Notice of Funding Opportunity

Application due March 18, 2025

HRSA
Health Resources & Services Administration

HIV/AIDS Bureau
Division of Policy and Data

Improving Mental Health and Engagement in Care Among People with HIV — Evaluation Provider

Opportunity number: HRSA-25-059

Modified on 1/28/25
Updated TA Webinar information

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Before you begin

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

SAM.gov registration (this can take several weeks)

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

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

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

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on March 18, 2025.

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

Step 1: Review the Opportunity

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Basic information

Health Resources and Services Administration (HRSA)

HIV/AIDS Bureau

Division of Policy and Data

Adapting interventions to better serve people with co-occurring HIV and mental health conditions

Summary

This four-year funding opportunity is supported by the HRSA Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) Program. This funding uses implementation science to adapt and evaluate the implementation of interventions that better serve people with co-occurring HIV and mental health conditions The focus is on people with HIV who are out of care or experiencing barriers to retention in care, and who also have mental health conditions. This initiative is for people who are RWHAP eligible.

This RWHAP SPNS initiative funds one implementation technical assistance provider (ITAP) and one evaluation provider (EP). The EP is funded under this opportunity. The ITAP is funded separately under a companion NOFO and is responsible for identifying the intervention strategies and selecting and issuing subawards to the implementation sites. The ITAP and EP are required to co-lead the initiative. HRSA HAB encourages you to read and familiarize yourself with the program expectations of the companion NOFO, HRSA-25-058 (ITAP).

The funded EP will:

- Collaborate with the ITAP to identify mental health interventions that the implementation sites will then adapt and implement. This collaboration will ensure alignment with the evaluation.
- Collaborate with the ITAP to select up to 10 implementation sites.
- Develop and lead a multisite evaluation grounded in implementation science (as defined in this NOFO) to assess implementation, including:
  - Adaptations.
  - Barriers and facilitators.
  - Implementation strategies.

Have questions? Go to Contacts and Support.

Key facts

Opportunity name:
Improving Mental Health and Engagement in Care Among People with HIV — Evaluation Provider
Opportunity number:
HRSA-25-059
Announcement version:
New
Federal assistance listing:
93.928
Statutory authority:
42 USC §§ 300ff-54(b) and 300ff-101 (§§ 2654(b) and 2691 of the Public Health Service Act); and Consolidated Appropriations Act, 2024, Pub. L. 118-47, Division D, title II.

Key dates

NOFO issue date:
January 16, 2025

Informational webinar:
See Webinar Section

Application deadline:
March 18, 2025

Expected award date:
August 1, 2025

Expected start date:
August 1, 2025

    - Cost.
    - Other outcomes.
- Provide evaluation-specific technical assistance (TA) to implementation sites.
- Coordinate closely with the ITAP to ensure that the evaluation plan is reflected in their TA activities.
- Collaborate with the ITAP in developing and implementing a communications and dissemination plan for the initiative, including by helping create user-friendly multimedia materials.
- Collaborate with the ITAP in developing and implementing a communications and dissemination plan for the initiative, including by helping create user-friendly multimedia materials.

Funding details

Application type: New

Expected total available FY 2025 funding: $1,000,000

Expected number and type of awards: 1 cooperative agreement

Funding range per award: up to $1,000,000 for 1 award

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

We plan to fund one awards in four 12-month budget periods for a total 4-year period of performance of August 1, 2025, to July 31, 2029, at $1,000,000 per budget year.

Eligibility

Who can apply

Eligible applicants include domestic entities eligible for funding under Ryan White HIV/AIDS Program Parts A - D of Title XXVI of the Public Health Service (PHS) Act.

Types of eligible organizations

These types of domestic* organizations may apply:

- 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.

"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, or the Republic of Palau.

Individuals are not eligible applicants under this NOFO

Completeness and responsiveness criteria

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

We will not consider an application that:

- 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

This initiative has the following three objectives:

- **Objective 1:** Support a national cohort of implementation sites to adapt and implement culturally responsive interventions to engage and retain people with co-occurring HIV and mental health conditions in HIV primary care and mental health services.
- **Objective 2:** Evaluate the implementation of interventions using implementation science frameworks. The EP will document and share evaluation findings throughout the initiative to support successful implementation. The evaluation will assess:
  - Intervention adaptations.
  - Barriers and facilitators to implementation.
  - Implementation strategies.
  - Cost.
  - Other implementation, client, and service outcomes.
- **Objective 3:** Create and disseminate user-friendly multimedia materials to support other RWHAP organizations in replicating effective interventions.

This RWHAP SPNS initiative funds one ITAP and one EP. The ITAP is funded separately under a companion NOFO. The ITAP and EP are required to co-lead the initiative. Full information on objectives and requirements can be found in the program objectives and requirements section.

This initiative focuses on people with HIV and mental health conditions who are out of care or experiencing barriers to retention in care. You and the ITAP may identify additional priority populations, including those identified by the National HIV/AIDS Strategy (NHAS) [PDF], when you are selecting the implementation sites.

Learnings from this initiative will help the RWHAP determine what intervention strategies work to engage people with HIV in care and improve mental health and HIV outcomes in different settings among different priority populations. The EP and ITAP will document and widely share lessons learned with the RWHAP community and beyond to help other organizations replicate these interventions to improve mental health and quality of life among people with HIV in their own settings.

Mental health and HIV

People with HIV are more likely to have one or more occurring mental health conditions, compared to people without HIV. Mental health conditions include depression, anxiety, and post-traumatic stress disorder. Some populations who are disproportionately impacted by HIV experience increased mental health disparities, including priority populations as defined by the National HIV/AIDS Strategy (NHAS) (2022–2025). Untreated mental health conditions among people with HIV results in reduced quality of life and poorer health outcomes, including low rates of viral suppression and mortality.

