

Notice of Funding Opportunity
Application due March 11, 2025



Health Resources & Services Administration

HIV/AIDS Bureau

Division of Policy and Data








Street Medicine Interventions for People with HIV who are Unsheltered- Demonstration Sites.

Opportunity number: HRSA-25-056

Modified on 1/28/25
Updated TA Webinar
information



Contents

Before you begin	3
 Step 1: Review the Opportunity	4
Basic information	5
Eligibility	8
Program description	10
Award information	20
 Step 2: Get Ready to Apply	22
Get registered	23
Find the application package	23
Application writing help	23
 Step 3: Prepare Your Application	25
Application contents and format	26
 Step 4: Learn About Review and Award	36
Application review	37
Selection process	42
Award notices	42
 Step 5: Submit Your Application	43
Application submission and deadlines	44
Application checklist	45
 Step 6: Learn What Happens After Award	47
Post-award requirements and administration	48
 Contacts and Support	52



Before you begin

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

SAM.gov registration (this can take several weeks)

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

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

Grants.gov registration (this can take several days)

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

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

Apply by the application due date

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



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



Step 1:

Review the Opportunity

In this step

Basic information	5
Eligibility	8
Program description	10
Award information	20

Basic information

Health Resources and Services Administration (HRSA)

HIV/AIDS Bureau

Division of Policy and Data

Street medicine interventions for people with HIV – Demonstration Sites

Summary

The Health Resources and Services Administration (HRSA) HIV/AIDS (HAB) Ryan White HIV/AIDS Program (RWHAP) Part F Special Projects of National Significance (SPNS) Program is accepting applications for fiscal year (FY) 2025 to fund 10 organizations under the announcement Street Medicine Interventions for People with HIV who are Unsheltered - Demonstration Sites (HRSA-25-056).

Using an implementation science approach, the 10 demonstration sites will collaborate with each other and the Capacity Building Provider (HRSA-25-055) and Evaluation Provider (HRSA-25-057) within this initiative to adapt, document, evaluate, and disseminate street medicine interventions for people with HIV. For this initiative, street medicine is the provision of health services in unsheltered environments (e.g., on streets, under bridges, other public or open space) to people with HIV who are out of care or not consistently engaged in care and unstably housed and reside in unsheltered.

This field of medicine and public health response holds much promise to improve the health and quality of life of people with HIV. This improvement may be demonstrated through innovative approaches to assess needs to re-engage clients into prior HIV care, link others to HIV care provisions, offer access to antiretroviral therapy, and monitor the response for viral suppression, along with addressing other HIV primary care needs as identified. The initiative will identify the core program components, strategies to scale interventions, implementation within the context of the Ryan White HIV/AIDS Program (RWHAP), and sustainable interventions in communities with variable resources. Additional priority populations are identified by the [National HIV/AIDS Strategy \(NHAS\) \(2022-2025\)](#), which are:

- Gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/Alaska Native men;
- Black women;



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

Key facts

Opportunity name:

Street Medicine Interventions for People with HIV who are Unsheltered- Demonstration Sites.

Opportunity number:

HRSA-25-056

Announcement version:

Modification #1

Federal assistance listing:

93.928

Statutory authority:

[42 USC § 300ff-101 \(§ 2691 of the Public Health Service Act\)](#)

Key dates

NOFO issue date:

January 8, 2025

Informational webinar:

[See Webinar Information](#)

Application deadline:

March 11, 2025

Expected award date is by:

July 2, 2025

Expected start date:

August 1, 2025

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

- Transgender women;
- Youth aged 13–24 years; and
- People who inject drugs.

The demonstration sites will work with the Capacity Building Provider (HRSA-25-055) and Evaluation Provider (HRSA-25-057) to implement this initiative. HRSA encourages you to read and familiarize yourself with the program expectations of the companion NOFO.

The funded **Demonstration Sites** (HRSA-25-056) will:

- Participate with the Capacity Building Provider and Evaluation Provider to adapt, document, implement, evaluate, and disseminate street medicine interventions that effectively respond to the needs of people with HIV who are unsheltered.
- Make sure the interventions are equitable, inclusive, and client-centered, and incorporate the reduction of stigmatizing attitudes, beliefs, and behaviors.
- Create an interdisciplinary team consisting of medical, mental health, substance use, and social services staff who:
 - Are skilled and experienced in the needs and barriers experienced by people who are unsheltered,
 - Can swiftly respond with appropriate services and resources, and
 - Consider safety and environmental factors of the care delivery area.
- Participate with the Capacity Building Provider and Evaluation Provider in the activities outlined in the initiative's communications and dissemination plan, including the creation of user-friendly, multimedia materials such as publications and implementation manuals.
- Participate in the initiative's implementation science multi-site evaluation.
- Participate with the Capacity Building Provider and Evaluation Provider in all activities of the initiative including:
 - Evaluation,
 - Data collection,
 - Strategic planning meetings, and
 - The initiative's multi-site meetings.

Review HRSA-25-055 Capacity Building Provider and HRSA-25-057 Evaluation Provider to understand the initiative activities.

HRSA expects that the recipients funded from these funding opportunities will work together to achieve the initiative goals and objectives.

Funding details

Application Types: New

Expected total available funding in FY 25: \$3,650,000

Expected number and type of awards: 10 Grants

Funding range per award: \$365,000 per Demonstration Site per year

We plan to fund awards in 12-month budget periods for a total four -year period of performance from August 1, 2025 to July 31, 2029.

