U.S. Department of Health and Human Services

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

HIV/AIDS Bureau
Division of Community HIV/AIDS Programs

Ryan White HIV/AIDS Program Part F
Community Based Dental Partnership Program

Funding Opportunity Number: HRSA-23-051

Funding Opportunity Type(s): New and Competing Continuation

Assistance Listings Number: 93.924

Application Due Date: December 16, 2022

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

Issuance Date: October 14, 2022

Dana Hines, PhD, RN
Nurse Consultant
Division of Community HIV/AIDS Programs
Telephone: (301) 443-8127
Email: DHines@hrsa.gov

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

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Ryan White HIV/AIDS Program (RWHAP) Part F Community Based Dental Partnership Program (CBDPP) funding.

The purpose of this program is to improve access to oral health care services for low income people with HIV in underserved geographic areas while simultaneously providing education and clinical training for dental students, dental hygiene students, dental residents, or other dental providers in community-based settings. Program goals must be accomplished through collaborations between dental and dental hygiene education programs recognized by the Commission on Dental Accreditation and community-based dental providers.

This funding opportunity is open to current RWHAP Part F CBDPP recipients and new organizations proposing to provide RWHAP Part F CBDPP funded services in existing geographic service areas as described in Appendix A and one new service area as described below. Applications for existing service areas must address the entire service area as defined in Appendix A. Applicants that do not propose to serve the entire published service area must demonstrate the availability of comprehensive oral health care services to all RWHAP eligible populations within the service area through partners or other RWHAP providers. Applicants requesting to expand the service area beyond what is published in Appendix A must fully demonstrate the need for RWHAP Part F CBDPP funded services in that area. No additional funding above the amount listed in Appendix A, can be requested for applicants proposing to expand existing service areas.

In addition, applications will be accepted from organizations proposing to provide oral health care services to low income people with HIV in one new geographic service area as described by the applicant. For the purposes of this NOFO, a new service area is a defined geographic area with a demonstrated need for oral health care services for low income people with HIV, not adequately covered by other sources of support. HRSA anticipates awarding one new service area under this notice. **Newly proposed service areas must not geographically overlap, partially or fully, with existing service areas as defined in Appendix A.**

Applicants applying for more than one service area must submit a separate application for each service area.

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part F Community Based Dental Partnership Program
Funding Opportunity Number:	HRSA-23-051
Due Date for Applications:	December 16, 2022
Anticipated Total Annual Available FY 2023 Funding:	$4,000,000
Estimated Number and Type of Award(s):	Up to 13 grants
Estimated Award Amount:	Varies, see Appendix A
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	July 1, 2023 through June 30, 2028 (5 years)
Eligible Applicants:	Accredited dental schools and other accredited dental education programs, such as dental hygiene programs or those sponsored by a school of dentistry, a hospital, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency are eligible to apply. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following webinar:

Day: Thursday October 27, 2022
Time: 2 p.m. – 4 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1608068159?pwd=dkdLc3BtdDVwSmVSRHEzckl3ckNFQT09

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

Call-In Number: 833-568-8864 US Toll-free
Meeting ID: 160 806 8159
Passcode: mS2cfMEb

HRSA will record the webinar. This webinar will be available on the TargetHIV Center website at https://targethiv.org/library/nofos.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the fiscal year (FY) 2023 Ryan White HIV/AIDS Program (RWHAP) Part F Community Based Dental Partnerships Program (CBDPP). The purpose of this program is to improve access to oral health care services for low income people with HIV in underserved geographic areas while simultaneously providing education and clinical training for dental students, dental hygiene students, dental residents, or other dental providers in community-based settings. CBDPPs will accomplish program goals through collaborations between dental and dental hygiene education programs recognized by the Commission on Dental Accreditation and community-based dental providers.

This funding opportunity is open to current RWHAP Part F CBDPP recipients and new organizations proposing to provide RWHAP Part F CBDPP funded services in existing geographic service areas as described in Appendix A and one new service area as described below. Applications for existing service areas must address the entire service area as defined in Appendix A. Applicants not proposing to serve the entire published service area must demonstrate the availability of comprehensive oral health care services to all RWHAP eligible populations within the service area through partners or other RWHAP providers. Applicants requesting service area expansion beyond what is published in Appendix A must fully demonstrate the need for RWHAP Part F CBDPP funded services in that area. Applicants proposing to expand existing service areas cannot request funding above the amount listed in Appendix A.

In addition, applications will be accepted from organizations proposing to provide oral health care services in a new geographic service area as described by the applicant. For the purposes of this NOFO, a new service area is a defined geographic area with a demonstrated need for oral health care services for low income people with HIV, not adequately covered by other sources of support. **HRSA anticipates awarding one new service area for up to $300,000 under this notice. Newly proposed service areas must not geographically overlap partially or fully, with existing RWHAP Part F CBDPP service areas as described in Appendix A.**

Applicants applying for more than one service area must submit a separate application for each service area.
For more details, see Program Requirements and Expectations.

2. Background

The Ryan White HIV/AIDS Program (RWHAP), Part F Community Based Dental Partnership Program is authorized by section 2692(b) of the PHS Act (42 U.S.C. § 300ff-111(b)).

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

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

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

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

For more information about the RWHAP, please visit the Health Resources and Services Administration (HRSA) website: http://ryanwhite.hrsa.gov/.

Strategic Frameworks and National Objectives

National objectives and strategic frameworks like Healthy People 2030, the National HIV/AIDS Strategy (NHAS) (2022–2025); the Sexually Transmitted Infections National Strategic Plan for the United States (2021 – 2025); and the Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025) are crucial to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and provide a blueprint for collective action across the Federal Government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to the extent possible.

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

According to recent data from the 2020 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2016 to 2020, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 84.9 percent to 89.4 percent. Additionally, racial and ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.[1] For example, the disparity in viral suppression rates between Black/African American and White clients has decreased since 2010.[2] These improved outcomes mean more people with HIV in the United States will live near-normal lifespans and cannot sexually transmit HIV to others.

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

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

Using Data Effectively: Integrated Data Sharing and Use

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

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[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2020. https://ryanwhite.hrsa.gov/data/reports. Published December 2021. Accessed December 2, 2021.

[2] Viral suppression among Black/African American clients increased from 81.3 percent in 2016 to 86.7 percent in 2020, while viral suppression for White clients increased from 89.4 percent in 2016 to 92.5 percent in 2020; therefore the gap in viral suppression between these two groups decrease from 8.1 percentage points different to 5.8 percentage points different.