Untreated mental health conditions also contribute to lower engagement in HIV care. Approximately 21 percent of people with HIV in the United States were out of care between 2018 and 2020. Compared to people with HIV in care, those who are out of care are more likely to report mental health symptoms as a barrier to HIV care. They also self-report poorer health and more unmet non-HIV medical and mental health service needs. It is estimated that 60 percent of HIV transmissions result from people with HIV who are out of care.

Although this initiative focuses on mental health, it is important to highlight the complex relationship between mental health, substance use, stigma, and the social determinants of health. Mental health and substance use conditions often mutually reinforce each other, resulting in poorer health outcomes such as low rates of viral suppression and increased rates of hospitalization. In addition, many factors can contribute to the prevalence of mental health conditions among people with HIV at the biological, individual, social, and structural levels.

Key definitions

For this initiative, the following definitions will be used:

- **Implementation science:** 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.
- **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, and nontraditional clinic hours.
- **Integrated care:** Clinicians' careful coordination of HIV primary care, mental health 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 Substance Abuse and Mental Health Services Administration's 2023-2026 Strategic Plan.
- **Mental health**: The Substance Abuse and Mental Health Services Administration (SAHMSA) includes our emotional, psychological, and social well-being in its definition of mental health. Mental health affects how we think, feel, and act, and helps determine how we handle stress, relate to others, and make choices.
- **Out of care or experiencing barriers to retention in care:**
  - Newly diagnosed with HIV within the past 12 months, or
  - Diagnosed with HIV more than 12 months ago but not fully engaged in care, either by:
    - Not having at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year (see HAB performance measure).
    - Being at risk of disconnecting from care by missing their last appointment in the last six months, leaving incarceration, or having another high-risk factor.
    - Not being virally suppressed—defined as having a viral load of 200 copies/mL or more—at the time of enrollment (see HAB performance measure).

Recovery: SAMHSA's working definition of recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery signals a dramatic shift to expecting positive outcomes for individuals who experience mental health and substance use conditions or both.

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.

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)
- SAMHSA Strategic Plan (2023–2026)
- 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 2023, HIV viral suppression among RWHAP patients improved from 87.1% to 90.6%. For more, see the 2023 Ryan White Services Report (RSR).

- Racial, ethnic, age-based, and regional disparities in viral suppression rates have significantly reduced. For more, see the 2023 Ryan White Services Report (RSR).
- In 2020, the Ending the HIV Epidemic in the U.S. (EHE) initiative launched to further expand federal efforts to reduce HIV transmission. For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients, specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed, to the essential HIV care, treatment, and support services needed to help them reach viral suppression.

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 toward 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 and 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 objectives and requirements

Overview

The ITAP and EP are co-leaders of this initiative. You are required to continuously collaborate and communicate with the EP, as well as with HRSA HAB, to achieve the goals of this program.

The table below shows the requirements for the ITAP and EP for initiative activities. Details about the EP's lead activities follow. In consultation with HRSA HAB, the ITAP and EP must collaboratively refine their roles and responsibilities within the first 90 days of the award and develop a comprehensive joint work plan.

Program Objectives (O) and Requirements (R)		ITAP	EP
O1	Support a national cohort of implementation sites to adapt and implement culturally responsive interventions to engage and retain people with co-occurring HIV and mental health conditions in HIV primary care and mental health services.	Lead	Support
R1.1	Select and adapt interventions to engage and retain the priority population in HIV primary care and mental health services.	Lead	Support
R1.2	Select and issue subawards to up to 10 implementation sites.	Lead	Support
R1.3	Train and monitor implementation sites on adhering to and adapting the intervention. Monitor compliance with federal regulations.	Lead	Limited support [1]
R1.4	Coordinate and facilitate multisite meetings.	Lead	Support
O2	Evaluate the implementation of interventions using implementation science frameworks.	Support	Lead
R2.1	Develop and implement a multisite evaluation plan grounded in implementation science.	Support	Lead
R2.2	Develop and implement a process and digital platform for collecting and reporting implementation, service, client, and cost data.	Support	Lead
R2.3	Provide implementation science and evaluation-related TA to implementation sites.	Limited support	Lead
O3	Create and disseminate user-friendly multimedia materials to help other RWHAP organizations replicate effective interventions from the initiative.	Lead	Support

R3.1	Develop a communications and dissemination plan and produce user-friendly multimedia replication materials.	Lead	Support

Details of the EP requirements

The objectives and program requirements are based on the overarching initiative. This section provides details on objectives and program requirements that the EP will lead or support.

Objective 1

You will support the following objectives and program requirements led by the ITAP, which are detailed in the companion NOFO (HRSA-25-058).

Requirement 1.1, Support: Select and adapt interventions to engage and retain the priority population in HIV primary care and mental health services.

- You will conduct a literature review of relevant interventions.

Requirement 1.2, Support: Select and issue subawards to up to 10 implementation sites.

- You will collaborate with HRSA HAB and the ITAP to develop and implement a competitive application process to select implementation sites.

Requirement 1.3, Limited support: Train and monitor implementation sites on adhering to and adapting the interventions. Monitor compliance with federal regulations.

- You will collaborate with the ITAP to help the implementation sites develop logic models for their approach. These models will clearly outline the core elements, implementation strategies, and potential barriers and facilitators to successful implementation.
- You will coordinate with the ITAP and HRSA HAB (as needed) to monitor each implementation site, including by making annual site visits to ensure compliance with federal requirements, monitor implementation progress, and provide TA. The ITAP will develop a site visit protocol to guide the content and focus of the site visits, and you will provide input on evaluation-related items.
    - Site visits also serve as an opportunity for you to thoroughly collect and document information on intervention adaptations, implementation strategies, and barriers and facilitators to implementation.

Requirement 1.4, Support: Coordinate and facilitate multisite meetings.

- You will help the ITAP and HRSA HAB facilitate at least two multisite meetings per year. You should plan to hold these meetings at HRSA headquarters or in the

Washington, DC, metropolitan area. The meetings must include at least two representatives from your organization, the ITAP, HRSA HAB, and each implementation site.