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

Eligibility

Who can apply

You can apply if you are eligible for funding under Ryan White HIV/AIDS Program Parts A - D of Title XXVI of the Public Health Service (PHS) Act. These entities include:

Types of eligible organizations

These types of domestic* organizations may apply:

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

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

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

- Public and nonprofit private entities
- State and local governments
- Academic institutions
- Local health departments
- Nonprofit hospitals and outpatient clinics
- Community health centers receiving support under Section 330 of the PHS Act
- Faith-based and community-based organizations
- Indian Tribes or Tribal organizations with or without federal recognition

Completeness and responsiveness criteria

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

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is [submitted after the deadline](#).

Application limits

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

Cost sharing

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

Program description

Purpose

The Capacity Building Provider (HRSA-25-055), the Demonstration Sites (HRSA-25-056), and the Evaluation Provider (HRSA-25-057) will collaborate to achieve the initiative's goal and five objectives:

Goal: Adapt, document, implement, evaluate, and disseminate street medicine interventions that effectively respond to the needs of people with HIV who are unsheltered.

- **Objective 1:** Build capacity of demonstration sites to effectively respond to the health care needs of people with HIV who are unsheltered.
- **Objective 2:** Achieve successful uptake and sustainability of adapted and implemented interventions by RWHAP recipient staff and clients.
- **Objective 3:** Conduct a high-quality, mixed methods, multi-site, implementation science evaluation, and cost analysis across demonstration sites.
- **Objective 4:** Develop and disseminate user-friendly, multimedia implementation materials that will serve as tools for RWHAP settings to replicate street medicine interventions and provide enhanced care and support for their clients.
- **Objective 5:** Use the Centers for Medicare and Medicaid (CMS) [Place of Service Codes](#) that reflect place where services are rendered.

Street Medicine Overview

As a client-centered service, street medicine is designed to bring the services offered in a clinic into the unsheltered spaces where people live, spend time, and congregate such as the streets and wooded areas. As described by subject matter experts globally, street medicine is conducted where people live and must include a change in traditional health care delivery structure to engage those unstably housed. Street medicine is not a new form of health care delivery. Rather, street medicine programs have existed for decades. These programs have demonstrated the ability to provide health care service in an effective manner, resulting in improved health outcomes.

Street medicine programs may take a different approach to address components of delivering health care services than traditional health care settings. Some components are the safety, local and state regulations, and selection of services to offer people. Clinic-based and street medicine interventions have different approaches for assuring safety of the teams providing and clients receiving care due to the different environments and availability of resources in each setting. Local and state regulations may determine which health care services can be delivered in which setting and when.

These components are important to understand and include in all street medicine programs.

Health care delivered in traditional settings, such as a clinic or mobile unit, may not address the needs of those who are unsheltered. Barriers such as facility hours of operation and policies related to entry (e.g., no pets, no carts, requirements for shirts and shoes) impact access to and retention in care. Stigma and discrimination may be other factors that prevent those with previous poor experiences in clinic-based settings who are unsheltered from entering traditional settings for health care.

Because people who are rough sleepers or are unsheltered experience a combination of varied social determinants of health challenges, street medicine teams encounter populations with chronic disease co-morbidities, mental health, substance use disorders, and other structural factors requiring innovative approaches (see also [Substance Abuse and Mental Health Services Administration \(SAMHSA\)'s 2023-2026 Strategic Plan](#)).

Based on the [2022 RWHAP Services Report](#), 5.2% of clients served were unstably housed with another 6.9% temporarily housed. Clients who were unstably housed had a viral suppression of 72.4% and people who were temporarily housed had a viral suppression of 84.1%, which is a lower viral suppression than those who have stable housing. To end the HIV epidemic in the United States, strategies that tailor services to meet the needs of people who are not engaged in care or virally suppressed where they are located are required. Street medicine, as a form of health care delivery, can be an effective intervention to help RWHAP clients who are not well served by traditional health care delivery systems. Therefore, while street medicine focuses on those people who are unstably housed, it can also serve those who are averse to a traditional clinic building environment.

Key Definitions

For this initiative, the following definitions will be used:

- **Street medicine:** Street medicine is an alternative approach to traditional health care delivery settings. Street Medicine consists of “health and social services” developed specifically to address the unique needs and circumstances of the unsheltered delivered directly to them in their own environment.
- **Unstably housed:** A type of housing status where the person does not have stable permanent or temporary housing (such as a permanent or temporary placement, apartment, or home). People who have unstable housing live in an emergency shelter or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for humans; jail, prison, or a juvenile detention facility; or hotel or motel paid for with emergency shelter voucher.

- **Unsheltered:** A type of housing status where the person sleeps in places not intended for human habitation, a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for humans.
- **Out of care or not consistently engaged in care:**
 - Newly diagnosed with HIV within the past 12 months; OR
 - Previously diagnosed with HIV (more than six months ago) but not engaged in care, as per one or more of the following parameters:
 - Not have two routine HIV primary care encounters within a 12 month period (according to [HRSA annual retention performance measure](#)); OR
 - Be an existing client at risk of not attending HIV primary care visits (including clients who have missed their last two appointments in the last 12 months, or missed their last appointment in the last six months, or clients who are leaving incarceration or have another high-risk factor); OR
 - Persons who are not virally suppressed (defined as having a viral load ≥ 200 copies/mL3) at the time of enrollment into HIV primary care ([see HAB performance measure](#)).
- **Culturally Responsive Care:** Services that are culturally grounded, attuned, and sensitive to the unique needs of each client and their cultural background. See: [Cultural Competence in Health And Human Services](#).
- **Rough Sleeper:** A person who sleeps in a public location not meant for human habitation (outside, in a car, in an abandoned building).
- **Implementation science** is the study of methods to promote or improve the systematic uptake of effective intervention strategies by public health practice, program, and policy. Intervention strategies may occur at the system, community, organization, and individual levels. At HRSA HAB, successful [intervention strategies](#) positively impact health and quality of life for people with HIV.
- **Intervention strategies:** HRSA HAB categorizes interventions into three levels, based on evidence of demonstrated effectiveness. The three levels are collectively known as “intervention strategies” and include:
 - **Evidence-based interventions:** Interventions that are demonstrated to effectively improve health and/or quality of life, based on published research. These interventions meet the CDC criteria for being evidence-based.
 - **Evidence-informed interventions:** Interventions that are demonstrated to effectively show promise, based on published research. Evidence-informed interventions may demonstrate impact and strength of evidence without meeting CDC criteria for being evidence-based.

