

Notice of Funding Opportunity  
**Application due 07/08/2026**

# HRSA

## Health Resources & Services Administration

HIV/AIDS Bureau

Strategies to Link, Engage, and Retain Men with HIV in Care: Evaluation Provider

HRSA-26-087



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## Before You Begin

Health Resources and Services Administration

HIV/AIDS Bureau

Division of Policy and Data

Strategies to Link, Engage, and Retain Men with HIV in Care: Evaluation Provider

HRSA-26-087

Health Resources and Services Administration (HRSA)

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

## Step 1: Review the Opportunity

### Basic information

Tagline: Adapting, implementing, and disseminating interventions for men with HIV who are not linked, engaged, or retained in care

### Summary

This three-year funding opportunity is supported by the HRSA Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) Program. This SPNS initiative uses implementation science to adapt, implement, and evaluate interventions that serve men with HIV who are not consistently engaged in care or experiencing serious barriers to staying in care. It is designed to serve men who are eligible to receive HIV care through the RWHAP, as noted in [Policy Clarification Notice 21-02: Determining Client Eligibility & Payor of Last Resort in the RWHAP](#). It funds one cooperative agreement recipient to serve as the Implementation Technical Assistance Provider (ITAP) and one cooperative agreement recipient to serve as the Evaluation Provider (EP).

The ITAP and EP will identify one or two interventions (systems-level, behavioral, data-based, or other types). If two interventions are identified, each site will select one intervention to implement. The ITAP will fund up to 8 subaward sites and provide technical assistance to implement the intervention(s). The EP will evaluate the implementation of these interventions and the ITAP will develop user-friendly implementation materials.

The ITAP and EP are required to co-lead the initiative. The HRSA HIV/AIDS Bureau (HAB) encourages you to read and familiarize yourself with the program expectations of the ITAP companion NOFO, HRSA-26-088.

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

Key facts

Opportunity name:

Strategies to Link, Engage, and Retain Men with HIV in Care: Evaluation Provider

Opportunity number:

HRSA-26-087

Announcement version:

initial

Federal assistance listing:

93.928

Key dates

NOFO issue date:

06/05/2026

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

Application deadline:

07/08/2026

Expected award date is by:

09/01/2026

Expected start date:

09/01/2026

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

**Funding details**

Application Types:

New

Expected total available funding in FY:

2026: \$1,300,000

Expected number and type of awards:

1 CA (Cooperative Agreement)

Funding range per award:

\$0 - \$1,300,000

Up to \$1,300,000 (Year 1), \$1,300,000 (Year 2), \$1,800,000 (Year 3)

We plan to fund awards in three 12-month budget periods for a total 3- year period of performance from 09/01/2026 to 08/31/2029.

## **Eligibility**

Who can apply

You can apply if you are eligible for funding under [Ryan White HIV/AIDS Program Parts A – D of Title XXVI of the Public Health Service \(PHS\) Act](#).

\* “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.

These entities include:

### **Types of eligible organizations**

These types of domestic organizations may apply:

State governments

County governments

City or township governments

Special district governments

Independent school districts

Public and State controlled institutions of higher education

Native American tribal governments (Federally recognized)

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

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

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

Private institutions of higher education

### **Additional information on eligibility**

**Individuals are not eligible applicants under this NOFO.**

### **Completeness and responsiveness criteria**

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

We will not consider an application that:

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

## Application limits

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

## Cost sharing

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

## Post-award requirements

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

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

## Program description

### Purpose

The recipient of this funding opportunity will serve as the EP (HRSA-26-087) and should work in close collaboration with the ITAP (HRSA-26-088) to achieve the **initiative wide-goal**, to adapt and implement intervention strategies for men with HIV who are not consistently engaged or experiencing serious barriers to staying in care. The EP will conduct a multi-site implementation science evaluation and rapidly integrate data into the ITAP's user-friendly implementation materials to facilitate future implementation and promote scale-up and sustainability of selected interventions across the RWHAP.

HRSA's HIV/AIDS Bureau's (HAB) [Ryan White Program 2030](#), which builds on the foundation of the RWHAP and the innovative strategies from the federal Ending the HIV Epidemic in the U.S. initiative, calls on the HIV community to continue to care for those in the RWHAP while also prioritizing efforts to reach people with HIV who are out of care and not virally suppressed. Once someone is diagnosed with HIV, they need long-term chronic condition management to live long, healthy lives, which prevents further HIV transmission to others.