- You will also help the ITAP coordinate at least two work planning meetings per year between your organization, the ITAP, and HRSA HAB.

Objective 2

Requirement 2.1, Lead: Develop and implement a multisite evaluation plan grounded in implementation science.

- You will coordinate with HRSA HAB to develop and implement a multisite evaluation plan grounded in validated implementation science frameworks.
- You must receive appropriate ethics approval for conducting this evaluation.
- You should consider HRSA HAB's implementation science framework (HAB IS) when developing the evaluation plan (see Psihopaidas 2020). HRSA HAB IS is intended to be a scaffolding upon which specific frameworks, measures, and concepts from implementation science are built to develop a robust, tailored evaluation framework.
- Your evaluation should include implementation, service, and client outcomes, as well as implementation strategies (see Proctor 2011 and Proctor 2023). You should select validated quantitative measures for implementation, client, and service outcomes, and cite them.
- You will also conduct a cost analysis of the implementation of the selected interventions.

Evaluation methods

You should incorporate both quantitative and qualitative data collection, analysis, and reporting. Quantitative, qualitative, and mixed methods analysis can be used based on the specified evaluation question.

- Quantitative methods can be useful for understanding the effects of an intervention on client outcomes, for example. Quantitative measures can also be used to track implementation—for example, the number of staff trainings.
- Qualitative methods can provide a deeper understanding of barriers and facilitators to implementation, why and how adaptations are made, and why certain implementation strategies are used, for example. Additionally, qualitative inquiry can provide a more nuanced understanding of clients' perceptions of their care and experiences.
- Mixed methods integrate both quantitative and qualitative data and analysis.

Requirement 2.2, Lead: Develop and implement a process and digital platform for collecting and reporting implementation, service, client, and cost data.

- You will provide a secure digital platform so all sites can report all data to you. You will train and support evaluation staff at the implementation sites and monitor data collection and quality. You will also provide technical input, oversight, and support to the sites to complete any required institutional review board (IRB) or other approvals needed to collect and report evaluation data.

Data security

- You will electronically receive, store, manage, and maintain de-identified client-level data, which the implementation sites will collect and report to you.
- The implementation sites will submit data to you through a secure data portal that you will design and maintain.
- You will coordinate efforts to ensure the privacy and confidentiality of all data submitted, collected, and stored, under all applicable laws and regulations.
- You will monitor the quality and completeness of submitted data.
- You will help the implementation sites assure the privacy and confidentiality of study participants' protected health information.

Requirement 2.3, Lead: Provide implementation science and evaluation-related TA to implementation sites.

- You will provide training and ongoing support to the implementation sites' data management staff to meet the requirements of the evaluation. When new evaluation staff are hired at implementation sites, you will make sure there is a process to train them.
- You will attend site visits with the ITAP to capture and document intervention adaptations, implementation strategies, and barriers and facilitators to implementation.
- You may support the ITAP and implementation sites to develop, review, and refine site-specific logic models.
- You will support all implementation sites in interpreting and reporting on all evaluation-related data, including performance measures.

Evaluation Measures

You must include the following measures from HAB's Performance Measure Portfolio:

- Client engagement and retention.
- Antiretroviral therapy adherence.
- Viral suppression.

Include other measures specific to your evaluation questions such as:

- Client demographics.

- Biomedical and mental health indicators.
- Indicators of stigma.

Your key performance measures must also assess implementation and include process analysis and cost analysis.

Process analysis is a systematic method of examining how work is done. It will assess implementation of the interventions, including:

- Uptake.
- Engagement of clients in the interventions.
- Implementation strategies.
- Facilitators and barriers to implementation.

A **cost analysis study** (or cost-effectiveness study, if feasible) will measure the labor and programmatic costs and expenditures incurred by each implementation site to determine how easily the intervention can be replicated in RWHAP and other health care settings.

Objective 3

You will support the following objectives and program requirements led by the ITAP, which are detailed in the companion NOFO (HRSA-25-058).

Requirement 3.1, Support: Develop a communications and dissemination plan and produce user-friendly multimedia replication materials.

You will help the ITAP, in coordination with HRSA HAB, to develop and implement a communication and dissemination work plan and timeline for disseminating evaluation findings and replication materials. This plan will outline how you and the ITAP will create, review, and promote materials and strategies that will help other organizations replicate successful interventions from this initiative.

- You will produce manuscripts in collaboration with implementation sites and HRSA HAB to describe the design and outcomes of the project.
- Along with the ITAP, you will review all draft dissemination products to ensure rigor, quality, and consistency before they are submitted to HRSA HAB for review.
- Along with the ITAP, you will manage the completion of all dissemination products through the HRSA clearance process in collaboration with your HRSA project officer.

The communication and dissemination plan will include:

- **Publication and dissemination committee:** Your organization, along with HRSA HAB staff and implementation site representatives, will participate in this committee. The committee will generate study questions, topics for presentations

and publications, concept sheets and analyses, and a dissemination plan for the initiative's products.

- **Dissemination products and strategies:** These will include user-friendly multimedia materials that describe findings from the initiative. They should include materials aligned with RWHAP service categories [PDF] so they can easily be replicated. You will work with the ITAP to ensure that evaluation findings are included in the dissemination products.
- **Project websites:** You will collaborate with the ITAP and HRSA HAB to develop and maintain a public, project-specific page on TargetHIV.org to communicate about the project.

Key personnel

HIV and mental health expertise are critical to this initiative. People with lived experience, mental health professionals, and other key partners must be a part of the ITAP, EP, and implementation site teams.

When possible, consider hiring individuals with lived experience into key roles. Lived experience includes people living with HIV, people in recovery with mental health and/or substance use conditions, or people who have changed their behaviors to reduce the risk of HIV. Lived experience, along with other relevant personal or professional expertise, is acceptable instead of education, as appropriate.

