

HRSA

Health Resources & Services Administration








HIV/AIDS Bureau

Division of State HIV/AIDS Program (DSHAP)

Ryan White HIV/AIDS Program Part B States/Territories Supplemental Grant Program

Opportunity number: HRSA-26-074

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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 Friday, July 10, 2026.



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.

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



Step 1:

Review the Opportunity

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Basic Information

Health Resources Services Administration

HIV/AIDS Bureau

Division of State HIV/AIDS Program (DSHAP)

Providing additional funding for HIV/AIDS programs.

Summary

The purpose of the Ryan White HIV/AIDS Program Part B States/Territories Supplemental Grant Program is to provide funding for HIV/AIDS care. Specifically, it adds to formula-based funding provided through the HIV Care Grant Program – RWHAP Part B States/Territories Formula, AIDS Drug Assistance Program (ADAP) Formula, and the ADAP Supplemental Awards Notice of Funding Opportunity ([HRSA-22-033](#)).

Funding details

Application types: Competing continuation, New

Expected total available funding in FY 2026: \$48,000,000

Expected number and type of awards: 30 grants

Funding range per award: \$500,000 to \$9,000,000

We plan to fund awards in one 12-month budget period for a total one-year period of performance from September 30, 2026, to September 29, 2027.

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



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name: Ryan White HIV/AIDS Program Part B States/Territories Supplemental Grant Program

Opportunity number: HRSA-26-074

Announcement version: Initial

Federal assistance listing: 93.917

Key dates

NOFO issue date: March 11, 2026

Informational webinar: TBD

Application deadline: Friday, July 10, 2026

Expected award date is by: September 30, 2026

Expected start date: September 30, 2026

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

Eligibility

Who can apply

You can apply if you are a state government, including the District of Columbia, domestic territories, and the Freely Associated States, unless your state/territory had an unobligated balance (UOB) of more than 5% of a prior year's formula funds.

Types of eligible organizations

These types of domestic* organizations may apply:

- State governments

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

Individuals are not eligible applicants under this NOFO.

Completeness and responsiveness criteria

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

We will not consider an application that:

- 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

Post-award requirements

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

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

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

Program description

Purpose

This program provides funding under the Ryan White HIV/AIDS Program (RWHAP) Part B States/Territories Supplemental Grant Program. The purpose of this program is to supplement formula-based funding provided through the HIV Care Grant Program — RWHAP Part B States/Territories Formula, AIDS Drug Assistance Program (ADAP) Formula, and the ADAP Supplemental Awards Notice of Funding Opportunity ([HRSA-22-033](#)).

States/territories use this supplemental funding in conjunction with RWHAP Part B HIV Care Grant Program funding to develop or increase access to a comprehensive continuum of high-quality care and treatment services for low-income people with HIV.

Background

The Ryan White HIV/AIDS Program

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

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

Ending the HIV Epidemic

Launched in 2020, the [Ending the HIV Epidemic in the U.S. \(EHE\)](#) initiative further expands federal efforts to reduce HIV transmission. For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients, specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed, to the essential HIV care, treatment, and support services needed to help them reach viral suppression.

Making America Healthy Again

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

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

Key accomplishments

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

Program requirements and expectations

Your state/territory should conduct activities to provide core medical and/or support services, as defined in [HAB Policy Clarification Notice \(PCN\) 16-02: RWHAP Services: Eligible Individuals and Allowable Uses of Funds](#). Your project should address unmet needs among HIV-positive people and improve client-level health outcomes across the HIV care continuum, including viral suppression.

Eligible RWHAP Part B states/territories that are focus areas, or have counties that are focus areas, for the Ending the HIV Epidemic in the U.S. (EHE) initiative should consider if they still need supplemental funding.