- **Emerging interventions:** Innovative practices that have not yet been published or do not have extensive evaluation data but have effectively improved health and/or quality of life.
- **Implementation strategies:** Methods to enhance the adoption or uptake of interventions in specific settings.
- **Culturally responsive care:** Services that are culturally grounded, attuned, and sensitive to the unique needs of each client and their cultural background. See: [Cultural Competence in Health and Human Services](#).
- **Flexible service delivery:** The ability to quickly adjust services to meet the unique and evolving needs of clients—such as low-barrier care, street medicine, nontraditional clinic hours, and harm reduction.
- **Integrated care:** Clinicians' careful coordination of HIV primary care, mental health and substance use disorder care, and supportive services. Clinicians work together systematically and use a multidisciplinary approach to ensure clients receive one consistent message about care and treatment and are included in planning their treatment. See the Substance Abuse and Mental Health Services Administration's 2023-2026 Strategic Plan.

Background

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

The [HIV care continuum](#) is key to the program. It shows the journey of someone with HIV from diagnosis to effective treatment, leading to viral suppression. Achieving viral suppression boosts the patient's quality of life and prevents HIV transmission (also known as Undetectable equals Untransmittable or U=U).

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

Strategic frameworks and national objectives

To address health challenges faced by low-income people with HIV, using national objectives and strategic frameworks is crucial. These frameworks include:

- [Healthy People 2030](#)
- [National HIV/AIDS Strategy \(NHAS\) \(2022–2025\)](#)

- [Sexually Transmitted Infections National Strategic Plan for the United States \(2021–2025\)](#)
- [Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination \(2021–2025\)](#)

These strategies offer guidance on the main principles, priorities, and steps for our national health response. They serve as a blueprint for collective action and impact.

Expanding the effort

There have been significant accomplishments:

- From 2018 to 2022, HIV viral suppression among Ryan White program clients improved from 87.1% to 89.6%. For more, see the [2022 Ryan White Services Report \(RSR\)](#).
- Racial, ethnic, age-based, and regional disparities in viral suppression rates have significantly reduced. For more, see the [RWHAP Annual Data Report, 2022](#).
- In 2020, the [Ending the HIV Epidemic in the U.S. \(EHE\)](#) initiative launched to further expand federal efforts to reduce HIV transmission. For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients, specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed, to the essential HIV care, treatment, and support services needed to help them reach viral suppression.

Using data effectively

HRSA and CDC promote integrated data sharing and use for program planning, quality improvement, and public health action.

We encourage you to:

- Follow the [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs](#).
- Create data-sharing agreements between surveillance and HIV programs.
- Progress towards NHAS goals through integrated data sharing, analysis, and use of HIV data by health departments.
- Complete CD4, viral load, and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems. CDC mandates the reporting of all such data to the National HIV Surveillance System (NHSS).
- Use our interactive [RWHAP Compass Dashboard](#) to visualize reach, impact, and outcomes of the Ryan White program and to inform planning and decision making. The dashboard gives you a look at national, state, and metro area data

and displays client demographics, services, outcomes, and viral suppression. It also includes data about clients in the AIDS Drug Assistance Program (ADAP).

- Develop data-sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden.
- Use electronic data sources to verify client eligibility when you can. See Policy Clarification Notice 21-02, [Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program](#).

Program resources and innovative models

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

Program requirements and expectations

The Demonstration Sites, Capacity Building Provider (HRSA-25-055), and Evaluation Provider (HRSA-25-057) are co-collaborators of this initiative. Continuous collaboration and communication among all participants and HRSA are required to achieve the initiative objectives. Based on the funded entity, some activities will be led by one entity, some activities will include participation by each entity, and some activities include a collaborative (co-coordinate) approach by all entities.

The table below provides an overview of the general HAB expectations for the lead and participating roles for initiative activities. These are HAB's expectations for successful applicants. Multi-site meetings will be virtual or held in the Washington D.C. metropolitan area.

Responsibilities/Collaborative Role: Lead, Co-Coordinate , Participate		Demonstration Sites (HRSA-25-056)	Capacity Building Provider (HRSA-25-055)	Evaluation Provider (HRSA-25-057)
Within 90 Days of Award	Develop a comprehensive joint work plan.	Co-Coordinate	Lead	Co-Coordinate
Within 90 days of Award	Host a virtual multi-site meeting.	Participate	Lead	Co-Coordinate

Within 6 Months of Award	Develop a communications and dissemination plan.	Participate	Co-Coordinate	Co-Coordinate
Year 1-4	Implement, refine, document, and evaluate street medicine interventions.	Co-Coordinate	Co-Coordinate	Co-Coordinate
Year 1	Complete IRB, business associate agreements, and data use agreement.	Participate	Participate	Lead
Year 1	Evaluate and disseminate street medicine interventions.	Participate	Lead	Participate
Year 1-2	Recruit and enroll clients in the interventions.	Lead	Co-Coordinate	Co-Coordinate
Year 1-4	Attend two initiative annual (multi-site) meetings per budget year in the Washington, DC metropolitan area.	Participate	Participate	Participate
Year 1-4	Develop and implement a multi-site evaluation plan grounded in implementation science.	Participate	Participate	Lead
Year 1-4	Plan, coordinate, and facilitate all multi-site meetings.	Participate	Lead	Participate
Year 1 – 4	Implement, refine, and document interventions.	Lead	Participate	Participate
Year 1 – 4	Evaluate interventions.	Participate	Participate	Lead
Year 1 and ongoing	Systematically provide, track, measure, and report implementation technical assistance.	Participate	Lead	Participate
Year 1 and ongoing	Systematically provide, track, and document evaluation technical assistance.	Participate	Participate	Lead