Timeline of lead activities

This chart shows a high-level anticipated timeline of lead activities for this project.

Year	Lead: ITAP	Lead: EP
Year 1	• Develop joint work plan with EP. • Coordinate and co-facilitate project planning meetings. • Conduct a comprehensive search to select mental health interventions. • Develop a technical assistance plan, including process for TA tracking. • Select and issue subawards to implementation sites. • Develop a communications and dissemination plan.	• Develop joint work plan with ITAP. • Co-facilitate project planning meetings. • Support selection of mental health interventions. • Support selection of implementation sites. • Support development of the communications and dissemination plan. • Develop a multisite evaluation plan grounded in implementation science.

Year	Lead: ITAP	Lead: EP
		• Submit evaluation protocol for Institutional Review Board (IRB) review and approval. • Support sites with IRB applications and submissions, as needed.
Years 2 and 3	• Train sites on implementing their selected interventions (year 2 only). • Coordinate and co-facilitate multisite and project planning meetings. • Monitor subrecipients, including through an annual site visit. • Provide TA to sites on adapting and implementing the interventions. • Develop replication materials and begin disseminating as appropriate.	• Train sites on all aspects of the evaluation. • Co-facilitate multisite and project planning meetings. • Lead data collection and, in year 3, analysis for the multisite evaluation. • Attend annual subrecipient site visits. • Provide TA to sites on the evaluation. • Work on publications.
Year 4	• Continue to coordinate and co-facilitate multisite and project planning meetings. • Continue to monitor subrecipients, including through an annual site visit. • Provide TA to sites on sustaining the interventions. • Finalize replication materials and other dissemination products.	• Continue to co-facilitate multisite and project planning meetings. • Complete data collection for the multisite evaluation. • Continue to attend the annual subrecipient site visits. • Continue to provide TA to sites on the evaluation. • Finalize data analysis and integrate evaluation findings into dissemination products. • Finalize any publications.

Award information

Cooperative agreement terms

Our responsibilities

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

- Facilitate the availability and expertise of key federal partners in planning, developing, and implementing the project, including staff from SAMHSA, the National Institute of Mental Health (NIMH), and other relevant agencies.
- Facilitate effective collaborative relationships with the ITAP, EP, and other relevant partners.
- Provide relevant project information and resources, including TA resource centers.
- On an ongoing basis, review activities, procedures, measures, and tools to accomplish the goals and objectives of this initiative.
- Participate in designing and implementing evaluation tools, evaluation plans, and other project materials.

  Review and participate in disseminating project activities, products, findings, best practices, evaluation data, and other information developed as part of this project to RWHAP providers and the broader health care community.
- Coauthor and publish technical manuscripts describing project design, implementation, outcomes, and other topics in scientific journals.

Your responsibilities

You must follow all relevant laws and policies. In addition to the requirements and activities mentioned in the program objectives and requirements section, you must also:

- Participate in the National Ryan White Conference on HIV Care and Treatment.
- Share real-time information throughout the duration of the project with implementation sites, the ITAP, and HRSA HAB, including status updates, tools developed to help the sites, and other information about the evaluation.
- Collaborate with assigned HRSA HAB project officers and other HRSA staff as necessary to plan, execute, and evaluate project activities.
- Complete all HRSA HAB reporting requirements.

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
  - 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 consider options such as:
  - 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 General Provisions for Selected Items of Cost.

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 such as private health insurance, prepaid health plans, Medicaid, or Medicare.
- To directly provide medical or support services (for example, 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 that have not received HRSA's prior approval or do not comply with HHS and HRSA policy.

- To develop materials designed to directly promote or encourage intravenous drug use or sexual activity.
- Pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP) medications or related medical services. (Please note that RWHAP recipients and subrecipient providers may provide prevention counseling and information to eligible clients' partners—see RWHAP and PrEP Program Letter, November 16, 2021.)
- 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 at time of award.

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

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

Program income

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

Step 2:
Get Ready to Apply

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Get registered

SAM.gov

You must have an active account with SAM.gov. 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-25-059.

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.

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 28

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 Other 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, margins, etc. 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.

Include the following within the Project Abstract:

- **Summary of the project:** Provide a brief summary describing the proposed project.
- **Goals and objectives:** Describe overall project goals and objectives.
- **Evaluation questions:** Outline proposed multisite evaluation questions.

Project narrative

In this section, you will describe all aspects of your project. Project activities must comply with the nondiscrimination requirements.

Use the section headers and the order listed.

Introduction

See merit review criterion 1: Need

- Briefly describe the purpose of your project.
- Describe the proposed:
  - Evaluation.
  - Multisite evaluation questions.
  - Cost analysis.
  - Evaluation-related TA.
  - Publication and dissemination activities.
- Clearly and succinctly describe your ability to successfully meet and carry out program requirements and expectations.
- Briefly describe your plan for meeting the objectives of this initiative.
- Briefly describe how you plan to co-lead, communicate, and collaborate with the ITAP to ensure the success of the initiative.

Need

See merit review criterion 1: Need

- Provide a summary that demonstrates a comprehensive understanding of the relationship between HIV and mental health conditions. Include how co-occurring HIV and mental health conditions affect people who are out of care or experiencing barriers to retention in care. Describe how factors at the individual, social, and structural levels contribute to mental health conditions and disparities among people with HIV.
- Discuss the client-level, clinical, and systemic challenges that affect wider-scale adoption of interventions that improve health outcomes for people with co-occurring HIV and mental health conditions.
- Provide a summary that demonstrates your understanding of the need to conduct a multisite evaluation grounded in implementation science to assess the implementation of interventions in this project.

- Discuss the challenges associated with implementing, evaluating, and replicating mental health interventions within this project.
- When appropriate, cite literature and publications.