As required in section 2620(b) of the Public Health Service (PHS) Act, states/territories must demonstrate the severity of the need for RWHAP Part B supplemental funding, using quantifiable data in one or more of these areas:

- The unmet need for such services, as determined under section 2617(b) of the PHS Act.
- An increasing need for HIV/AIDS-related services, including relative rates of increase in the number of HIV/AIDS cases.

- The relative rates of increase in the number of HIV/AIDS cases within subpopulations.
- The current prevalence of HIV/AIDS.
- Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area.
- The impact of comorbid factors, including co-occurring conditions, determined relevant by the Secretary.
- The prevalence of homelessness.
- The prevalence of individuals who were released from federal, state, or local prisons during the past three years and had HIV/AIDS when they were released.
- Factors that limit access to health care, including geographic variation, adequacy of health insurance coverage, and language barriers.
- The impact of a decline in the amount of RWHAP Part B funding received on services available to all individuals with HIV/AIDS identified and eligible under this title.

Statutory authority

42 U.S.C. § 300ff-29a (Title XXVI, § 2620 of the Public Health Service Act)

Award information

Funding policies and limitations

Changes in HHS regulations

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

Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- If we receive more funding for this program, we may:
 - Fund more applicants from the rank order list.
 - Extend the period of performance.
 - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see:
 - Project Budget Information in the [Application Guide \[PDF\]](#).
 - [2 CFR Part 200 Subpart E](#) — General Provisions for Selected Items of Cost.
 - Allowable and Unallowable Costs and Activities, in the [HHS Grants Policy Statement](#).
- All costs must be [reasonable](#), necessary, [allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
- You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).
- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds. For help calculating salaries under this limit, read more at “salary rate limitation” in the application guide.

Program-specific statutory or regulatory limitations

- Pursuant to section 2620(c) of the PHS Act, the Secretary prioritizes funds to states/territories to address the reduction or disruption of services due to a decline in the amount of formula funding. To determine whether funding has declined, we compare the amount of formula funding received in the current fiscal year (FY) to the amount received in FY 2006.
- If your state/territory has current or potential shortfalls in ADAP resources, you should prioritize using RWHAP Part B supplemental funds to augment ADAP resources if your state/territory has any of these conditions:
 - Existing or anticipated ADAP waiting list.
 - Capped enrollment.
 - Reductions in ADAP formulary.
 - Reduction in the percentage of federal poverty level (FPL) eligibility requirement.
 - Other ADAP restrictions within your state/territory.
- Payor of Last Resort: Charges that are billable to third party payers are unallowable. Third party payers include Medicaid, Children's Health Insurance Programs (CHIP), Medicare (including Medicare Part D), basic health plans, or private insurance, including those purchased through the Health Insurance Marketplace. The RWHAP is the payor of last resort, and recipients must vigorously pursue alternate sources of payments.
 - HRSA expects you to determine eligibility for all clients and to confirm eligibility on a timely basis (please see [HAB PCN 21-02](#)).
 - You must coordinate with third-party payers that are ultimately responsible for covering the cost of services provided to eligible or covered people.
- As outlined under applicable statutes, regulation, or policy, you cannot use funds under this notice for the following purposes:
 - Payment for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service, under any state compensation program, insurance policy, federal or state benefits program, or any entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Service).
 - Cash payment to intended recipients of RWHAP services.
 - International travel.

- Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).
-
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.
- Pre-Exposure Prophylaxis (PrEP) medications and related medical services or Post-Exposure Prophylaxis (PEP). This is because a person using PrEP or PEP is not diagnosed with HIV and therefore is not eligible for RWHAP-funded medication.

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 the time of award.

Method 2 – *De minimis* rate. Per [2 CFR § 200.414\(f\)](#), if you don't have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See [2 CFR § 200.1](#) for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

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

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [2 CFR 200.307](#).



Step 2:

Get Ready to Apply

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Get registered

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations \[PDF\]](#) specifically. Those for contracts are different.

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

Once you register:

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

If you need additional information about user roles in SAM.gov, see “Get registered: SAM.gov user roles” in the application guide.