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

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

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

As outlined in Policy Clarification Notice 21-02, *Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program*, recipients and subrecipients should use electronic data sources (e.g., Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify client eligibility information, such as income and health care coverage (that includes income limitations), when possible. RWHAP recipients and subrecipients should first use available data sources to confirm client eligibility before requesting additional information from the client. In addition, RWHAP recipients and subrecipients are encouraged to develop data sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden across programs. HRSA strongly encourages complete CD4, viral load (VL), and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic in the U.S. can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

Program Resources and Innovative Models

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

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

Examples of these resources include:

- RWHAP Best Practices Compilation (BPC)

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

- RWHAP Center for Innovation and Engagement (CIE)

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

- Integrating HIV Innovative Practices (IHIP)

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

- E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV

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

- Dissemination of Evidence-Informed Interventions

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

See HIV Care Innovations: Replication Resources for additional information.

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

- Building Futures: Supporting Youth Living with HIV
- The Center for Engaging Black MSM Across the Care Continuum (CEBACC)
- Using Community Health Workers to Improve Linkage and Retention in Care
- Engage Leadership through Employment, Validation, and Advancing Transformation and Equity for persons with HIV (ELEVATE)
- Ending Stigma through Collaboration and Lifting All to Empowerment (ESCALATE)

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $4,000,000 to be available annually to fund up to 13 recipients. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. One new service area will be awarded for a new geographic service area. **For existing service areas, you may apply for up to the published ceiling amount in Appendix A annually (reflecting direct and indirect costs).** If you are proposing to serve a new service area you may apply for up to $300,000 annually (reflecting direct and indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2023 through June 30, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the RWHAP Part F CBDPP in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

Maintenance of Effort

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. §Section 2692(b)(4) of the PHS Act. Such federal funds are intended to

supplement, not supplant, existing non-federal expenditures for such activities. Complete the Maintenance of Effort information and submit as Attachment 4.

HRSA will enforce statutory MOE requirements through all available mechanisms.

NOTE: Multiple applications from an organization with the same Unique Entity Identifier (UEI) are allowed if applying for more than one service area listed in Appendix A.

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-051 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's *SF-424 Application Guide*. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **60 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

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

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

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-051, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

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

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

Applications must be complete and validated by Grants.gov under HRSA-23-051 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 10: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

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

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and

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

RWHAP Part F CBDPP Requirements and Expectations
Recipients must adhere to the following statutory requirements and programmatic expectations.

- **Education and Training** – RWHAP Part F CBDPP recipients must ensure HIV-related oral health education and training for dental students, dental hygiene students, dental residents, or other dental providers in community-based settings. Recipients must establish and manage clinical rotations for trainees to deliver oral health services to people with HIV in community-based settings located in the service area under the supervision of community-based dentists. Education and training curricula should be interdisciplinary and focus on comprehensive oral health care for people with HIV. Additionally, education and training should allow trainees opportunities to learn about and apply principles of trauma-informed care, gender-affirming care for gender-diverse populations, and other social determinants of health. RWHAP Part F CBDPP recipients are strongly encouraged to follow the National HIV Curriculum (NHC). The NHC is a free, HRSA- funded educational website that provides ongoing, up-to-date information needed to meet the core competency requirements for HIV prevention, screening, diagnosis, ongoing treatment and care to health care providers in the United States.
- **Oral Health Care Service Delivery** – RWHAP Part F CBDPP recipients must ensure that low income people with HIV have access to community-based, comprehensive, oral health care services in the existing or proposed service area.
- **Integration of Oral Health into Primary HIV Care-** RWHAP Part F CBDPP recipients must ensure integration of oral health services with primary HIV medical care. Integration of oral health and medical care can happen at multiple points of the care trajectory. Some examples include reciprocal dental and medical referral relationships, integrated medical-dental intake and assessment forms, and educational outreach programs to inform people with HIV of the availability of oral health services. Other examples may include dental residents teaching HIV medical providers how to conduct a basic oral health assessment and providing oral health education to medical patients during integrated medical appointments. CBDPP recipients will establish formal arrangements such as contracts or memoranda of understanding (MOUs) to support integration of services.
- **Partnerships** – HRSA HAB expects RWHAP Part F CBDPP recipients to establish collaborative partnerships with community-based organizations in the service area, including community-based dental providers, to ensure that dental students, dental

hygiene students, and/or dental residents are providing oral health care services in community-based settings. Examples of partnering organizations include other RWHAP-funded clinics and service organizations, local Ryan White HIV/AIDS Program AIDS Education and Training Centers (AETCs); and local/state dental societies associated with but not limited to the American Dental Association, American Dental Education Association, National Dental Association, Hispanic Dental Association, and the Indian Dental Association.

- **Medicaid Provider Status** – All providers of services available under the state Medicaid plan must have entered into a participation agreement under the state plan and be qualified to receive payments under such plan, or receive a waiver from this requirement. This requirement may be waived for free clinics that do not impose a charge for health services and do not accept reimbursement from Medicaid, Medicare, private insurance, or any other third-party payor.
- **Clinical Quality Management** – RWHAP Part F CBDPP recipients are encouraged to have a clinical quality management (CQM) program that ensures coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. The following quality management resources can be helpful to establishing or continuing a CQM program:
  - HAB Policy Clarification Notice (PCN) 15-02 Clinical Quality Management and related Frequently Asked Questions for PCN 15-02
  - Quality of Care | Ryan White HIV/AIDS Program
  - HRSA/HAB Oral Health Performance Measures: http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html
  - The Center for Quality Improvement and Innovation (CQII)
  - The National HIV/AIDS Strategy for the United States 2022–2025

- **Performance Measurement, Performance Management, and Program Evaluation** – RWHAP Part F CBDPP recipients are encouraged to include HRSA HAB oral health measures and NHAS indicators that align with national goals to end the HIV epidemic. Recipients should identify, collect, analyze, and report data to assess the impact of oral health education and clinical training of dental students, dental hygiene students, or dental residents on oral health care outcomes for people with HIV in their respective clinics or service areas. For the HAB oral health performance measures, see http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html

- **Involvement of People with HIV** – People with HIV receiving services at a RWHAP-funded organization should be actively involved in developing, implementing, and evaluating the CBDPP and CQM activities. To accomplish effective involvement of people with HIV, programs should provide necessary training, mentoring, and supervision. Examples of involvement of people with HIV include but are not limited to the following:
  - Representation on a newly established or existing Advisory Board.
  - Serving as volunteer HIV peer navigators working directly with patients to help them address issues related to keeping dental appointments, treatment decisions, and adherence, as examples.