Approach

See merit review criterion 2: Response

- **Objective 1:** Describe your ability to support the ITAP in helping a national cohort of implementation sites to adapt and implement culturally responsive interventions.
    - Describe your ability to collaborate with the ITAP to research, select, and support the adaptation of interventions from an evaluation perspective. Include your process for conducting a literature review on interventions that focus on engaging and retaining the priority population in HIV primary care and mental health services.
    - Discuss how you plan to help the ITAP select implementation sites. Describe proposed criteria for site selection.
    - From the lens of a supportive role, provide examples of factors that are important to consider to effectively achieve Objective 1.

- **Objective 2:** Propose a rigorous multisite evaluation to evaluate implementation of interventions using HRSA HAB's implementation science framework and other implementation science frameworks.
  Describe:
    - The implementation science theories, models, and/or frameworks that you will use to guide your multisite evaluation. Provide the rationale for their selection.
    - The methodology and theoretical frameworks you will use to assess implementation outcomes and the effectiveness of the interventions on client outcomes.
    - The methodology for assessing costs of interventions.
- Discuss your anticipated evaluation questions, data collection methods, validated measures, and analysis plan to assess the implementation, effectiveness, and costs of interventions. Propose data collection methods that are feasible based on the capacity of implementation sites operating their interventions in real-world settings. At minimum, your evaluation plan must include:
    - Quantitative and qualitative data collection with clients and providers to measure uptake, engagement, acceptability, feasibility, and barriers and facilitators to implementation.

    - Implementation outcome measures.
    - Clinical and service outcome measures.
    - Organizational assessment of the barriers and facilitators to successful intervention implementation.
    - Quantitative process analysis to assess intervention exposure.
    - A thorough rationale for any other data measures you propose that are relevant to the assessment of the interventions. Specify their sources and cite references in the literature to support their validation.
    - A description of how you will assess, document, and share implementation strategies, barriers and facilitators to implementation, and intervention adaptations throughout the course of the initiative.
- Describe your ability to use clinical and support service data relevant to HIV and mental health.
- Describe how you will design and implement a cost analysis study that will collect labor, training, structural, and other relevant costs of the implementation sites.
- Describe:
    - Your proposed approach to working collaboratively with the implementation sites, including training site evaluation staff on data collection and reporting.
    - How you will train site staff to ensure proper management of IRB and data requirements and issues related to confidentiality of patient information.
    - A plan for providing evaluation-related TA to the implementation sites over the course of the initiative.
    - How you will routinely assess evaluation TA needs through needs assessments, in collaboration with the ITAP.
    - What kinds of evaluation TA needs you anticipate and how you will address them, across the following areas:
        - Protection of human research subjects.
        - IRB approval and renewal.
        - Data sharing or data use agreements.
        - Data collection and reporting.
        - Integrating evaluation findings into dissemination products.
    - Describe your plan for creating and maintaining a web portal and data repository where information, multisite data, and TA tools will be housed and available to implementation sites during the initiative. Include a defined process for who will be responsible for any necessary software licenses.

    - Provide a detailed plan for constructing and maintaining a secure website for the initiative to serve as a data portal for implementation sites to report multisite evaluation data.

- **Objective 3:** Describe your ability to support the ITAP in creating and disseminating user-friendly multimedia materials that incorporate findings from the initiative.
    - Describe your approach to working with the ITAP and HRSA HAB to publish and disseminate the initiative's findings and lessons learned.
    - Propose a plan for integrating evaluation findings into user-friendly materials that will help other RWHAP programs replicate effective interventions.
    - Provide examples of different ways you would disseminate materials to ensure products reach the priority audiences.
    - Propose a dissemination timeline, focusing on EP-led dissemination products. Note that you and the ITAP will need to align dissemination timelines.
    - Propose a plan to collaborate continuously with the ITAP to achieve initiative goals. Discuss your approach and proposed tools (as applicable) to:
        - Co-lead all aspects of the initiative, including coordinating required activities.
        - Develop a joint work plan and define roles and responsibilities within the first 90 days of the award.
        - Facilitate effective communication across the ITAP, EP, HRSA HAB, and implementation sites throughout the entire initiative.

High-level work plan

See merit review criteria 2: Response and 4: Impact

In a work plan format, detail how you'll achieve each of the initiative objectives during the period of performance. This includes:

- Leading the evaluation of the intervention implementation using an implementation science framework.
- Supporting a national cohort of implementation sites to adapt and implement culturally responsive interventions.
- Creating and disseminating user-friendly multimedia materials to help other RWHAP organizations replicate effective interventions from the initiative.

Include a 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 (Year 1 only).

- Action steps to achieve the stated objectives (Year 1 only).
- Staff responsible for each action step, including any consultants.
- Anticipated start and completion dates.

Please note that you should write goals for the work plan for the entire proposed four-year period of performance, but objectives and action steps are required only for the first-year goals. First-year objectives should describe key action steps or activities that you will undertake to implement the multisite evaluation, including quality and control mechanisms, IRB approval, and HIPAA requirements.

Resolving challenges

See merit review criterion 2: Response

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan and the proposed methods described in the approach section.

Explain the methods and approaches that you'll use to resolve them.

Evaluation and Technical Support Capacity

See merit review criteria 3: Performance reporting and evaluation and 5: Resources and capabilities

- Describe the expected outcomes (desired results) of the funded activities.
- Describe the inputs (such as organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected results of the funded activities—not of the evaluation itself.
- Describe a plan to assess ongoing performance and engage in continuous quality improvement of the funded activities. This should include monitoring ongoing processes and progress toward the goals and objectives of the project.
- Describe your capacity (including any partner organizations, if applicable) to conduct a comprehensive multisite evaluation to assess the implementation and outcomes of the selected interventions. Include strength of skills, training, and knowledge of proposed key project staff (including any consultants, subrecipients, and contractors, if applicable) in conducting a multisite evaluation of national scope that will have maximum impact on practice and policy. See Reporting for more information.
- Describe your experience applying the HAB IS framework or other implementation science frameworks to evaluate the implementation and associated client and services outcomes of HIV intervention studies.