Grants.gov

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-074.

After you select the opportunity, we recommend that you select 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

For more information about this opportunity, join the webinar: Webinar information will be posted to the Related



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

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



Step 3:

Build Your Application

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Application checklist

There are two types of forms in Grants.gov:

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

Make sure that you have everything you need to apply.

Narratives

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

Attachments

Insert each in the Attachments Form in this order.

Component	Included in page limit**?
<input type="checkbox"/> 1. Staffing plan and job descriptions	Yes
<input type="checkbox"/> 2. Biographical sketches	No
<input type="checkbox"/> 3. Project organizational chart	Yes
<input type="checkbox"/> 4. Tables and charts	No
<input type="checkbox"/> 5. Core medical services waiver	No
<input type="checkbox"/> 6. Epidemiological data snapshot	Yes
<input type="checkbox"/> 7. Unmet need framework and narrative	No
<input type="checkbox"/> 8-15. Other relevant documents	Yes

Other required forms

Upload using each required form in Grants.gov.

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

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

Application contents and format

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

Application page limit: 60

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

Required format

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

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

File format: We only accept the following document formats:

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

Size: 12-point font

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

Ink color: Black

Spacing: Single-spaced, including all text and tables.

Alignment: Left

Headings: Bold all headings and align left.

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

Margins: 1-inch on all sides.

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

Page numbering:

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

File names: You can find guidance for naming our files in the application guide.

Project narrative

Introduction

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

Briefly describe how you will use RWHAP Part B supplemental funding to support a comprehensive system of high-quality care and treatment for people with HIV.

- Describe how the comprehensive system of care and treatment will improve outcomes across the HIV care continuum.
- Provide a [snapshot of epidemiological data as Attachment 6](#). Describe the current prevalence of HIV/AIDS in your state/territory using data tables or figures. The page limit is 4 pages.

Need

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

Need for HIV-related services, including augmenting ADAP

Explain why you need funds to address issues such as:

- Unmet need.
- An increased need due to an increase in relative rates or prevalence of HIV/AIDS cases.
- A decline in available funding for HIV services, including ADAP.

Note: If you are requesting funds specifically for unmet need, then you must submit an [Unmet Need Framework and narrative as Attachment 7](#).

If you are using funds to augment ADAP services, include information on either of the following, if applicable, in a narrative format:

- An existing or anticipated ADAP waiting list.
- Other cost containment measures. These could include capped enrollment, reduction of ADAP formulary, or reduction in the percentage of FPL eligibility requirement.

Assessment of increases in the number of cases of HIV/AIDS within new or emerging subpopulations

If you are requesting funding to address needs for new or emerging subpopulations with limited access to existing HIV/AIDS care and services, address all the following bullet points. Explain how you will use funds to meet the need. Select six or fewer subpopulations.

- Unique challenges for each subpopulation related to the service delivery system.
- Service gaps for each subpopulation.
- Estimated costs of care for delivering service to each subpopulation.
- Current HIV viral suppression for each subpopulation.

Impact of comorbidities and other factors on the cost and complexity of providing care

If you request funding to address the impact of comorbidities and other factors on the cost and complexity of providing care, [include a table as Attachment 4 that provides quantitative evidence](#) addressing these impacts. Include data sources. In this section, you must include a narrative explaining the data you provided in the table as **Attachment 4**.

You only need to include information on comorbidities and other factors for which you are applying for funding. Where applicable, include the following information in the table:

- Rates of sexually transmitted infections (STIs), including syphilis.
- Rates of hepatitis and tuberculosis.
- Rates of substance use and mental health disorders.
- Estimated number of people who are homeless.
- Estimated number of people with HIV who were released from federal, state, or local correctional facilities (i.e., prisons and jails) in the past three (3) years.
- The number and percent of people without insurance coverage, including those without Medicaid.
- The number and percent of people with HIV living at or below 138% and 400% of the [2026 FPL](#). Also include information about your FPL requirements for RWHAP eligibility.