- Participation on workgroups, committees and task forces, such as a Quality Committee or a Patient Education Committee.
- Serving as paid peer educators, outreach workers, or clinic staff, with fair and equitable pay for the job they are performing.
- Participation through patient satisfaction and needs assessment surveys, forums, and focus groups.
- Participation as guest faculty on panel of persons with lived experience in community-based, dental or service learning courses.

- **Communities of Practice (CoP)** – Through a contract, HRSA may conduct at least one CoP during the period of performance. The CoP will diffuse interventions and evidenced-based strategies, share best practices, and build new knowledge around several important areas, including but not limited to strengthening the community based dental education of trainees and integration of oral health and primary care. HRSA HAB expects all CBDPP recipients to participate in a future oral health CoP. A CoP is an established group of people that participates in collaborative learning sessions with other organizations and uses process improvement to enhance performance in a high impact area. Teams will use results from organizational self-assessments and lessons learned through didactic learning on specific topics to develop programmatic goals and implement key activities and improvement projects that will benefit their organization.

- **Evaluation of CBDPP-** HRSA may conduct an evaluation of the CBDPP during the course of the period of performance and expects all CBDPP recipients to participate.

- **HRSA Supported Meetings or Conference -** HRSA expects RWHAP Part F CBDPP grant recipients to participate in and support the travel and training for HAB supported meetings or conferences, such as the biennial National Ryan White Conference during the period of performance.

- **Payor of Last Resort and Eligibility Determination** – With the exception of programs administered by or providing the services of the Indian Health Service, the RWHAP is the payor of last resort. Recipients may not use RWHAP Part F CBDPP funds for a service if payment has been made, or reasonably can be expected to be made by a third-party payor.

  Establishment of eligibility and eligibility confirmation should be determined in accordance to guidelines in HAB PCN 21-02 *Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program*). HRSA HAB expects all RWHAP recipients and subrecipients to establish, implement, and monitor policies and procedures to determine client eligibility based on the following three factors: 1) A documented HIV diagnosis, 2) low income, and 3) residency within the service area. RWHAP recipients and subrecipients must conduct timely eligibility confirmations, according to their policies and procedures, to assess changes to the client's income and/or residency status. The purposes of the eligibility and confirmation procedures are to ensure that the program only serves eligible clients and that the RWHAP is the payor of last resort.

In order to extend finite RWHAP grant resources to low income people with HIV, recipients and subrecipients must vigorously pursue and rigorously document enrollment into, and subsequent reimbursement from, health care coverage for which their clients may be eligible. Examples include Medicaid, Medicare, Children's Health Insurance Program (CHIP), state-funded HIV programs, employer-sponsored health insurance coverage, and health plans offered through other private health insurances.

Recipients cannot use RWHAP Part F CBDPP funds to supplement the maximum cost allowance for services reimbursed by third party payments such as Medicaid, Medicare, or other insurance programs. Please note that recipients cannot use direct or indirect federal funds such as RWHAP Parts A, B, C, and D to duplicate reimbursement for services funded under Part F CBDPP. Additionally, recipients cannot bill RWHAP Parts A, B, C, or D for services reimbursed by RWHAP Part F CBDPP.

- **Program Income** – Recipients are required to track, appropriately use, and report all program income generated by the award consistent with RWHAP requirements. This includes third party reimbursement, client fee collections, income generated by participation in the 340B Drug Discount Program, or any other sources of program income.

- **Information Systems** – Recipients must have an information system that has the capacity to track and report at a minimum the data requested in the RWHAP Dental Services Report (DSR).

- **Service Availability** – Oral health care services for people with HIV should be available to clients no later than 90 days from the start date of the RWHAP Part F CBDPP period of performance.

- **Subawarded Services** – In addition to the information included in 45 CFR § 75.352, subrecipient agreements must include:

    1) The total number of people with HIV to be served
    2) Medicaid certification eligibility of the dental providers
    3) Details of services to be provided
    4) Assurance that providers will comply with RWHAP Part F CBDPP legislative and program requirements, data sharing, and DSR submission.

  Per 45 CFR §§ 75.351 - .353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, RWHAP legislative and programmatic requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures regarding the administrative and clinical quality management costs are reasonable.

- **Medication Discounts** – RWHAP grant recipients that purchase, are reimbursed for, or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for their organization and its patients (see 42 CFR part 50, subpart E). Eligible health care organizations/covered entities that enroll in the 340B Drug Pricing Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at https://www.hrsa.gov/opa/.

- **Other Financial Management Issues** – Recipients must have appropriate financial systems in place that provide internal controls in safeguarding assets, ensuring stewardship of federal funds, maintaining adequate cash flow to meet daily operations, and maximizing revenue from non-federal sources.

Program-Specific Instructions

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

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria
Introduction	(1) Need and (2) Response
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities

Narrative Section	Review Criteria
Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

ii. *Project Narrative*

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

Reminder: if you are applying for more than one service area listed in Appendix A and/or a new service area, you must submit a separate application for each service area. For existing service areas, each application must address the entire service area listed in Appendix A. Applicants that do not propose to serve the entire published service area must demonstrate the availability of comprehensive oral health care services to all RWHAP eligible populations within the service area through partners or other RWHAP providers. Applicants requesting to expand the service area beyond what is published must fully demonstrate the need for RWHAP CBDPP funded services in that area. No additional funding above the amount listed in Appendix A can be requested for applicants proposing to expand existing service areas.

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

- *INTRODUCTION -- Corresponds to Section V's Review Criteria #1 and #2*

  Identify the entire service area you plan to serve. Indicate whether the service area is a proposed new service area or an existing service area as indicated in Appendix A. For proposed new service areas, specify the entire service area by the most relevant geographic subunit (e.g., county, zip code, etc.). Remember that newly proposed service areas must not geographically overlap with existing RWHAP Part F CBDPP service areas as defined in this NOFO in Appendix A. Additionally, describe your organization's experience in providing the following:

  - Comprehensive oral health care to people with HIV, including gender diverse persons with HIV.
  - and training in oral health care for people with HIV to dental students, dental hygiene students, dental residents, and other dental providers.
  - Integrating oral health services into primary HIV care.
  - Collaborating with other community-based organizations across the identified service area.

Additionally, if you are a new applicant applying for an existing service area, you must:

- Identify the recipient (listed in Appendix A) that you propose to replace.
- Demonstrate you have the infrastructure in place to implement all components of a RWHAP Part F CBDPP.
- Describe a transition strategy for existing clients that minimizes disruption and maintains service continuity;
- Provide at least the same scope of services as the current recipient;
- Address the entire service area, as listed in Appendix A.