- Describe how the proposed key personnel (including any consultants, subrecipients, and contractors, if applicable) have the necessary knowledge, experience, training, and skills to design and implement public health program evaluations, specifically quantitative and qualitative outcome and process evaluations, and cost studies of interventions like those in this project.
- Describe the capacity of the proposed project staff to provide evaluation TA to implementation sites for the multisite evaluation. Describe the experience of proposed project staff in providing evaluation TA to organizations that provide HIV and mental health care services.
- Describe your knowledge of and experience with submitting IRB materials and obtaining approvals and renewals for all client-level data collection instruments, informed consent, and evaluation materials. Describe any training your proposed staff has in protecting human subjects. Identify the IRB that will be responsible for reviewing, approving, and renewing your multisite evaluation instruments.
- Describe the systems and processes that will support your organization's multisite evaluation requirements by effectively tracking performance outcomes and implementation strategies. Describe how your organization will collect and manage data (such as assigned skilled staff or data management software) to enable accurate and timely reporting of performance outcomes. Describe your organization's current experience, skills, and knowledge, including individuals on staff, materials published, and previous similar work.
- As appropriate, describe your strategy to collect, analyze, and track data to measure process, impact, and outcomes. Explain how you will use the data to inform program development and service delivery. Describe any potential obstacles to implementing the evaluation and your plan to address those obstacles.
- Describe how your proposed project staff will include and/or work with people of lived experience.

Organizational information

See merit review criterion 5: Resources and capabilities

- Describe your organization's mission, structure, and scope of current activities. Explain how these elements all contribute to your organization's ability to carry out the program requirements and reach its goals and objectives.
- 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 (attachment 5). The chart should be a one-page figure that depicts the project structure of the EP, not the entire organization. It should include subrecipients, contractors, and other significant collaborators, if applicable.
- Demonstrate the experience of your organization with similar projects. Include experience:
    - Co-leading or collaborating with another organization on a project or initiative. Include experience in cross-organizational communication, planning, and negotiating roles and responsibilities.
    - Collaborating with implementation technical assistance providers.
    - Conducting program evaluation in RWHAP or other health care settings, in particular coordinating multisite evaluations of intervention implementation across different geographical locations.
    - Implementing research techniques including data management, statistical analysis, formulation of findings, and dissemination of findings through different publication venues.
    - Developing multisite evaluation plans grounded in the HAB IS approach or other implementation science frameworks.
    - Training and monitoring data managers and staff who will submit evaluation data for the multisite evaluation.
    - Conducting evaluations with communities disproportionately impacted by HIV and mental health disparities. Include information about your HIV experience, and expertise in identifying and evaluating barriers and facilitators of implementing interventions to improve retention and engagement in care for the target population.
- Describe the capacity of your organization's management information systems to support a comprehensive multisite evaluation in collecting, reporting, and securely storing client-level data. Describe your documented procedures for electronically and physically protecting participant information and data. If you will use subrecipients and/or contractors to provide services, describe their proposed roles and responsibilities.
    - Include signed letters of agreement, memoranda of understanding, and descriptions of proposed or existing contracts (attachment 4).
- Describe your experience supporting and providing evaluation-related TA to implementation sites.
- Describe the ability of key personnel to successfully publish or disseminate findings about effectively implementing mental health interventions for people with HIV, lessons learned, and other findings from multisite evaluations. Describe

the experience of proposed key project personnel in communicating project findings to HIV provider organizations and local communities, writing collaboratively, publishing study findings in peer-reviewed journals, or presenting at state and national conferences.

Budget and budget narrative

See merit review criterion 6: Support Requested

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

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

The total project or program costs are all allowable (direct and indirect) costs incurred 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 requested costs. 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.

In addition, this NOFO requires you to do the following:

- Separate the line-item budgets for each of the four years in the period of performance, using the Section B Budget Categories of the SF-424A and breaking down subcategorical costs as appropriate. You'll include these as Attachment 7.
- Include costs for you to attend annual TA site visits with the ITAP and attend two multisite meetings in each of the four years of the initiative.
- Include travel to the biennial National Ryan White Conference on HIV Care and Treatment, to be held in the Washington, DC, metropolitan area.
- List each key position in the budget, including the principal investigator and project director.

- For all staff listed on the budget, identify what percentage of their full-time equivalence (FTE) you will allocate to this award, the full salary amount, and all other funding sources used to pay the full salary. For subsequent budget years, the justification narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive budget changes during the project period.

Attachments

Place your attachments in order in the Other Attachments form. See the application checklist to determine if they count toward the page limit.

Attachment 1: Work plan

Attach the project's work plan. Make sure it includes everything required in the project narrative section.

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

- Collaborating with the ITAP to choose interventions and sites.
- Coordinating with the ITAP to align the evaluation plan and implementation TA.
- Designing and implementing the multisite evaluation.
- Publishing and disseminating findings.

Attachment 2: Staffing plan and job descriptions

See Section 3.1.7 of the Application Guide.

Include a staffing plan that shows the staff positions that will support the project and key information about each.

Justify your staffing choices, including education and experience qualifications and your reasons for the amount of time you request for each staff position.

For key personnel, attach a one-page job description including the role, responsibilities, and qualifications.

Attachment 3: Biographical sketches

Include biographical sketches for people who will hold the key positions you describe in attachment 2. These should be two pages at most.

Do not include personally identifiable information. If you include someone you have not hired yet, provide a letter of commitment from that person with the biographical sketch.

Attachment 4: Agreements with other entities

Provide any documents that describe working relationships between your organization and others you refer to in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of subrecipients and contractors and any deliverable. Make sure you sign and date any letters of agreement.

Attachment 5: Project organizational chart

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

Attachment 6: Tables and charts

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

Attachment 7: Line-item budgets for Years 1 through 4

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 subcategorical costs as appropriate.