Access to health care

You may use funds to improve access to HIV health care in your state/territory. This includes access based on either:

- Geographic variation.
- Lack of health insurance.

Discuss the factors impacting access to care. Describe how you will use the requested funds to address each factor.

Approach

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

Describe how you will do all the following to address your demonstrated needs:

- Use programmatic and fiscal forecasting tools to meet projected service needs.
- Develop, maintain, streamline, and/or diversify service delivery models, service contracts, strategic partnerships, and/or collaborations.
- Involve clients, families, and communities with and affected by HIV, as appropriate, in planning, implementing, and improving your project.

High-level work plan

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

In a narrative format, describe the following.

- How funded services will be used for all the following:
 - Promoting access to high-quality HIV care.
 - Addressing gaps in services.
 - Maximizing health outcomes along the HIV care continuum.
- How you will conduct all these activities:
 - Working with internal and external stakeholders, including people with HIV, to plan program activities.
 - Using the HIV care continuum to respond to the needs of people with HIV.
 - Ensuring availability of the same services throughout your jurisdiction.

In a table or outline format, provide goals and objectives that are specific, measurable, achievable, realistic, and time-framed (SMART). Also address all of these:

- The relationship of the goals and objectives to the needs you will use the requested funds to address.
- The core medical and support services you will provide.

- The HIV care continuum stages tied to the goals and objectives.
- The anticipated outcome measures.

Resolving challenges

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

Discuss any challenges you anticipate in planning and implementing the proposed project. Include all the following:

- Specific challenges related to each identified need area that you are requesting funding for. This could include access to health care or impact of comorbidities.
- Specific activities or strategies you will use to identify risks and mitigate or resolve these challenges.

Performance reporting and evaluation

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

Discuss your evaluation process and describe all the following:

- How you will collect and analyze data and use it for continuous quality improvement.
- The specific staff who will implement your evaluation process for this project.
- The systems (such as software) and other resources that are available to support evaluation efforts.
- How you will share evaluation results internally and externally with key stakeholders, including people with HIV, to improve program implementation and outcomes.
- How you will determine whether the SMART objectives you proposed in your work plan have been achieved.

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 population of focus. Propose a plan to sustain your project after the period of federal funding ends.

- Describe the actions you'll take to obtain future sources of funding.
- 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 agency's mission and structure, including personnel and facilities.
- Describe the scope of your current RWHAP activities.
- Explain how your mission, structure, and scope of RWHAP activities will help you carry out the program requirements of this project.
- If you use funds for personnel costs, you must submit all the following as attachments:
 - A [staffing plan and job description for key personnel as Attachment 1](#).
 - [Biographical sketches of key personnel as Attachment 2](#).
 - A [project organizational chart as Attachment 3](#).

Budget and budget narrative

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

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

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

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

The **budget narrative** supports the information you provide in Standard Form 424-A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

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

In addition, you must:

- Submit a separate line-item budget using Section B Object Class Categories of the SF-424A. The program budget categories for the line-item budget include:
 - **Administration:** Include all funds allocated to recipient administration, planning and evaluation, and clinical quality management.
 - **ADAP:** Include all funds allocated to ADAP activities.
 - **Consortia:** Include all funds allocated to consortia.
 - **Direct services:** Include all funds allocated to state direct services, home- and community-based care, and health insurance premium and cost-sharing assistance.
- Consider the following caps on expenses:
 - Administrative costs may not exceed 10% of the total grant award.
 - Planning and evaluation costs may not exceed 10% of the total grant award.
 - Together, administration and planning and evaluation may not exceed 15% of the total award. For further guidance on the treatment of costs under the 10% administrative limit, refer to [HAB PCN 15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Part A, B, C, and D \[PDF\]](#).
- Fulfill the Core Medical Services Requirement. RWHAP Part B supplemental funding is subject to Section 2612(b)(1) of the PHS Act. This act requires that after you have reserved funding for administration, planning and evaluation, and clinical quality management, you must use at least 75% of the remaining funds to provide core medical services that are needed in the state/territory for people with HIV who are eligible under RWHAP. The core medical and support service category definition for this award can be found in [HRSA HAB Policy Clarification Notice \(PCN\) 16-02: RWHAP Services: Eligible Individuals and Allowable Use of Funds \[PDF\]](#).
 - If you are seeking a waiver for this requirement, you must submit a waiver request. You can do this either before applying, with this application (as [Attachment 5, Core Medical Services Waiver](#)), or up to four months into the award period. Submission must be in accordance with [HAB Policy Notice \(PN\) 21-01 Waiver of the RWHAP Core Medical Services Expenditures Requirement \[PDF\]](#).