- *NEEDS ASSESSMENT -Corresponds to Section V's Review Criterion #1*

The purpose of this section is to describe the target populations and their unmet oral health care needs as well as to describe the overall oral health care landscape and gaps in service delivery in the service area. Use quantitative data, as requested, to support the information provided. This section will help reviewers understand the community and service area that you will serve with the proposed project. There are two (2) required components of the needs assessment section:

1) HIV Burden in the Service Area and Target Populations
2) The Local Oral Health Care Landscape

1) HIV Burden in the Service Area
Provide an overview of the HIV burden in the service area by using the most recent three (3) years of HIV surveillance data available for the service area (e.g., 2020, 2021, and 2022). Clearly cite all sources of data. Provide data specific to:

- Number of new HIV infections (incidence)
- Number of people with HIV infection (prevalence)

Present data stratified by race, ethnicity, age, gender, transmission modes, income, and insurance coverage to highlight particular disparities. Clearly describe any populations or priority groups (e.g., youth, gender diverse populations, etc.) disproportionately affected by HIV within the existing or proposed new service area and for whom your agency will tailor delivery of RWHAP Part F CBDPP funded for highest impact. For proposed **new service areas**, this evidence must demonstrate the need for RWHAP Part F CBDPP funded services in the proposed geographic area. Identify trends that have emerged during the last three years, such as increases or decreases among specific subpopulations. You are strongly encouraged to provide the above information in a table format.

2) The Local Oral Health Care Landscape
Describe the local oral health care landscape by providing information on the oral health care services available to low-income people with HIV in the existing or proposed new service area. Additionally, describe the HIV-related oral health care

delivery gaps that exist in the service area. The presentation of the local oral health care landscape must include the following information:

- **Oral Health Care Services for People with HIV and Providers**
  - Describe existing oral health care services available to low-income people with HIV in the service area.
  - Describe the integration of oral health care and primary care services for low-income people with HIV in the service area.
  - Describe both public and private entities that provide oral health care to low-income people with HIV in the service area.
  - Identify all federal, state, and local funding sources for oral health care available to low-income people with HIV in the service area.
  - Describe existing dental coverage under Medicaid, Medicare, and other state-sponsored or third-party payors, including any limitations and gaps in coverage that exist.
  - Specify the amount of funding received from the RWHAP Parts A, B, C, D, and F Dental Reimbursement Program, both by organizations or agencies in the community, and by the proposed program partners, to support the provision of oral health care for low-income people with HIV. If other RWHAP funds are available for oral health care in the community, explain why those funds are not being utilized, or are insufficient, to fund oral health care and to address unmet oral health care needs of low-income people with HIV.
  - Describe gaps in and barriers to local oral health care for low-income people with HIV and specific unmet oral health care needs in the service area.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 and #4*
  Utilizing the section headings provided below, describe the methods that you will use to address the unmet needs and service gaps described in the needs assessment section and to meet each of the previously described program requirements and expectations in this NOFO.

  1) Education and Training
  2) Service Delivery
  3) Integration of Oral Health into Primary Care
  4) Partnerships
  5) Involvement of People with HIV

1) Education and Training

Discuss how education and training relative to HIV will occur for dental students, dental hygiene students, or dental residents, and if applicable, other dental providers in community-based settings. Include the following information:

- The type and/or modality of HIV-related clinical training and hands on experience

- How students and residents will receive formal education and training on providing oral health care to people with HIV. Components of education and training should include, but should not limited to, HIV oral health care guidelines; the core competencies outlined in the NHC (e.g. knowledge for HIV prevention, screening, diagnosis, and ongoing treatment and care), and on such social determinants of health as trauma-informed care, gender-affirming care, and legal issues concerning people with HIV.
- How students and residents will gain a public health perspective including an understanding of the social determinants of oral health, the social context for providing oral health care, and a greater cultural understanding of oral health care needs of low-income people with HIV. Examples can include, but are not limited to, shadowing social workers and case managers to observe the reauthorization and financial assessment and CBDPP faculty inviting people with HIV to serve as guest faculty to provide insight on their lived experience.
- How students and residents will evaluate (e.g. pre-and post-surveys) the educational and clinical training components of the CBDPP.

2) Service Delivery

- Describe how your organization and collaborative partner(s) will deliver oral health care services to low-income people with HIV in the service area. Include the following information: The number of low-income people with HIV served in the past year with oral health care services and the projected number to be served in the first year under this funding opportunity.
- The plan for informing low-income people with HIV of the availability of oral health care services and how they can access these services.
- Your plan to deliver comprehensive oral health care in the proposed service area.
- The plan for providing after-hours and weekend coverage for urgent or emergency oral health care needs for low-income people with HIV.
- Your policies for ensuring client confidentiality and establishing a system for control of client records.

3) Integration of Oral Health into Primary Care

- The plan for providing referral services to link clients to HIV medical care and support services, thus ensuring access to comprehensive primary care and support services for low-income people with HIV.
- The outreach strategy that will be used to inform HIV primary care providers in the service area about the availability of oral health care services, and the coordination strategy to engage with these providers for the provision of services.
- Plans to engage other RWHAP providers and health professional schools in order to promote oral health and primary care integration.
- Plan for shared communication and collaboration between oral health and primary care providers to ensure oral health and primary care providers are coordinating the treatment of shared clients.

4) Partnerships

Describe the partners your institution will collaborate with to develop and/or implement the proposed program. Include the following information:

- A plan describing how your organization will collaborate with AETCs on curriculum development and implementation of dental, medical and social learning educational experiences.
- The steps your organization will take to bring dental education programs and community partners together to deliver quality oral health care to low-income people with HIV in community settings.
- The names and locations of partners involved in the proposed program activities and the number of staff involved regardless of their source of funding.
- The role of each agency in this partnership, including information on their involvement in the design and implementation of preparatory courses, community-based practice experiences, and student and program assessments. Note the number of community-based dentists participating as adjunct faculty, and their orientation and training that prepares them to supervise students and residents.
- A plan communication strategy between you and the partner(s) (e.g., meetings, on-site visits), and how decisions will be collaboratively made.

5) Involvement of People With HIV

Discuss how people with HIV will be involved in various aspects of the program. In your description, include the following information:

- Plans for engaging people with HIV as partners in their own care, including how they will learn about oral health care and the intersection with HIV.
- Plans for engaging people with HIV as peer navigators, dental case managers, etc. including how they will support linkage and engagement in oral health care among peers.
- How people with HIV will be engaged in meaningful ways related to the development, implementation, and assessment of the RWHAP Part F CBDPP.