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](#47--step-2-get-ready-to-apply--find-the-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

Step 4: Learn About Review and Award

In this step

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Application review

Initial review

We review each application to make sure 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 project narrative Introduction and Need sections.

The panel will review your application for:

- Strength, clarity, and relevance of your:
  - Ability to successfully meet and carry out program requirements and expectations.
  - Project purpose and plan for meeting the initiative's objectives.
  - Plan to co-lead, communicate, and collaborate with the ITAP.
- Strength, clarity, and relevance of your demonstrated understanding of:
  - The relationship between HIV and mental health conditions.
  - How factors at the individual, social, and structural levels contribute to mental health conditions and disparities among people with HIV.

- Client-level, clinical, and systemic challenges that affect wider-scale adoption of interventions that improve health outcomes for people with co-occurring HIV and mental health conditions.
- The need to conduct an implementation science evaluation to assess the implementation of interventions to improve mental health among people with HIV who are out of care or experiencing barriers to retention in care.
- Challenges associated with implementing, evaluating, and replicating mental health interventions for people with HIV who are out of care or experiencing barriers to retention in care.

- How well you cite literature and publications to corroborate your assessment of need.

Criterion 2: Response (40 points)

See project narrative Approach, High-level work plan, and Resolving challenges sections.

The panel will review your application for the following:

Approach (30 points – see sub-criteria points by objective)

- **Objective 1 (5 points):** How you will help the ITAP train and support a national cohort of implementation sites with adapting and implementing culturally responsive interventions.
  - Strength, clarity, and feasibility of your plan to support the ITAP in selecting implementation sites.
  - Strength, clarity, and relevance of your examples of factors that are important to consider to effectively achieve Objective 1 of the initiative.
- **Objective 2 (15 points):** Strength, clarity, and relevance of the following components of your proposed mixed-methods multisite evaluation plan:
  - The implementation science theories, models, or frameworks you will use to guide your multisite evaluation and rationale for their selection.
  - The methodology and theoretical frameworks you will use to assess implementation outcomes and the effectiveness of the interventions on client outcomes.
  - The methodology for assessing costs of interventions.
  - Your anticipated evaluation questions, quantitative and qualitative data collection methods, validated measures, and analysis plan to assess implementation outcomes, client and service outcomes, and costs of interventions. Implementation data will include uptake, engagement,

acceptability, feasibility, and barriers and facilitators to implementation. You will also assess intervention exposure.
    - A plan to assess, document, and share implementation strategies, barriers and facilitators to implementation, and intervention adaptations throughout the course of the initiative.
    - A description of your ability to use clinical and supportive service data relevant to HIV and mental health.
    - A description of the design and implementation of a cost analysis study that will collect labor, training, structural, and other relevant costs that the implementation sites may incur.
- Strength, clarity, and feasibility of your approach to working collaboratively with the implementation sites over the course of the initiative to provide evaluation-related TA, including:
    - How you will train site evaluation staff on data collection and reporting.
    - How you will train site staff to ensure proper management of IRB and data requirements and issues related to confidentiality of patient information.
    - A plan for providing evaluation-related TA to the implementation sites.
    - How you will routinely assess evaluation TA needs through needs assessments, in collaboration with the ITAP.
    - What kinds of evaluation TA needs you anticipate and how you will address them, including protection of human research subjects, IRB approval and renewal, data sharing or data use agreements, data collection and reporting, and integrating evaluation findings into dissemination products.
    - How you will work with implementation sites to provide TA on IRB issues and data sharing or use agreements.
- Strength, clarity, and feasibility of your plan for creating a web portal and data repository where information, multisite data, and TA tools will be housed and available to implementation sites during the initiative, including a secure website to serve as a data portal for implementation sites to report multisite evaluation data.
- Inclusion of a defined process for who will be responsible for any necessary software licenses.
- **Objective 3 (10 points):** Strength, clarity, and relevance of your plan and ability to support the creation and dissemination of user-friendly multimedia materials that incorporate findings from the initiative, including:
    - Your approach to working with the ITAP and HRSA HAB to public and disseminate the initiative's findings and lessons learned.

  - Your plan for integrating evaluation findings into user-friendly materials that will help other RWHAP programs replicate effective interventions.
  - Examples of different ways you would disseminate materials to ensure products reach the priority audiences.
  - A timeline for the dissemination of EP-led products.
- Strength, clarity, and relevance of your plan to ensure continuous collaboration with the selected ITAP to achieve initiative goals, including:
  - Co-leading all aspects of the initiative and coordinating on required activities.
  - Developing a joint work plan and defining roles and responsibilities within the first 90 days of the award.
  - Facilitating effective communication across the ITAP, EP, HRSA HAB, and implementation sites.

High-level work plan (5 points)

How well the work plan includes:

- Goals for the entire proposed four-year period of performance, including leading the multisite evaluation, supporting implementation sites, and dissemination.
- 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.

Resolving challenges (5 points)

- The extent to which you identify possible challenges that you are likely to encounter during the four-year period of performance.
- The extent to which you describe realistic and appropriate methods and approaches to resolve those challenges.

Criterion 3: Performance reporting and evaluation (10 points)

See project narrative Evaluation and technical support capacity section.

The panel will review your application for the strength, clarity, and relevance of your:

- Expected outcomes (desired results) of the funded activities.
- Inputs, key processes, and expected results for the funded activities—not of the evaluation itself.
- Plan to assess ongoing performance and engage in continuous quality improvement of the funded activities.

Criterion 4: Impact (10 points)

See project narrative High-level work plan section.

The panel will review your application for the strength, clarity, and relevance of your work plan to achieve each of the three objectives of the initiative during the period of performance.

Criterion 5: Resources and capabilities (25 points)

See project narrative Organizational information and Evaluation and technical support capacity sections.