To create your budget narrative, see budget narrative detailed instructions in the [Application Guide \[PDF\]](#).

Attachments

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

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

Attachment 1: Staffing plan and job descriptions

Provide a staffing plan and job descriptions for all key personnel included in the budget.

Limit each job description to one page. Include the role, responsibilities, and qualifications of the proposed project staff.

If your program will not use RWHAP Part B supplemental funding for staffing, attach a one-page document that says, "Attachment 1: Not Applicable."

Attachment 2: Biographical sketches

Provide biographical sketches of all key personnel included in the budget.

If your program will **not** use RWHAP Part B supplemental funding for staffing, provide a one-page document that says, "Attachment 2: Not Applicable."

Note: 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 3: Project organizational chart

Provide a one-page project organizational chart highlighting the key personnel included in the budget.

If your program will **not** use RWHAP Part B supplemental funding for staffing, provide a one-page document that says, "Attachment 3: Not Applicable."

Attachment 4: Tables and charts

Provide the cost and complexity comorbidities table and narrative. See the [full description of the comorbidities table in the need section of the project narrative](#).

If your program will **not** use RWHAP Part B supplemental funding due to the impact of comorbidities in the state/territory, provide a one-page document that says, "Attachment 4: Not Applicable."

Attachment 5: Core medical services waiver (if applicable)

You may provide a Core Medical Services Waiver request and supporting documents as Attachment 5.

If you are **not** applying for a waiver now, provide a one-page document that says, "Attachment 5: Not Applicable."

Attachment 6: Epidemiological data snapshot

This attachment is required for all applicants.

Page limit: 4 pages

Provide data tables or figures, as described in the [introduction section of the project narrative](#), using the most recent available epidemiological data.

Attachment 7: Unmet need framework

If you are applying for RWHAP Part B supplemental funding due to unmet need, provide the Unmet Need Framework and narrative.

If your program will **not** use RWHAP Part B supplemental funding due to unmet need, provide a one-page document that says, "Attachment 7: Not Applicable."

Attachment 8-15: Other relevant documents

Provide any other documents that are relevant to the application. If you include letters of support, they must be dated and indicate specific commitment to the project, like in-kind services, dollars, staff, space, or equipment.

If you do **not** have any other relevant documents, provide a one-page document that says, "Attachments 8-15: Not Applicable."

Other required forms

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

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary form	With application.
Grants.gov Lobbying form	With application.
Project/Performance Site Location(s)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Key Contacts	With application.

Form instructions

The [application guide \[PDF\]](#) has detailed instructions for:

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

Project abstract summary form instructions

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

In this section, also describe all the following:

- Why you need RWHAP Part B supplemental funding to ensure comprehensive HIV care and treatment for people with HIV in your state/territory.
- How this supplemental funding will improve viral suppression and improve client health outcomes across the HIV care continuum.
- The severity of the HIV epidemic in your state/territory, using quantifiable data on:
 - Epidemiology.
 - Comorbidities.
 - Cost of care.
 - Service needs of emerging subpopulations.