Year 1 and ongoing	Develop a dissemination plan for the creation of user-friendly, multimedia replication materials.	Co-Coordinate	Co-Coordinate	Co-Coordinate
Year 1 and ongoing	Create and disseminate user-friendly, multimedia replication materials.	Participate	Lead	Participate
Year 4	Attend the National Ryan White HIV/AIDS Program Conference.	Participate	Participate	Participate

Details of the Demonstration Site(s) (HRSA-25-056)

Specific Requirements

In consultation with HRSA, Demonstration Sites, the Capacity Building Provider (HRSA-25-055), and the Evaluation Provider (HRSA-25-057) should collaboratively refine their respective roles and responsibilities within the first 90 days of the award and develop a comprehensive joint work plan. The Capacity Building Provider will lead the planning for a virtual or in-person multi-site meeting within the first 90 days of award to bring together the Demonstration Sites, Capacity Building Provider, and Evaluation Provider to finalize the joint work plan and initiate the communications and dissemination plan.

HAB recommends that within the first six months of award, a virtual or in-person co-ordination meeting is conducted between HRSA and all three entities to develop a communications and dissemination plan. The communication and dissemination plan will include:

- **Publication and Dissemination Committee:** The Demonstration Site and HRSA staff will participate in the publication and dissemination committee, led by the Capacity Building Provider and Evaluation Provider staff, to generate study questions, topics for presentations and publications, concept sheets and analyses, and other multi-media products.
- **Dissemination products and strategies:** These will include user-friendly, multi-media materials that incorporate implementation findings from the initiative used to support replication of the intervention. They should include materials aligned with RWHAP service categories for replication purposes. The Demonstration Site, Evaluation Provider, and Capacity Building Provider must work together to ensure the integration of evaluation findings into dissemination products.
- **Priority audiences:** These include HIV care and treatment providers, as well as supportive service providers. Other audiences may include program administrators, RWHAP program leaders, and policymakers. The Capacity Building

Provider and Evaluation Provider must ensure products and strategies are culturally responsive and accessible to communities impacted by HIV and unsheltered.

- **Dissemination timeline:** The timeline will include developing and disseminating materials throughout the initiative, not just at the end. The purpose is to promote real-time learning and dissemination of best practices within the RWHAP. The timeline should incorporate HRSA review and review by subject matter experts, as needed.
- **Project websites:** The Demonstration Site will collaborate with the Evaluation Provider, Capacity Building Provider, and HRSA to develop and maintain a project-specific page on TargetHIV.org with public access for communication of the project. In addition to the public website, a secure, password-protected shared location (e.g., SharePoint) for implementation sites, Capacity Building Provider, Evaluation Provider, and HRSA staff will be created and maintained during the project to host the initiative's files.
- **Promoting replication:** The Demonstration Sites will collaborate with the Capacity Building Provider in spreading the replication materials created through the initiative. When the Demonstration Site independently creates user-friendly, multimedia replication materials, these materials will be posted to [TargetHIV.org](https://www.targethiv.org) and the [RWHAP Best Practices Compilation](#) to share all products from this initiative with RWHAP recipients.

The Demonstration Sites will **lead** the following program requirements in consultation with HRSA:

- Implement, adapt, and document street medicine interventions.
- Systematically receive, track, measure, and report implementation technical assistance (TA) from the Evaluation Provider that ensures fidelity to core components of the interventions.
- Recruit and enroll clients in the interventions. Enrollment will begin before the end of year 1.
- Integrate the interventions into your organization's operations by the end of the initiative.
- Will follow all CMS regulations and use the [CMS Code 27](#) for Street Medicine.

The Demonstration Sites will **participate** in the following program requirements in consultation with HRSA:

- Complete Institutional Review Board (IRB), Data Use Agreement (DUA), and Business Agreement (BA) within their organization and with the Evaluation Provider.

- Collect and transfer data to the Evaluation Provider, including information from the Evaluation Provider section about the types of data to be collected.
- Develop user-friendly, multimedia replication material that incorporates implementation findings from the initiative.

All initiative recipients should plan to attend two initiative multi-site meetings per budget year at HRSA headquarters or in the Washington, D.C. metropolitan area. The following three people from each recipient team should plan to attend the annual meetings: Principal investigator, evaluation staff person, and person with lived experience. The meetings will be two days in length.

In addition, all initiative recipients are expected to attend and participate in the National Ryan White Conference on HIV Care and Treatment (NRWC) in 2026 and 2028.

Key Personnel

When possible, recipients and subrecipients will consider filling key personnel roles with individuals with lived experience. Lived experience includes persons with HIV and people who have been unstably housed or unsheltered or experienced rough sleeping. This experience, along with relevant content expertise, is acceptable in lieu of education, as appropriate. The demonstrations sites must include people with lived experience in the adaption, documentation, evaluation, and dissemination of the intervention.

Award information

Funding policies and limitations

Policies

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Your satisfactory progress in meeting the project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
 - Fund more applicants from the rank order list.
 - Extend the period of performance.
 - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in Section 3.1.4 of the [Application Guide](#). You can also see 45 CFR part 75, or any superseding regulation, [General Provisions for Selected Items of Cost](#).
- You cannot earn profit from the federal award. See [45 CFR 75.400\(g\)](#).
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2025, the salary rate limitation is \$225,700. This limitation may be updated.