WORK PLAN -- Corresponds to Section V's Review Criteria #2 and #4

A work plan is a concise easy-to-read overview of your goals, strategies, objectives, activities, timeline, and those responsible for making the program happen. HRSA recommends using a table format, to describe the activities or steps that you will use to achieve the proposed activities in the Methodology section. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key partners in planning, designing and implementing all activities. In addition, please identify any innovative practices, e.g. teaching strategies and modalities to enhance dental education and training and increase engagement and interest in HIV dentistry, or innovative approaches such as using teledentistry to engage people in oral health care.

Measurable objectives should be established and provided at a minimum in the five areas below **for each year of the proposed period of performance** (five years). Submit the work plan as Attachment 8**.**

1) Education and Training
2) Service Delivery
3) Partnerships
4) Involvement by People with HIV
5) Integration of Oral Health into Primary Care

The data outlined in the Needs Assessment section must support the projected numbers provided in the work plan. If your budget includes subrecipient(s), provide measurable objectives broken out for each subrecipient(s) within the recommended table format. Incorporate the following numbers and measures into your work plan:

1) Education and Training

- Number of dental students who will receive HIV related training and education.
- Number of dental hygiene students who will receive HIV related training/education.
- Number of dental residents who will receive HIV related training/education.
- Number of other providers (e.g. community dentists) who received HIV related training/education
- Number of dental students who will provide direct clinical care to people with HIV.
- Number of dental hygiene students who will provide direct clinical care to people with HIV.
- Number of dental residents who will provide direct clinical care to people with HIV.
- Number of other providers (e.g. community dentists) who will provide direct clinical care to people with HIV
  Other – Identify any program indicators used for measuring effectiveness in training students and residents to manage the oral health care of people with HIV.

2) Service Delivery

- Number of eligible RWHAP clients to be served in your program
- Number of unduplicated **new** RWHAP clients to be served in your program
- Number of clinical visits by clients (e.g., prophylaxis, restorative, dentures, etc.).
  Other – Identify other clinical indicators that are used to measure performance (e.g. HAB oral health performance measures)

3) Partnerships

- Number of partner organizations (e.g., community health centers, local health departments, AIDS service organizations, etc.)

- Number of partnerships with non-RWHAP (external) dental providers

4) Involvement of People with HIV

- Number of people with HIV involved in planning, implementation and evaluation of the program.
- Number of dental patient peer-navigators
- Number of people with HIV who participate in the CQM program.
- Number of dental education social learning training experiences led by people with HIV.

5) Integration of Oral Health into Primary Care

- Number of patient referrals sent to primary HIV care
- Number of patient referrals received from primary HIV care provider
- Number of oral health screenings conducted by primary HIV care provider
- Number of annual oral health trainings provided to medical providers
- Other – Identify any program indicators used for measuring effectiveness of integration between oral health and primary care

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2*

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges. For example, describe anticipated challenges due to COVID-19 pandemic, or in integrating oral health care and primary health care and strategies to overcome any potential challenges.

  Transition Plan (to be completed by new applicants only): For those applicants who currently do not receive RWHAP Part F CBDPP funding for the specific service area or areas described in Appendix A, please describe:

  - How your organization will improve services to the current patients and target populations of the existing RWHAP Part F CBDPP recipient throughout the entire designated service area.
  - Your detailed transition plan for how current patients and the scope of services will be transferred from the existing RWHAP Part F CBDPP recipient to your organization if successfully awarded the grant as a result of this competition.
  - How the activities, time frames, and efforts to coordinate the transition of services will be conducted so that the delivery of RWHAP Part F CBDPP services to the existing patient population is not disrupted or impeded. (Note: for newly awarded organizations, HAB expects that HIV oral health services will be available to clients no later than 90 days from the award date.)

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 and #5*
  Describe the systems and processes used to track measures and evaluate progress toward meetings the goals and objectives of the proposed activities. You must describe the plan for the program performance evaluation that will contribute to continuous quality improvement. As a part of this, describe the methods you will use to measure the program's effectiveness in training students and residents to manage the oral health care of low-income people with HIV.

  Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. You must describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5*
  Describe your organization's capacity and expertise to provide oral health care services to people with HIV and meet program requirements and expectations by detailing your administrative, fiscal, and clinical operations. Please address, at a minimum, the following information:

  - The mission of your organization. How does the CBDPP fit within the scope of this mission?
  - The organizational skills, capabilities, and resources, including staff that will contribute to your institution's ability to carry out the proposed activities. Include your experience in providing oral health care to targeted population(s) in the community. This information should align with the staffing plan provided in Attachment 2 and the biographical sketches of key personnel provided in Attachment 3.
  - Your organization's experience with the administration and fiscal management of federal grants and contracts, including information on what kind of accounting systems are in place, and what internal systems are used to monitor grant expenditures.
  - How you will manage and monitor subrecipient performance and compliance with RWHAP Part F CBDPP requirements.
  - How your organization will ensure any subawarded funds or funds expended on contracts are properly tracked and documented.

- Your processes that are used to perform and monitor fiscal assessment of all people with HIV for their eligibility for RWHAP supported services or other payor sources for health care services.
- How program income will be collected, tracked, and used to support the objectives of the RWHAP Part F CBDPP

iii. *Budget*

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

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

In addition, RWHAP Part F CBDPP requires the following:

After using columns (1) through (4) of the SF-424A Section B for years one to four of the five-year period of performance, you will need to submit a copy of Section B of the SF-424A budget for the fifth year as Attachment 5.

In addition to the requirements specified in the *SF-424 Application Guide*, you must also provide a separate program-specific line item budget and budget narrative for each year of the five-year period of performance according to the following RWHAP Part F CBDPP cost categories: **Dental Costs, Program Costs, CQM, and Administrative Costs**.

- **Dental Costs** – Those costs that are associated with the direct provision of oral health care services. These might include costs such as salaried dental personnel, contracted dental personnel, dental equipment, dental supplies, client dental costs (refer to PCN 16-02 *Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds*), and other items that are clearly associated with direct oral health care provision.

- **Program Costs** – Those costs necessary to support education of students and residents, client educational supplies, dental case management, client transportation to dental appointments, translation services, and outreach efforts.

