services delivery organizations.
- If you plan to contract with other organizations and/or individuals to implement aspects of this program, please describe how you will ensure they have experience working with American Indian or Alaska Native people or in the HIV field.

- Describe the ability of your organization to quickly start the project activities early in the period of performance, this may include discussions with your organization’s governing body, administration, or strategic plans.
- Discuss how you’ll keep track of all federal funds and record all costs to avoid issues during the project audit.

Budget and budget narrative

See merit review criterion 5: [Support requested](#)

Your **budget** should follow the instructions in budget narrative: detailed instructions section 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. 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, allowable and allocable, and consistent with your project’s purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).

This NOFO requires you to:

- Include travel to the biennial National Ryan White Conference on HIV Care and Treatment, to be held in the Washington, DC metropolitan area.
- Include travel to the Washington, DC metropolitan area for the biennial HAB Administrative Reverse Site Visit.
- List each key position in the budget, including the project director.
- For all staff listed in 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 budget narrative detailed instructions in 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.

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

Attachment 1: Work Plan

Attach the project's work plan. Make sure it includes everything required in the [project narrative](#) section.

Attachment 2: Staffing plan and job descriptions

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 3: Biographical sketches

Include biographical sketches for people who will hold the key positions you describe in Attachment 2.

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 4: Agreements with other entities

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 5: Funding priority documentation

Provide documents that prove you qualify for Applicant Type.

See the [selection process](#) section for information about the type of documentation required and how these documents are used.

Attachment 6: Project organizational chart

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

Attachment 7: Tables and charts

Provide tables or charts that give more detail about the proposal. These might be Gantt, PERT, or flow charts.

Attachment 8-15: other relevant documents

You may use attachments 8 through 15 to add other relevant documents.

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. |
| Project Abstract Summary Form | With application. |
| Grants.gov Lobbying Form | With application. |
| Disclosure of Lobbying Activities (SF-LLL), optional | With application. |
| Project/Performance Site Location(s) | With application. |
| Budget Information for Non-Construction Programs (SF 424A) | With application. |
| Key Contacts | With application. |

Form instructions

The application guide has detailed instructions for:

- The [Application for Federal Assistance \(SF-424\)](#).
- The [Budget Information for Non-Construction Programs \(SF-424A\)](#).

Project abstract summary form instructions

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](#).

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: Understand Review, Selection, and Award

Application review

Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, and the requirements in this NOFO. If your application does not meet eligibility criteria, it will not be funded. If your application does not meet other criteria, we will not fund it.

Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the [Application Guide](#). The members use these criteria.

| Criterion | Total number of points = 100 |
|---|------------------------------|
| 1. Need | 10 points |
| 2. Response | 40 points |
| 3. Performance reporting and evaluation | 15 points |
| 4. Resources and capabilities | 30 points |
| 5. Support requested | 5 points |

Criterion 1: Need (10 points)

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

The panel will review your application for how well it:

- Describes purpose of your project.
- Describes your proposed service area and the HIV prevention, testing, care, and treatment needs of the population living and/or receiving health care within the proposed service area.
- Describes the training and technical assistance needs related to HIV prevention, testing, care, and treatment for the organizations within your proposed service area.
- Describes how the project will support long-term solutions to HIV, including but not limited to strategies to optimize the delivery, uptake and adoption of novel long-acting therapeutic options, interventions to achieve viral suppression, and practices that integrate and sustain evidence-based HIV prevention and care in a variety of settings.

Criterion 2: Response (40 points)

The panel will review your application for:

Approach (25 points)

- The strength and clarity of your plan to gather input on your project from American Indian and Alaska Native people with HIV or affected by HIV from your service area.
- The strength and clarity of your plan for conducting the review of previously conducted landscape analysis and training and technical assistance resources to identify existing and gaps in training and technical assistance on strengthening HIV prevention, testing, care, and treatment systems at Tribes, Tribal organizations, and Urban Indian organizations.
- The strength and clarity of your plan to develop a needs assessment to identify gaps, barriers, opportunities, and potential partners and champions.
- Your description of how you will create a plan to provide individualized training and technical assistance to Tribes, Tribal organizations, and Urban Indian organizations within your defined service area.

- The strength and clarity of your plan to tailor training and technical assistance materials for the specific organizations identified in the training and technical assistance plan.
- The strength and clarity of your plan to deliver training and technical assistance to these organizations to support their ability to design, implement, document, and monitor HIV-related activities.
- The strength and clarity of your plan to develop, implement, and evaluate at least one learning collaborative.

Work plan (10 points)

- The strength and clarity of your work plan (**Attachment 1**).

Resolving challenges (5 points)

- How well it describes the possible challenges you may face in designing and carrying out the activities in the work plan and proposed methods described in the approach section. This includes the quality of your plan to address them.

Criterion 3: Performance reporting and evaluation (15 points)

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

The panel will review your application for:

- The strength and clarity of your plan to measure the effectiveness of the training and technical assistance to support organizations to adopt and sustain the methodologies, tools, and techniques that strengthen individual and system-level capacity to initiate HIV services or improve existing HIV services.
- The strength and clarity of your plan to engage in continuous quality improvement activities to identify opportunities for mid-project improvements.

Criterion 4: Resources and capabilities (30 points)

See the project narrative [Organizational information](#) section.