Program-specific statutory or regulatory limitations

You cannot use funds under this notice for the following:

- Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare);
- To directly provide medical or support services (e.g., HIV care, counseling, and testing) that supplant existing services;
- Cash payments to intended recipients of RWHAP services;

- Purchase or construction of new facilities or capital improvements to existing facilities;
- Purchase or improvement to land;
- Fundraising expenses or lobbying activities and expenses;
- Syringe Services Programs (SSPs) that have not received HRSA's prior approval or are not in compliance with HHS and HRSA policy. See <https://www.aids.gov/federal-resources/policies/syringe-services-programs/>;
- To develop materials designed to directly promote or encourage intravenous drug use or sexual activity;
- PrEP or PEP medications or related medical services. (Please note that RWHAP recipients and sub-recipient providers may provide prevention counseling and information to eligible clients' partners – see [RWHAP and PrEP Program Letter, November 16, 2021](#)); and/or
- International travel.

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

Indirect costs

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

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

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

Method 2 – *De minimis* rate. Per [2 CFR 200.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

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

Program income

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



Step 2:

Get Ready to Apply

In this step

Get registered	23
Find the application package	23
Application writing help	23

Get registered

SAM.gov

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

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

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

Grants.gov

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-25-056 .

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

Application writing help

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

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

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

FAQs will be posted on our TA webpage after the webinar with a link to the Grants.gov Related Documents tab.

Join the webinar

More information on this NOFO's webinar will be posted at a later date to the related documents tab [here](#).

We recommend you “Subscribe” to the NOFO on Grants.gov to receive updates when documents are posted.

The Webinar will be recorded.

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



Step 3:

Prepare Your Application

In this step

Application contents and format

26

Application contents and format

Applications include 5 main components. This section includes guidance on each.

Application page limit: 60 pages.

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

Make sure you include each of these:

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

Required format

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

Project abstract

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

Project narrative

In this section, you will describe all aspects of your project. Project activities must comply with the [non-discrimination requirements](#).

Use the section headers and the order listed.

Introduction

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

Briefly describe the purpose of your project. Provide a clear and succinct description of your ability to successfully meet and carry out program requirements and expectations. Briefly describe how you plan to participate in the activities of the Capacity Building Provider (HRSA-25-055) and Evaluation Provider (HRSA-25-057).

Need

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

- Describe the target population and their unmet health needs.
- Outline the community or organization's needs you plan to address.
- Discuss any relevant barriers in the service area that you hope to overcome.
- Use and cite demographic data whenever possible.
- Share your understanding of the needs of people with HIV who are unsheltered in your service area and the impact of HIV care engagement and retention for them by including data on the number unsheltered in your jurisdiction. Provide data regarding demographics and co-existing conditions.
- Describe how the client, clinical, social, and structural factors contribute to the need for a street medicine intervention in your service area.
- Describe the need and challenges associated with using an implementation science approach to a street medicine intervention.
- Provide a discussion of the challenges associated with implementation, evaluation, and replication for people with HIV who are unsheltered or rough sleeping and out of care or experiencing barriers to retention in care.
- Use and cite literature and publications whenever possible to help the information provided. You can include surveillance and epidemiology reports, profiles of state and local public health departments, needs assessment surveys, risk behavioral surveys, and other programmatic data.

Approach

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

- Tell us how you will address the needs you described and meet the program requirements and expectations described in this NOFO.
- If appropriate, include strategies for ongoing staff training, teamwork, and information sharing. Also include strategies for outreach and collaboration to involve patients, families, and communities.

- If it applies, include a plan to distribute reports, products, or project outputs to target audiences.
- Propose a plan for continuing the project when federal funding ends. We expect you to keep up key strategies or services and actions that have led to improved practices and outcomes for the target population.
- Describe the operations of your street medicine teams.
 - Describe your proposed strategy to re-engage people with HIV and provide HIV primary care and support services. Describe how you will include HIV testing and linkage to care to people at risk for HIV as a component of your intervention.
 - Identify the professions that serve on your street medicine team and their responsibilities.
 - List the specific intervention components, the anticipated number of HIV primary care and support services you will provide, and any identified services your street medicine team cannot offer.
 - List hours of operation of your street medicine team.
 - Describe locations where your street medicine team will offer services.
 - Describe the facilities, partnerships, and systems available to your street medicine team to provide HIV primary care and support services.
 - Describe the policies, protocols, and regulations that govern your street medicine team.
 - Describe the implications of local regulations that limit your street medicine team.
 - List the services and activities provided by your street medicine team that are billed and reimbursed by healthcare coverage.
- Describe how you will work with the Evaluation Provider using implementation science to adapt, document, evaluate, and disseminate your intervention with the goal of replication at other organizations.
- Describe how many people with HIV you currently provide HIV primary care to through street medicine, if applicable, and how many people you could enroll into the street medicine intervention in the first year of the initiative.
- Describe your capacity to enroll enough people by the end of year two to accurately make statements, findings, and results.
- Describe how you will partner with the Evaluation Provider to complete the IRB process and begin enrollment before the end of the first year. State if your organization could sign a reliance agreement for the IRB with the Evaluation Provider or if your organization will need to submit an IRB package independent of the Evaluation Provider's IRB.