- **CQM Costs** – RWHAP Part F CBDPP recipients are encouraged to have a CQM program. To the extent a recipient has a CQM program, CQM costs include costs to assess the extent to which oral health care services are consistent with established practice guidelines for the treatment of people with HIV and with related opportunistic infections. This also includes costs related to ensuring improvements are made in the access to and quality of oral health care services. Examples of CQM costs may include:

- Infrastructure to make the CQM program a successful and sustainable endeavor. This may include: staffing, clinical quality management committee, quality management plan, stakeholder involvement, consumer involvement, and evaluation of the CQM program;
- Collecting, analyzing, and reporting performance measure data regarding patient care, health outcomes (on an individual or population level), and patient satisfaction;
- Developing and implementing quality improvement projects aimed at improving patient care, health outcomes, and patient satisfaction;
- CQM staff training/technical assistance (including travel and registration) to improve clinical care services;
- Attendance for up to three staff members at the National Ryan White Conference on HIV Care and Treatment if relevant for CQM purposes; and
- Involvement of people with HIV in the design, implementation, and evaluation of the CQM program to improve services.

It is a HRSA expectation that **CQM costs must be reasonable and allocable to CBDPP**.

- **Administrative Costs** – Those costs associated with the administration of the RWHAP Part F CBDPP grant. Staff activities that are administrative in nature should be allocated to administrative costs. It is a program expectation that **grant funding spent on administrative costs shall be kept to a reasonable level.**

  Please note there are associated indirect costs that are considered administrative costs. Please refer to the *SF-424 Application Guide* regarding indirect cost allowance guidelines. The budget allocations on the line item must relate to the activities proposed in the project narrative, including the work plan.

Line item budget: Submit a separate budget for each year of the proposed project period. The line-item budget requested for each year must not exceed the total award for the service area as listed in Appendix A. For a proposed new service area, the ceiling amount is $300,000. In addition, the total annual amounts requested on the SF-424A Section A and the total amount listed on the line item budgets for each year of the five-year period of performance must match. Please list personnel separately by position title and the name of the individual for each position title or note if position is vacant. You are encouraged to supply this information in a table format. Upload the line item budget as Attachment 1**.**

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

NOTE: HRSA recommends that you convert or scan the budgets into PDF format for submission. Do not submit Excel spreadsheets. The program-specific line-item

budget should be submitted in table format, listing the program cost categories (i.e., Dental costs, Program costs, CQM costs, and Administrative costs) across the top and object class categories (e.g., Personnel, Fringe Benefits, Travel) in a column down the left hand side.

iv. *Budget Narrative*

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition the RWHAP Part F CBDPP requires a budget narrative that clearly explains the amounts requested for each line in the line item budget. For subsequent budget years, the budget narrative should highlight only the changes from year one or clearly indicate that there are no substantive budget changes during the period of performance. The budget narrative must be clear and concise and the requested budget must correlate with the work plan.

For each object class category (e.g., Personnel, Fringe Benefits, Travel, etc.), the budget narrative must be divided according to the following program cost categories: Dental Costs, Program Costs, CQM, and Administrative Costs. Descriptions must be specific to the cost category. Other RWHAP Part F CBDPP specific budget information include:

- *Travel:* List travel costs according to local and long distance travel. For local travel, you should list the mileage rate, number of miles, reason for travel, and staff member/ people with HIV completing the travel. You should list staff travel for continuing education workshops/conferences. Attendance for up to three staff members at the National Ryan White Conference on HIV Care and Treatment may be listed under either the CQM category or Administrative category, as appropriate.

- *Contractual*: Provide a clear explanation of the purpose of each contract, how the costs were estimated, and the specific contract deliverables. List the amounts allocated for personnel or services contracted to outside providers for all oral health care services (subrecipients). Show the amount allocated to any activities that are not conducted "in-house" on the Contractual line. Subrecipient(s) providing services under this award must adhere to the same requirements as the recipient. All RWHAP Part F legislative requirements and program expectations that apply to the recipients also apply to subrecipient(s) of their award. Your organization is accountable for your subrecipients' performance of the project, program, activity, and appropriate expenditure of funds under the award. **As such, recipients are required to monitor all subrecipient(s).** The RWHAP requires assurance that subrecipient(s) are tracking the source, documenting the allowable use, and reporting program income earned at the subrecipient level. Your subrecipient(s) must also report and validate program expenditures to determine that they meet program requirements and expectations regarding the reasonable distribution of funds.

As a reminder, for subsequent budget years, the budget narrative should highlight only the changes from year one or clearly indicate that there are no substantive budget changes during the period of performance. Do not repeat the same information across years in the budget narrative.

v. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Line Item Budget (Required)

Submit a program-specific line item budget, with a separate budget for each year of the proposed project period as detailed in Section IV, iii Budget. You are encouraged to supply this information in a table format.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide) (Required)*

Keep the job description for each staff occupying key positions to one page in length as much as is possible. The staffing plan should include all positions funded by the grant, as well as staff vital to program operations and the provision of the RWHAP Part F CBDPP-supported oral health care services whether or not paid by the grant. Include the role, responsibilities, qualifications, sources of funding, and corresponding time and effort of proposed project staff. Include rationale for the amount of time (i.e., percent full-time equivalent) being requested for each staff position. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel (Required)

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Maintenance of Effort Documentation (MOE) (Required)

RWHAP Part F CBDPP funds are not intended to be the sole source of support for oral health care services for people with HIV. The RWHAP legislation requires CBDPP recipients to maintain expenditures of state funds (if any) for RWHAP Part F CBDPP-related activities at a level equal to or greater than the most recently completed fiscal year prior to the competitive application deadline. The MOE requirement is important in ensuring that RWHAP funds are used to supplement

not supplant State funds allotted for oral health care services for people with HIV.

Applicants must provide a baseline aggregate expenditure of state funds for the most recently completed fiscal year prior to the competitive application deadline and estimates for the following fiscal year using a chart similar to the one below. As an example—if the applicant's fiscal year begins July 1, they would report actual expenditures of state funds for oral health care services from people with HIV from July 1, 2021 through June 30, 2022 in column one. In column two, they would report actual expenditures for the next fiscal year (July 1, 2022 through June 30, 2023).

Additionally, provide a brief description of the methodology your organization used to calculate MOE for oral health care services for low income people with HIV. Provide a description of consistent data set(s) of State expenditures for oral health care services for low income people with HIV and a brief narrative of any changes from the previous FY and the projected FY spending.

NON-FEDERAL EXPENDITURES	
FY Before Application (Actual) Actual prior FY non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	Current FY of Application (Estimated) Estimated current FY non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

NOTE: Federal funds including RWHAP Parts A, B, C, and D are not a state funding source and should not be included. If there were no state funds expended, enter zero.