- Unmet need for core medical services (as defined by [HAB PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Use of Funds \[PDF\]](#)).
- Unique service delivery challenges.

Important: public information

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

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

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

[See instructions and examples \[PDF\]](#).



Step 4: Understand Review, Selection, and Award

In this step

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Application review

Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, we will not fund it. If this is the case, we will notify your authorized official.

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

Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the application guide. The members use these criteria.

Criterion	Total number of points = 100
1. Need	45 points
2. Response	20 points
3. Performance reporting and evaluation	10 points
4. Impact	10 points
5. Resources and capabilities	5 points
6. Support requested	10 points

Criterion 1: Need (45 points)

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

The panel will review your application for how well it does the following.

- **Comprehensive system of care and treatment (10 points)** — Details how your state/territory will use RWHAP Part B supplemental funding to support a comprehensive system of high-quality care and treatment for people with HIV and improve outcomes across the HIV care continuum.
- **Data supporting need (15 points)** — Includes data that supports the described need.
- **Severity of need (20 points)** — Demonstrates need and the relative severity of that need for the areas for which you are requesting funding. This includes all the information requested in the need section of the project narrative and its subsections.

Criterion 2: Response (20 points)

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

The panel will review your application for how well it:

- Proposes strong, appropriate goals, objectives, outcome measures, and activities that relate well to the [program's purpose](#).
- Shows how you will engage stakeholders, including people with HIV, in planning, implementing, and improving your project.
- Details challenges likely to be encountered, and how you will resolve them and address possible risks.

Criterion 3: Performance reporting and evaluation (10 points)

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

The panel will review your application for the following.

Evaluation

- The appropriateness of your methods to collect, analyze, and use data to develop and carry out the project.
- The effectiveness of available resources (such as staff or software) to carry out the evaluation.
- The suitability of plans to share project evaluation results with stakeholders, including people with HIV.

Performance measurement

- Evidence that the measures you selected will assess whether you have met project goals and objectives, and to what extent the results can be attributed to the project.

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 in potentially improving the stages of the HIV care continuum. This includes your goals, objectives, outcome measures, and activities.

- How strong the project is in addressing gaps in service. This includes addressing unmet needs due to lack of funds, improving health outcomes, reducing the number of people out of care, and working toward ending the HIV epidemic.
- The strength of the proposed plan to sustain key elements of the project beyond the performance period.

Criterion 5: Resources and capabilities (5 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:

- Your agency can fulfill the needs of the proposed project.
- The project staff funded by this award (if any) have the experience necessary to carry out the project.

Criterion 6: Support requested (10 points)

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

The panel will review your application to determine:

- How reasonable costs support the objectives described in the application.
- How reasonable costs are and how well they align with the project's scope.

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

We review your application based on its technical merit.

Risk review

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

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

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of

performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

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

For more details, see [2 CFR 200.206](#).

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- [Alignment with HRSA Mission and Strategic Priorities](#)
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.
- The funding priorities, funding preferences, and special considerations listed.

You cannot appeal a denial, or the amount of funds awarded" which comes above funding priorities: "Additionally, we may not make an award if you are delinquent on two or more Single Audit Report.

Funding preferences

Priority funding

Qualifications to meet the funding preferences:

Qualification 1: RWHAP Part B base formula award decreased by greater than 10% between FY 2006 and FY 2026.

You can request funding preference if:

Section 2620(c) of the PHS Act directs the Secretary to provide funds to states/territories to address the decline or disruption of services related to the decline in the amount of formula funding. We set aside a portion of the RWHAP Part B supplemental funding to award priority funds in conformance with this statutory requirement.

You will be granted priority funding if your RWHAP Part B base formula award decreased by more than 10% between FY 2006 and FY 2026. If you are determined eligible for priority funding, we will calculate the additional amount to be awarded and include that amount in the final award.

Award notices

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

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



Step 5: Submit Your Application

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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.

Application deadline

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

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

If you need a deadline extension, see "requesting a waiver" in the application guide.