- Describe how you will involve people with HIV (specifically people with experience being unsheltered) in the adaptation, documentation, evaluation, and dissemination of the street medicine intervention and how you will support the participation of people with HIV.
- Describe strategies you will use for ongoing staff training, teamwork, and information sharing. Also include strategies for outreach and collaboration efforts to involve people with HIV.
- Describe your plans for sustaining and integrating your intervention into your organization by the end of the initiative.
- Describe how you will collaborate with Capacity Building Provider and Evaluation Provider on specific activities such as developing a joint workplan and communications and dissemination plan.
- Describe how you will collaborate with Capacity Building Provider and Evaluation Provider to create and disseminate user-friendly, multi-media materials that incorporate implementation findings from the initiative.

High-level work plan

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

- Describe how you'll achieve each of the objectives during the period of performance.
- Provide a timeline that includes each activity and identifies who is responsible for each. As needed, identify how key stakeholders will help plan, design, and carry out these activities.
- In a workplan format, detail how you'll achieve each of the initiative objectives during the period of performance. This includes:
 - Promoting collaboration among participating demonstration sites. Each demonstration site will collaborate with other sites participating in the project to adapt and implement culturally responsive interventions.
 - Supporting the evaluation of the implementation of interventions using implementation science frameworks.
 - Supporting development and dissemination of user-friendly, multi-media materials for other RWHAP organizations to uptake and replicate effective interventions from the initiative.
- Include the detailed work plan in your [Attachments](#) with the following information:
 - Goals for the entire proposed four-year period of performance.
 - Objectives that are specific, time-framed, and measurable.
 - Activities or action steps to achieve the stated objectives.

- Staff responsible for each action step (including any consultants).
- Anticipated start and completion dates.

Please note that goals for the work plan are to be written for the entire proposed four-year period of performance, but objectives and action steps are required only for the goals set for year one. First-year objectives should describe key action steps or activities that you will undertake to identify technical assistance needs, including quality and control mechanisms.

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

Resolving challenges

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

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

Performance reporting and evaluation

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

- **Outcomes.** Describe the expected outcomes (desired results) of the funded activities.
- **Performance measurement and reporting.** See our reporting manual for performance measure requirements and examples of reporting forms.
 - Describe how you will collect and report required performance data accurately and on time.
 - Describe how you will manage and securely store data, including how you will protect data against cybersecurity threats, breaches, or other loss of data integrity.
 - Describe how you will monitor and analyze performance data to continually improve your program.
- **Program evaluation.** Describe how you will evaluate your project. The evaluation should examine processes and progress towards goals, program objectives, and expected outcomes. Evaluations must follow the [HHS Evaluation Policy](#), as well as the standards and best practices described in OMB Memorandum M-20-12. In the description of your evaluation, include:
 - The evaluation questions, methods, data you will collect, and timeline for evaluating the program.
 - Challenges in evaluating your program and how you will address them.

- The capacity of your organization and staff to evaluate the program. Include their experience, skills, and knowledge.
- How you will share results, how you will assess whether you are sharing results effectively, whether your results are national in scope, and whether other organizations can replicate your program.
- Describe how the proposed key personnel (including any consultants or contractors, if applicable) have the necessary knowledge, experience, training, and skills in designing and implementing public health programs, specifically to improving health outcomes and quality of life for people with HIV who are unsheltered.
- Describe your experience in using or participating as part of implementation science for similar initiatives.
- Describe your experience in documenting your work that results in user friendly, multi-media materials for use in replication your intervention.
- Describe your plans for the completion of Institutional Review Board (IRB), Data Use Agreement (DUA), and Business Agreement (BA) within your organization and with the Evaluation Provider.
- Describe how you will collaborate with Evaluation Provider and other demonstration sites to create the multi-site evaluation plan.
- Describe your organizational capabilities to perform evaluation activities for the multi-site evaluation. (See HRSA-25-057 Evaluation Provider for details on what is expected in the multi-site evaluation.)
- Describe any evaluation activities your organization will undertake in addition to the multi-site evaluation.

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

Sustainability

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

We expect you to sustain key project elements that improve practices and outcomes for the target population. Propose a plan for project sustainability after the period of federal funding ends.

- Highlight key elements of your projects. Examples include training methods or strategies that have been effective in improving practices.
- Describe the actions you'll take to obtain future sources of funding.
- Determine the timing to become self-sufficient.
- Discuss challenges that you'll likely encounter in sustaining the program. Include how you will resolve these challenges.

Organizational information

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

- Briefly describe your mission, structure, and the scope of your current activities. Explain how they will help you carry out the program requirements. You'll include a [project organizational chart](#) in your attachments.
- Discuss how you'll follow the approved project, keep track of all federal funds, and record all costs to avoid issues during the project audit.
- Describe how you'll assess the unique needs of the people who live in the community you serve.
- Describe your organizational profile, budget, partners, key processes, and your key staff's experience, skills, and knowledge.
- Describe your organization's current mission, structure, and scope of current activities. Explain how these elements all contribute to the organization's ability to carry out the program requirements and the goals and objectives of the project.
- Include a staffing plan with job descriptions for key personnel (Attachment 2) that identifies staff credentials and commitments to the proposed project components. If you will use consultants and/or contractors to provide any of the proposed services, describe their roles and responsibilities on the project.
- Include a project organizational chart as (Attachment 5). The chart should be a one-page figure that depicts the project structure of the demonstration site, not the entire organization. It should include sub-recipients, contractors, and other significant collaborators, if applicable. Demonstrate the experience of your organization with similar projects.
- Discuss how your organization will follow the approved work plan, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the unique needs of priority populations of the communities served.
- Provide a description of the strength of the organization's fiscal and management information systems, and the capacity to meet program requirements. Describe your experience with the fiscal management of federal funds. Include information on your organization's experience managing multiple federal grants.
- Describe specific organizational capabilities that will contribute to successfully implementing the proposed activity. Describe the organizational skills, capabilities, and resources, including staff who will contribute to your organization's ability to carry out the proposed activity. Highlight key staff with relevant expertise and experience with similar work. This information should align with the staffing plan, job descriptions, and the biographical sketches of key personnel.