Attachment 5: 5th Year Budget (NOT counted in page limit) (Required)

As described in Section 4.1.iv of HRSA's *SF-424 Application* Guide and Section IV., iii of this NOFO, after using columns (1) through (4) of the SF-424A Section B for a 5-year project period, you will need to submit a copy of Section B of the SF-424A as an Attachment for the fifth year of the period of performance.

Attachment 6: Map of Service Area (Required)

Provide a map of the entire service area, noting the locations of providers of oral health care services for people with HIV. HAB recommends that you use an official state or local map showing jurisdictional boundaries to display the proposed service area.

Attachment 7: Letters from RWHAP Parts A, B, C, and/or D Recipients of Record (Required)

Provide at least two letters from RWHAP Parts A – D recipients of record that address why RWHAP Part F CBDPP funds are necessary to support the needs described in your application and how your proposed services are not duplicative of other available services. If these letters cannot be obtained, provide an explanation as to why.

Attachment 8: Work Plan (Required)

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 9: Medicaid Provider Status/Applicable Facility Licensure (Required)

Provide documentation of Medicaid provider status and applicable facility licensure to provide dental services. **Documentation for this application should be in the form of a table that identifies all providers' Medicaid numbers and facility licensure status, if applicable.** Include the Medicaid provider number(s) for employed and contracted dental provider(s). If facility licensure is not required in your jurisdiction, describe how that can be confirmed in State regulation or other information.

Attachments 10– 15: Other Relevant Documents (If applicable)

Include here any other documents that are relevant to the application. Please note that all optional attachments count toward the 80-page limit.

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

Effective April 4, 2022:

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

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

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the

requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

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

The Grants.gov registration process requires information in two separate systems:

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

For more details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

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

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is ***December 16, 2022 at 11:59 p.m. ET***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

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

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than the amount listed in Appendix A for an existing service area or up to $300,000 for a proposed new service area to which you are applying. **Applications that exceed the ceiling amount listed in Appendix A will be considered nonresponsive and will not be considered for funding under this announcement**.

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory

progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

- Charges that are billable to third party payors (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, other RWHAP funding including ADAP
- Professional licensure costs
- Cash payments to intended recipients of RWHAP services
- Purchase or improvement of land
- Purchase, construction, or major alterations or renovations on any building or other facility (see 45 CFR part 75 – subpart A Definitions)
- Pre-Exposure Prophylaxis (PrEP) or non-occupational post-exposure prophylaxis medications or related medical services. As outlined in the June 22, 2016 RWHAP and PrEP program letter, the RWHAP legislation provides grant funds to be used for the care and treatment of people with HIV, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as physician visits and laboratory costs.
- Purchase of sterile needles or syringes for the purposes of hypodermic injection of any illegal drug. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy (see: https://www.aids.gov/federal-resources/policies/syringe-services-programs/).
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual
- Research
- Foreign travel

Other non-allowable costs can be found in 45 CFR part 75 – subpart E Cost Principles.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Programs are required to maximize the service reimbursement available from private insurance, Medicaid, Medicare, and other third-party sources for reimbursable services provided. Programs are required to track and report all sources of service reimbursement as program income. All program income generated from awarded funds are considered additive and must be used for otherwise allowable costs to improve access to oral health care for low-income underserved people with HIV and to train

dental and hygiene students and dental residents to deliver dental care to people with HIV. Please see 45 CFR § 75.307 and PCN 15-03 Clarifications Regarding the RWHAP and Program Income for additional information.

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

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

Six review criteria are used to review and rank RWHAP Part F CBDPP applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment

- The completeness of the data provided that demonstrate the burden of HIV infection in the service area.
- The extent to which the data and supporting narrative clearly identifies the specific target population(s) with the greatest needs for receiving RWHAP Part F CBDPP funded services.
- The completeness of the applicant's documentation of the oral health care services currently available to low-income people with HIV in the service area and the existence of other RWHAP or other public/private providers of oral health care services throughout the service area.
- The extent to which the applicant describes how the distribution of oral health care professionals in the service area has had an impact on the provision of oral health care services to low-income people with HIV in the service area.
- The strength of the description of the current oral health care coverage landscape and its impact on the delivery of oral health care services for low-income people with HIV.
- The strength of the description of unmet oral health care need, gaps in services, and barriers to care across the target population(s).

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Introduction, Methodology, Work Plan, and Resolution of Challenges

Education and Training (10 points)

- The strength of the applicant's experience in providing education and training in oral health care for people with HIV to dental students, dental hy (giene students, dental residents, and other dental providers.
- The strength and completeness of the applicant's proposed hands-on clinical training program of students and residents in the community-based clinics.
- The clarity and completeness of the applicant's description of the type and extent of education, training, and supervision students and residents will receive in regards to the provision of oral health care to people with HIV.
- The clarity and completeness of the proposed opportunities students and residents will receive to evaluate the educational component of the program and the clinical training received.

Service Delivery (8 points)

- The extent to which the applicant demonstrates experience and methods in delivering comprehensive oral health care to people with HIV.
- The extent to which the applicant describes their plans for providing after-hours and weekend coverage for urgent or emergency oral health care needs for people with HIV.
- The extent to which the applicant describes their plans for increasing access to oral health care services, including increasing the availability of services not previously available or accessible.
- The strength of the applicant's policies for ensuring client confidentiality and establishing a system for control of client records.

Integration of Oral Health into Primary Care (3 points)

- The extent to which the applicant describes how the RWHAP Part F CBDPP will maximize the integration of oral health care and primary care for low-income people with HIV.
- The strength of the proposed plan for providing referral services to link clients to HIV medical care and support services, thus ensuring access to comprehensive primary care and support services for low-income people with HIV.

Partnerships (3 points)

- The strength of the organization's experience collaborating with AETCs and other community-based organizations across the identified service area.
- The strength of the proposed community-based partners who will work to implement this proposed project based on their experience, capabilities, and expertise.

- The strength of the partner communication strategy and collaboration strategy with respect to how decision-making will occur and how resources will be distributed.

Involvement of People with HIV (3 points)

- The strength and clarity of the applicant's description of how people with HIV will be engaged in meaningful ways in the program.
- The strength of the applicant's description of how input of people with HIV will be applied to continuous quality improvement efforts related to all aspects of the program.