The panel will review your application for the following:

Organizational information (10 Points)

- The appropriateness of your staffing plan to carry out the program requirements, goals, and objectives.
- The extent to which your organization's mission, structure, and scope of activities enable it to carry out the program requirements and reach its goals and objectives.
- The extent to which your organization has relevant experience:
  - Co-leading or collaborating with another organization on a project or initiative.
  - Conducting program evaluation in RWHAP or other health care settings, in particular coordinating multisite evaluations of intervention implementation across different geographical locations.
  - Implementing research techniques including data management, statistical analysis, formulation of findings, and dissemination of findings through different publication venues.
  - Developing multisite evaluation plans grounded in the HAB IS approach or other implementation science frameworks.
  - Training and monitoring data managers and staff who will submit evaluation data for the multisite evaluation.
  - Conducting evaluations with communities disproportionately impacted by HIV and mental health disparities.
- The strength of your management information systems to support a comprehensive multisite evaluation in collecting, reporting, and securely storing client-level data.

Evaluation and technical support capacity (15 Points)

The panel will review your application for the strength, clarity, and relevance of:

- Your capacity to conduct a comprehensive multisite evaluation to assess the implementation and outcomes of the selected interventions.
- Your experience applying the HAB IS framework or other implementation science frameworks to evaluate the implementation and associated client and services outcomes of HIV intervention studies.
- How the proposed key personnel have the necessary knowledge, experience, training, and skills to design and implement public health program evaluations, specifically quantitative and qualitative outcome and process evaluations, and cost studies of interventions like those in this initiative.
- The capacity of the proposed project staff to provide evaluation TA to implementation sites for the multisite evaluation.
- Your knowledge of and experience with submitting IRB materials and obtaining approvals and renewals for client-level data collection instruments, informed consent, and evaluation materials.
- The systems and processes that will support your organization's multisite evaluation requirements by effectively tracking performance outcomes and implementation strategies.
- Your strategy to collect, analyze, and track data to measure process, impact, and outcomes.
- The experience of proposed staff to collaboratively write and publish findings in peer-reviewed journals and make presentations at state and national conferences.
- The experience of proposed staff to communicate findings to HIV provider organizations and local communities.
- How your proposed project staff will include and/or work with people of lived experience.

Criterion 6: Support requested (5 points)

See Budget and budget narrative section.

The panel will review your application for:

- How reasonable the proposed budget is for each year of the period of performance.
- Whether costs align with the project's scope.
- The extent to which key staff have adequate time devoted to the project to achieve project objectives.
- How clearly it describes:

- Subawards and/or contracts for proposed subrecipients, contractors, and consultants in terms of scope of work.
- How costs were derived.
- Payment mechanisms and deliverables that 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 deciding 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.
- The larger portfolio of HRSA-funded projects, including the diversity of project types and geographic distribution.
- Merit review results. These are key in making decisions but are not the only factor.

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 5.4 of the Application Guide for more information.

Step 5: Submit Your Application

In this step

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Application submission and deadlines

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

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

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. See Get registered. You will have to maintain your registration throughout the life of any award.

Deadlines

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

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

Submission method

Grants.gov

You must submit your application through Grants.gov. See Get registered. 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? See Contacts and Support if you need help.

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?
☐ Project abstract	Use the Project Abstract Summary form.	No
☐ Project narrative	Use the Project Narrative Attachment form.	Yes
☐ Budget narrative	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in a single Other Attachments form.	
☐ 1. Work plan		Yes
☐ 2. Staffing plan and job descriptions		Yes
☐ 3. Biographical sketches		No
☐ 4. Agreements with other entities		Yes
☐ 5. Project organizational chart		Yes
☐ 6. Tables and charts		Yes
☐ 7. Line-item budgets for Years 1 through 4		Yes
Other required forms*	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		No
☐ Budget Information for Non-Construction Programs (SF-424A)		No
☐ Disclosure of Lobbying Activities (SF-LLL)		No
☐ Project/Performance Site Location(s)		No
☐ Grants.gov Lobbying Form		No
☐ Key Contacts		No

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

Step 6: Learn What Happens After Award

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Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA).
- 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.

Nondiscrimination and assurance

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 to promote 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 personally 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 your application is funded, you will have to follow the reporting requirements in Section 6 of the Application Guide. The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- We require progress reports each year.
- We require you to submit the Federal Financial Report (SF-425) each year.

Contacts and Support

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Agency contacts

Program and eligibility

Tracy L. McClair, MSPH
Health Scientist, Division of Policy and Data
Attn: Improving Mental Health and Engagement in Care Among People with HIV — EP (HRSA-25-059)
Division of Policy and Data
HIV/AIDS Bureau
Health Resources and Services Administration
Email: SPNS@hrsa.gov

Nina M. Inman, MSW
Public Health Analyst, Division of Policy and Data
Attn: Improving Mental Health and Engagement in Care Among People with HIV — ITAP (HRSA-25-058)
Division of Policy and Data
HIV/AIDS Bureau
Health Resources and Services Administration
Email: SPNS@hrsa.gov

Financial and budget

Beverly Smith, MHS, RRT
Grants Management Specialist
Division of Grants Management Operations
Office of Federal Assistance Management
Health Resources and Services Administration
Email: BSmith@hrsa.gov

HRSA Contact Center

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

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

TTY: 877-897-9910

Electronic Handbooks Contact Center

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726, search the Grants.gov Knowledge Base, or email Grants.gov for support. Hold on to your ticket number.

SAM.gov

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

Helpful websites

- HRSA's How to Prepare Your Application page
- HRSA Application Guide
- HRSA Grants page
- HHS Tips for Preparing Grant Proposals
- Best Practices Compilation
- Black Women First Initiative
- HIV Implementation Science Coordination Initiative EHE Project Dashboard
- Substance Abuse and Mental Health Services Administration Evidence-Based Practices Resource Center

Endnotes

1. The recipient may not have a formal responsibility but should be engaged and aware of the activities. Their level of responsibility may depend on how the ITAP and EP refine the roles of each activity. ↕