Budget and budget narrative

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

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

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

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

As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).

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

Attachments

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

Attachment 1: Work plan (required)

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

Attachment 2: Staffing plan and job descriptions (required)

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

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

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

Attachment 3: Biographical sketches (required)

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

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

Attachment 4: Agreements with other entities (not required)

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

Attachment 5: Project Organizational Chart (required)

Specify the non-federal funds you will use to help the proposed activities. These include cash, in-kind, or other contributions. Do not include any federal funds.

Attachment 6: Tables & charts (not required)

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

Attachment 7: Line-Item Budgets for Years 1 through 4 (required)

Provide separate line-item budgets for each year of the four- year period of performance, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs as appropriate.

Attachment 8-9: other relevant documents (not required)

You may use attachments 8 through 9 to add other relevant documents.

Other required forms

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

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.
Budget Narrative Attachment Form	With application



Step 4:

Learn About Review and Award

In this step

Application review	37
Selection process	42
Award notices	42

Application review

Initial review

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

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

Merit review

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

Criterion	Total number of points = 100
1. Need	10 points
2. Response	40 points
3. Performance reporting and evaluation	10 points
4. Impact	10 points
5. Resources and capabilities	25 points
6. Support requested	5 points

Criterion 1: Need (10 points)

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

The panel will review your application for:

- How well the applicant describes the problem and its contributing factors.
- Strength, clarity, and relevance of the applicant's proposed purpose and plan for meeting the initiative's objectives; plan to collaborate and communicate, and ability to successfully meet and carry out program requirements and expectations.
- Strength, clarity, and relevance of the applicant's demonstrated understanding of the needs of people with HIV who are unsheltered and the impact of HIV care engagement and retention for them.
- Strength, clarity, and relevance of the applicant's description of the client, clinical, social, and systemic factors that contribute to the need for street medicine intervention in their service area.

- Strength and clarity of the applicants needed to participate an implementation science evaluation to assess implementation of interventions for street medicine for people with HIV who unsheltered and out of care.
- How well the applicant uses data and other sources of information to de-emphasize the format (literature and publication) and emphasize the content to corroborate their assessment of need.

Criterion 2: Response (40 points)

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

The panel will review your application for:

Approach (30 points)

- How well it responds to the program's [purpose](#).
- The strength of the proposed goals and objectives and how well they relate to the project.
- How well the activities described will address the problem and meet project objectives.
- How well it describes the obstacles and challenges you may face during project design and implementation. This includes the quality of your plan to deal with them.
- Strength, clarify, and relevance of the applicant's street medicine team operations.
 - Professions that serve on their street medicine team.
 - Components of HIV primary care provided and cannot be provided by their street medicine team.
 - Hours of operation of their street medicine team.
 - Locations where their street medicine team will offer services.
 - Facilities and systems available to their street medicine team.
 - Policies, protocols, and regulations that govern their street medicine team.
 - Implications of local regulations that limit their street medicine team.
 - Services and activities provided by their street medicine team that are billed and reimbursed by healthcare coverage.
- Strength, clarity, and relevance of the applicant's ability to partner with the capacity Building Provider and Evaluation Provider using implementation science to adapt, document, evaluate, and disseminate their intervention.
- Strength, clarity, and relevance of the applicant's involvement of people with HIV in the adaption, documentation, and dissemination of their intervention.

- Strength, clarity, and relevance of the applicant's involvement of people with HIV who are unhoused in the evaluation and dissemination of street medicine interventions.
- Strength, clarify, relevance, and reasonableness of the applicant's plans for providing ongoing staff training, teamwork, and information sharing.
- Clarify and reasonableness of the number of people with HIV who are unhouse the applicant can enroll in the intervention by the end of the second year of the initiative.
- Strength, clarity, and reasonableness of the applicant's plan to sustain and integrate their intervention into their organization by the end of the initiative.
- Strength, clarify, and relevance of the applicant's approach to collaborate with Capacity Building Provider and Evaluation Provider to create and disseminate user-friendly, multi-media materials that incorporate implementation findings from the initiative.

High-level work plan (5 points)

- The workplan includes:
- Goals for the entire proposed four-year period of performance
- Objectives that are specific, time-framed, and measurable
- Activities or action steps to achieve the stated objectives
- Staff responsible for each action step (including any consultants) and
- Anticipated start and completion dates

Resolving Challenges (5 points)

- The extent to which the application identifies possible challenges that are likely to be encountered during the four-year period of performance.
- The extent to which the application describes realistic and appropriate methods and approaches to be used to resolve those challenges encountered.

Criterion 3: Performance reporting and evaluation (10 points)

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

The panel will review your application for:

Evaluation

- Overall approach and methodology to evaluate project results against goals and objectives and gain insights into program outcomes and impact.

Criterion 4: Impact (10 points)

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

The panel will review your application for:

- How effective the proposed project is likely to be.
- How strong a public health impact it is likely to have.
- How effective your plans for sharing project results are likely to be.
- What the likely impact on the community or target population will be.
- How likely the project results are to be national in scope.
- How easy it will be to replicate project activities.
- How likely the program is to continue beyond the federal funding.
- How well the activities described will address the stated needs and meet each of the program objectives, requirements, and expectations described in this NOFO.
- How likely the proposed project will have a favorable impact on the community or priority population.
- Strength of a public health impact the proposed project.
- How easy and likely it will be to replicate the project activities.
- Strength of the plans for promoting integration and sustainability of effective interventions throughout the entire project period.
- Feasibility of the recommendations to continue capacity-building within similar HIV care and treatment organizations (not engaged in this project) who are interested in implementing the interventions.