Resolution of Challenges (3 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: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluations and Technical Support Capacity

- The completeness of the description of the systems and processes used to track measures and evaluate progress towards meeting the goals and objectives of the proposed activities.
- The strength of the plan for program performance evaluation that will contribute to continuous quality improvement.
- The strength of the methods described to measure the program's effectiveness in training students and residents to manage the oral health care of people with HIV.
- The strength of the applicant's description of the ability to comply with all requirements as it relates to the management, tracking, and reporting of data.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's Methodology and Work Plan

- The extent to which the applicant demonstrates that the proposed activities address unmet needs and service gaps described for the proposed service area and increase access to oral health services.
- The extent to which the proposed activities will bring their dental education program and local community partners together to deliver quality oral health care services to low-income people with HIV in the service area.
- The strength of the proposed work plan as evidenced by measurable and appropriate objectives across Service Delivery, Education and Training, Partnerships, and involvement in these activities by people with HIV.
- The reasonableness of the projected measures/numbers provided in the work plan with respect to the needs described in the Needs Assessment section, and the Needs Assessment data provided.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity, Organizational Information, and Staffing Plan and Biographical Sketches Attachments

- Evidence that the goal of the RWHAP Part F CBDPP aligns with the scope of the applicant's overall mission.
- The strength of the applicant's organizational and clinical experience in providing comprehensive community-based oral health care services to low-income people with HIV and their capacity to respond to the needs of subpopulations experiencing poor health outcomes.
- The strength of the applicant's experience with the administration of federal funds.
- The strength of the applicant's fiscal and information systems capacity to manage this grant, and meet program requirements including monitoring grant expenditures, and collecting, tracking and using program income to further the objectives of the RWHAP Part F CBDPP.
- The clarity and completeness of the applicant's proposed plan to manage and monitor subrecipient performance and compliance with RWHAP Part F CBDPP requirements, if applicable.
- The clarity and completeness of the applicant's processes that are used to conduct financial assessment of people with HIV for RWHAP eligibility.
- The strength of the processes/systems for 1) ensuring staff are trained about the most current evidence-based practice guidelines, and 2) correctly implementing these guidelines.

Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Budget, Budget Narrative, and associated attachments

- The reasonableness of the budget and budget narrative given the scope of work and proposed work plan.
- The extent to which the application provides a clearly presented budget justification that fully supports and is aligned with each budget line item.
- The reasonableness of the distribution of the budget across the cost categories (Dental Costs, Program Costs, CQM Costs, and Administrative Costs).
- The extent to which the budget is specific and itemized for each partner (e.g., subrecipients, community partners) and supports their roles and responsibilities.

2. Review and Selection Process

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

In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

Please see Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

For all service areas with two or more applicants, HRSA will grant up to five additional points related to past performance (excluding performance during FY 2019 and FY 2020 due to the novel coronavirus pandemic). Applicants receiving the additional points will be placed in a more competitive position among applicants that can be funded. HRSA will consider the following:

- Compliance with terms and conditions of RWHAP Parts F CBDPP award(s) issued within the last five years, specifically the number of patients the recipient proposed to serve in their application in relation to the actual number of patients served as reported in annual progress reports (2 points)
- Timeliness of reporting (1 point)
- Site visit report findings and progress on programmatic corrective action plans, if applicable (1 point)
- Financial assessment conducted by HRSA's Division of Financial Integrity. Financial assessments are a summary of key findings from single audits and/or RWHAP program-specific audits as an indicator of financial risk and its possible impact on program performance. (1 point)

3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the

review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of July 1, 2023. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

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

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

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See Providers of Health Care and Social Services and HHS Nondiscrimination Notice.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.

- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

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

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

Executive Order on Worker Organizing and Empowerment

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

Requirements of Subawards

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

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an annual basis.

2) **Dental Services Report (DSR)** – The DSR captures information regarding oral health services provided to people with HIV. Information about the DSR, how it can be downloaded, and instructions for completing the report can be found at: https://ryanwhite.hrsa.gov/grants/manage/reporting-requirements under "Dental Services Report".

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

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

Eric Brown
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 945-9844
Email : EBrown@hrsa.gov

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

Dana Hines, PhD, RN
Nurse Consultant
Division of Community HIV/AIDS Programs
Telephone: (301) 443-8127
Email: DHines@hrsa.gov

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

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base

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

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

Appendix: A Existing Service Areas

These service areas have project periods ending **June 30, 2023,** and are up for competition with a start date of **July 1, 2023**. New applicants submitting proposals to provide services in an existing service area must identify the service area to be served and the current recipient you intend to replace.

The total funding available for each service area for the delivery of oral health care services for low income people with HIV is identified in the "Funding Ceiling" column. **Funding requests must not exceed the published funding ceiling amount.**

Newly proposed service areas must not geographically overlap with any portion of the existing service areas as defined in Appendix A.

Reminder: Applications for existing service areas must address the entire service area as defined in Appendix A. Applicants that do not propose to serve the entire published service area must demonstrate the availability of comprehensive oral health care services to all RWHAP eligible populations within the service area through partners or other RWHAP providers. Applicants requesting to expand the service area beyond what is published in Appendix A must fully demonstrate the need for RWHAP Part F CBDPP funded services in that area. No additional funding above the amount listed in Appendix A can be requested for applicants proposing to expand existing service areas. If you are applying for more than one service area listed in Appendix A, you must submit a separate application for each service area.

Current Recipient Name	City	State	Funding Ceiling	Service area
Loma Linda University	Loma Linda	CA	$315,215	Riverside/San Bernardino Transitional Grant Area; Counties in CA: Riverside, San Bernardino
University of Colorado Denver	Aurora	CO	$313,071	State Of Colorado
NOVA Southeastern University, Inc.	Fort Lauderdale	FL	$235,308	County in FL: Broward
University of Illinois at Chicago	Chicago	IL	$282,395	County in IL: Cook
University of Louisville Research Foundation, Inc.	Louisville	KY	$353,464	Counties in IN**:** Clark, Crawford, Dearborn, Floyd, Harrison, Jackson, Jefferson, Jennings, Lawrence, Orange, Ripley, Scott, Switzerland,

				Washington; State of Kentucky
Trustees of Boston University	Boston	MA	$295,364	County in MA: Hampden
University of Mississippi Medical Center	Jackson	MS	$279,993	State of Mississippi
Rutgers, The State University of New Jersey	New Brunswick	NJ	$380,780	Counties in NJ: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem
Sunset Park Health Council, Inc.	Brooklyn	NY	$244,879	County in AZ: Pima
The Trustees of Columbia University	New York	NY	$376,569	Neighborhoods in NYC: Harlem, South Bronx
Oregon Health & Science University	Portland	OR	$297,573	Portland Transitional Grant Area; Counties in OR: Clackamas, Columbia, Multnomah, Washington, Yamhill; Counties in WA: Clark
University New Mexico	Albuquerque	NM	$301,061	County in NM: Bernalillo County