The panel will review your application for:

Organizational capacity (15 points)

- Your description of your organization's mission, structure, and the scope of its current activities, and how they will help you carry out the program requirements.
- The inclusion and strength of your staffing plan (**Attachment 2**), biographical sketches of key personnel (**Attachment 3**), and, if applicable, letters of agreement, memoranda of understanding and/or descriptions of proposed or existing contracts (**Attachment 4**).
- The inclusion and strength of the project organizational chart (**Attachment 6**).
- If applicable, the strength and clarity of your plan to contract with other organizations and/or individuals to implement aspects of this program.
- The strength of your description of your plan for how the organization will be able to quickly start the project activities early in the period of performance.
- The strength and clarity of your plan to keep track of all federal funds and record all costs to avoid issues during the project audit.

Organizational experience (15 points)

- The extent to which your organization has experience with similar projects, including:
 - Working with American Indian and Alaska Native people;
 - Providing training and technical assistance to Tribes, Tribal organizations, and Urban Indian organizations;
 - In the field of HIV, or your plan for contracting with organizations with this experience;
 - Evaluating effectiveness of training and technical assistance provided to health services delivery organizations.
- If applicable, the strength and clarity of your description of how you will ensure organizations and/or individuals you plan to contract with have experience working with American Indian and Alaska Native people and/or in the HIV field.

Criterion 5: Support requested (5 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 period of performance.
- How reasonable costs are and how well they align with the project's scope.
- 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 [2 CFR 200.206](#).

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 priorities, funding preferences, and special considerations listed.
- [Alignment with HRSA Mission and Strategic Priorities.](#)

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.

Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

You cannot appeal a denial, or the amount of funds awarded.

Funding priorities

This program includes a funding priority, based on HRSA policy. A funding priority adds points to merit review scores if we determine that the application meets the listed criteria. Qualifying for a funding priority does not guarantee that your application will be successful.

Priority 1: Indian Tribe, Tribal Organization, Urban Indian Organization (5 Points)

We will give you a funding priority if:

you provide documentation verifying you are one of the following:

- A federally recognized Indian Tribe as defined by 25 U.S.C. 1603 (14). The term “Indian Tribe” means any Indian Tribe, band, nation, or other organized group or community, including any Alaska Native village or group, or regional or village corporation, as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.
- A Tribal organization as defined by 25 U.S.C. 1603 (26). The term “Tribal organization” has the meaning given the term in section 4 of the Indian Self Determination and Education Assistance Act (25 U.S.C. 5304(1)): “Tribal organization” means the recognized governing body of any Indian Tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is

democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities: provided that, in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian Tribe, the approval of each such Indian Tribe shall be a prerequisite to the letting or making of such contract or grant. Applicant shall submit letters of support and/or Tribal Resolutions from the Tribes you will serve.

- An Urban Indian organization as defined by 25 U.S.C. 1603 (29). The term “Urban Indian organization” means a nonprofit corporate body situated in an urban center, governed by an Urban Indian-controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in 25 U.S.C. 1653(a). Applicants must provide proof of nonprofit status with the application, e.g., 501 (c)(3).

Special considerations

This program includes special considerations based on HRSA policy. This program includes a special consideration to ensure geographic distribution. We may give your application special consideration if it addresses the following focus area:

- We will not make more than two awards per HHS region.

Qualifying for special consideration does not guarantee that you will receive funding.

To achieve the distribution of awards as stated, we may need to fund out of rank order.

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See “how we make awards” in the [Application Guide](#) for more information.

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

Step 5: Submit Your Application

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.

Application deadline

You must submit your application by 07/10/2026, at 11:59 p.m. ET.

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

If you need a deadline extension, see “requesting a waiver” in the [Application Guide](#).

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.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to the [Application Guide](#).

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.

Step 6: Learn What Happens After Award

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 [2 CFR Part 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at [2 CFR Part 300](#), and any superseding regulations.
- The [HHS Grants Policy Statement](#). 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 relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- The requirements for performance management in [2 CFR 200.301](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

Required Alignment with HRSA Mission and Strategic Priorities

Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA [vision, mission, core values, and strategic priorities](#), where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.

- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA’s vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable or live in areas with limited access to care. HRSA’s duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA’s priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
 - Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
 - Maintain strong internal controls.
 - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

Make America Healthy Again (MAHA): HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

Child protections, biological integrity, parental rights, and lawful use of funds: HRSA prioritizes safeguarding children’s health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.

- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

Advancing evidence-based, merit-driven, and ethically grounded health care: HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:

- Conflicts of interest.
- “Harm reduction” models.
- Housing-first approaches.
- Activities that facilitate illegal drug use or unsafe medical practices.

Promoting public safety, lawful use of federal funds, and national health priorities: To the extent permitted by law, HRSA will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at [2 CFR Part 200](#) and the terms and conditions of this award. This includes termination under [2 CFR § 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

Cybersecurity

- If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See [details here](#).

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 funded by any entity | Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity. Visit to 45 CFR 170, Subpart B 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 | Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it 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 use 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/isp/>.

Reporting

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

You must also follow these program-specific reporting requirements:

- Progress report(s) each year
- Annual Performance reports.

Contacts and Support

Agency contacts

Program and eligibility

Makeva M. Rhoden, PhD, MPH, CHES

Director, Office of Program Support (OPS)

Attn:

HIV Technical Assistance for Indian Country

Health Resources and Services Administration
MRhoden@hrsa.gov

240-461-6176

Financial and budget

Beverly Smith

Grants Management Specialist Division of Grants Management Operations Office of Financial Assistance and Acquisition Management (OFAAM) Health Resources and Services Administration

Bsmith@HRSA.GOV

301-443-7065

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](#)

Help with systems

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

- [Application Guide](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Frequently Asked Questions](#)
- [Applicant Training](#)