Criterion 5: Resources and capabilities (25 points)

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

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

- Project staff have the training or experience to carry out the project.
- Project staff have the training and experience to carryout performance reporting (and program evaluations, if applicable).
- You have the capabilities to fulfill the needs of the project.
- You have quality facilities available to carry out the project.
- You have the capacity to gather, manage, and use data.
- Appropriateness of the staffing plan to carry out the program requirements and the goals and objectives of the project.

- How well the applicant's mission, structure, and scope of current activities contribute to the organization's ability to carry out the program requirements and the goals and objectives of the project.
- The extent to which the applicant organization has relevant experience:
- Capacity and experience with similar projects to implement the project and achieve outcomes.
- Implementing a street medicine intervention to provide HIV primary care to people with HIV who are unsheltered.
- Using or participating in implementation science principles for similar initiatives.
- Participating in a multi-site evaluation plan.
- Completing IRBs, DUAs, and BAs.
- Documenting their work that can be reproduced in in user friendly, multi-media materials for use in replication an intervention.
- Managing federal funds and grants.

Criterion 6: Support requested (5 points)

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

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable costs are and how well they align with the project's scope.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.
- How well the application clearly describes sub-awards and/or contracts for proposed sub-recipients, contractors, and consultants in terms of scope of work; how costs were derived; and payment mechanisms and deliverables are reasonable and appropriate.

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

Risk review

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

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.

- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

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

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

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

Selection process

When making funding decisions, we consider:

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

We may:

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

Award notices

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

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



Step 5:

Submit Your Application

In this step

Application submission and deadlines	44
Application checklist	45

Application submission and deadlines

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

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

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

Deadlines

Application

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

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

Submission method

Grants.gov

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

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

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

Other submissions

Intergovernmental review

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

Application checklist

Make sure that you have everything you need to apply:

Component	How to upload	Included in page limit*?
<input type="checkbox"/> Project abstract	Use the Project Abstract Summary Form.	Yes
<input type="checkbox"/> Project narrative	Use the Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in the Attachments Form in this order.	
<input type="checkbox"/> 1. Work plan (required)		Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions (required)		Yes
<input type="checkbox"/> 3. Biographical sketches (required)		Yes
<input type="checkbox"/> 4. Agreements with other entities (not required)		Yes
<input type="checkbox"/> 5. Project organizational chart (required)		Yes
<input type="checkbox"/> 6. Tables and charts (not required)		Yes
<input type="checkbox"/> 7. Line-Item Budgets for Years 1 through 4 (required)		Yes
<input type="checkbox"/> 8-9. other relevant documents (not required)		Yes
Other required forms*	Upload using each required form.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		No
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)		No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL), optional		No
<input type="checkbox"/> Project/Performance Site Location(s)		No

Component	How to upload	Included in <u>page limit</u> *?
<input type="checkbox"/> Grants.gov Lobbying Form		No
<input type="checkbox"/> Key Contacts		No

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



Step 6:

Learn What Happens After Award

In this step

Post-award requirements and administration [48](#)

Post-award requirements and administration

Administrative and national policy requirements

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

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

Health information technology interoperability

If you receive an award, you must agree to the following conditions when implementing, acquiring, or upgrading health IT. These conditions also apply to all subrecipients.

- Compliance with [45 CFR part 170, subpart B](#). Make sure your activities meet these standards if they support the activity.
- Certified Health IT for Eligible Clinicians and Hospitals. Use only health IT certified by the [ONC Health IT Certification Program](#) for activities related to Sections 4101, 4102, and 4201 of the HITECH Act.

If 45 CFR part 170, subpart B standards cannot support the activity, we encourage you to:

- Use health IT that meets non-proprietary standards.
- Follow specifications from consensus-based standards development organizations.
- Consider standards identified in the [ONC Interoperability Standards Advisory](#).

Non-discrimination legal requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

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. 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

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages worker organizing and collective bargaining and promotes equality of bargaining power between employers and employees.

You can support these goals by developing policies and practices that you could use to promote worker power.

Cybersecurity

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

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

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

Identify:

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

Protect:

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

Detect:

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

Respond:

- Create an incident response plan. See [Incident-Response-Plan-Basics_508c.pdf \(cisa.gov\)](#) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
 - Any unplanned interruption or reduction of quality, or

- An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Reporting

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

You must also follow these program-specific reporting requirements:

- Progress reports each year
- Annual performance reports through [Electronic Handbooks](#).
- **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.



Contacts and Support

In this step

Agency contacts	53
Grants.gov	53
SAM.gov	54

Agency contacts

Program and eligibility

Tonya Bowers, DNP, RN

Nurse Consultant, Division of Policy and Data, Clinical Quality Branch

Attn: Street Medicine Interventions for People with HIV who are Unsheltered –
Demonstration Sites (HRSA-25-056)

HIV/AIDS Bureau

Health Resources and Services Administration

Email your questions to: SPNS@hrsa.gov

Financial and budget

Beverly Smith, MHS, RRT

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

Email your questions to: bsmith@hrsa.gov

Call: 301-443-7065

HRSA Contact Center

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

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

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Grants.gov

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

SAM.gov

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

Helpful websites

- [Best Practices Compilation](#)
- [Black Women First Initiative](#)
- [Dissemination of Evidence-Informed Interventions \(DEII\)](#)
- [HIV Implementation Science Coordination Initiative EHE Project Dashboard](#)
- [Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV \(E2i\)](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\) Evidence-Based Practices Resource Center](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [HRSA's How to Prepare Your Application page](#)
- [HRSA Application Guide](#)