Submission method

Grants.gov

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

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

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

If you want to know more about correcting errors or tracking your application, you can refer to the application guide.



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

Other submissions

Intergovernmental review

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



Step 6: Learn What Happens After Award

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Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [2 CFR Part 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at [2 CFR Part 300](#), and any superseding regulations.
- The [HHS Grants Policy Statement](#). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements \[PDF\]](#).
- The requirements for performance reporting and evaluation in [2 CFR 200.301](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

Required Alignment with Health Resources and Services Administration (HRSA) Mission and Strategic Priorities

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

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

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.
- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors

in program design, data collection, and service delivery where scientifically appropriate.

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

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

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

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

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

- **Make America Healthy Again (MAHA):** While ensuring access to high-quality, affordable physical and mental health care, HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:
 - Personal responsibility.
 - Strong families and communities.
 - Proper nutrition.
 - The prevention and management of chronic disease.
- **Child protections, biological integrity, parental rights, and lawful use of funds:** HRSA prioritizes safeguarding children's health and safety by:
 - Not supporting medical interventions for gender dysphoria in minors that lack a

strong evidence base.

- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds do not promote or support elective abortions, consistent with federal law and the Hyde Amendment.
- **Advancing evidence-based, merit-driven, and ethically grounded health care:**
HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes. HRSA will deprioritize organizations with:
 - Conflicts of interest.
 - “Harm reduction” models.
 - Housing-first approaches.
 - Activities that facilitate illegal drug use or unsafe medical practices.
- **Promoting public safety, lawful use of federal funds, and national health priorities:**
To the extent permitted by law, HRSA will align funding with administration priorities by:
 - Supporting ending the HIV epidemic through authorized, evidence-based care.
 - Reserving benefits for eligible individuals.
 - Discouraging illegal immigration and unsafe community practices.
 - Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

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

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

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

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

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

Cybersecurity

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

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity.	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity. Visit 45 CFR 170, Subpart B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act.	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity. Visit Certification of Health IT to learn more.

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the [ONC Interoperability Standards Advisory](#).

Reporting

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

You must also follow these program-specific reporting requirements:

- Progress reports at the end of the period of performance.
- Annual performance reports.
- NOFO-specific reporting requirements:
 - **Federal Financial Report (SF-425)**. You must account for your expenditures under the project for the year. We will provide more specific information in the notice of award (NoA). You can also see [Reporting Requirements on HRSA's website](#).
 - **Program Terms Report (PTR)**. You must submit a program terms report, which will be described in the NoA.
 - **RWHAP Services Report (RSR)**. You must comply with the RSR data requirements and make sure your subrecipients also comply. The RSR captures information to show program performance and accountability.
 - All RWHAP core medical service and support service providers must submit client-level data, as instructed in the RSR manual.
 - We will provide further information in the NoA. You can also refer to the [HIV/AIDS Program Client-Level Data](#) website for additional information.
 - **ADAP Data Report (ADR)**. If you spend any of the RWHAP Part B supplemental award on ADAP, you must comply with ADR data reporting requirements. You must also make sure your subrecipients comply. We will provide further information in the NoA. You can also refer to the [HIV/AIDS Program ADAP Data Report](#) website for additional information.



Contacts and Support

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Agency contacts

Program and eligibility

Kibibi Matthews-Brown

Senior Program Advisor

Attn: Division of State HIV/AIDS Programs (DSHAP)

Ryan White HIV/AIDS Program Part B States/Territories Supplemental Grant Program

Health Resources and Services Administration

KMatthews-Brown@hrsa.gov

301-443-1035

Financial and budget

Olusola Dada

Grants Management Specialist

Division of Grants Management Operations

Office of Financial Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

ODada@hrsa.gov

301-443-0195

HRSA Contact Center

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

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

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Help with systems

Grants.gov

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

SAM.gov

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

Helpful websites

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