In 2023, among the over 1.1 million persons with diagnosed HIV in the U.S., over [875,000 \(77%\) were men](#). Nationally, [55.3% of men with HIV received care and 67.5% reached viral suppression](#). According to the [2024 Ryan White HIV/AIDS Program Services Report \(RSR\)](#), the RWHAP served 601,853 people with HIV, more than half of people with HIV nationally; nearly three quarters of clients were male.

Ultimately, people with HIV who take HIV medication as prescribed and reach and maintain viral suppression can manage their HIV as a chronic condition, cannot sexually transmit HIV, and can live longer and healthier lives. Increasing the number of people with HIV who are engaged in medical care and reach and maintain viral suppression is how we will end the HIV epidemic in the United States.

Approximately [87% of new HIV transmissions](#) are estimated to result from people who either do not know they have HIV or are not engaged in HIV care. Not engaging people with HIV who are undiagnosed or out-of-care, has profound long-term consequences, including: increased HIV transmissions, higher health care costs, strains to the public health system, and a diminished quality of life.

A whole-person or comprehensive approach to HIV management, especially in the [primary care setting](#), can more effectively address chronic comorbidities, behavioral, physical, and psychosocial conditions that may negatively impact HIV medication adherence and retention in care among men.

This effort will directly support the EHE objectives by accelerating clinical capacity for HIV management, including strategies to optimize the delivery, uptake and adoption of novel long-acting therapeutic options, interventions to achieve viral suppression, and practices that integrate and sustain evidence-based HIV prevention and care in a variety of settings. The ITAP will partner with of the RWHAP Part F HIV/AIDS Education and Training Centers (AETCs) to embed targeted, competency-based training modules into existing medical education curricula.

### **Initiative Overview**

This RWHAP Special Project of National Significance (SPNS) initiative will use implementation science to support successful implementation of interventions for men with HIV who are out of care or experiencing serious barriers to staying in care. The EP will evaluate intervention strategies (i.e., emerging, evidence-informed, or evidence-based interventions) and the ITAP will provide technical assistance to subaward sites. The ITAP and EP will co-develop implementation materials with sites. This process will result in useful, practical materials for replication and adaptation in other HIV care settings.

This initiative will help the RWHAP and HIV care settings determine how to implement intervention strategies that engage men with HIV and retain them in high-quality care in various settings (e.g., rural, urban, tribal, clinic-based, hospital, community-based, public health departments, mobile units) to better manage their chronic health condition and reach and maintain viral suppression. Additionally, the initiative will improve customer experience, improve access to health information, put healthcare back in people’s hands, and protect confidentiality and privacy. Replicating, adapting, and scaling-up effective strategies to engage men with HIV who are out of care is essential to reducing HIV transmissions and ending the HIV epidemic.

For this initiative, we define out of care or experiencing serious barriers to retention in care as the following:

- Newly diagnosed with HIV within the past 12 months, or
- Diagnosed with HIV more than 12 months ago but not consistently engaged in care, either by:
  - Not attending at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year.
  - Being at increased risk of not remaining consistently engaged in care by missing their last appointment in the last six months, leaving incarceration, or experiencing another barrier that can negatively impact consistent engagement in care.
  - Not being virally suppressed – defined as having a viral load of 200 copies/mL or more – at the time of enrollment.

### **Implementation and Dissemination Science**

This initiative is grounded in implementation science, the study and application of methods to promote or improve the systematic uptake of [intervention strategies](#) into practice. Adapting [existing interventions and implementation strategies](#), identifying barriers and facilitators to implementation, and evaluating implementation outcomes are critical to the success of this initiative. Human-centered design and adult learning principles are key concepts of implementation and dissemination science, which examines how to effectively and strategically develop and share implementation and dissemination materials with intended audiences.

### **Funding Opportunity Goals**

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

### **Background**

The SPNS Program supports the development of innovative models of HIV care to quickly respond to the emerging needs of clients served by the RWHAP. The SPNS Program evaluates the effectiveness of these models' design, implementation, utilization, cost, and health-related outcomes while promoting the communication, dissemination and replication of successful models.

### **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.

### **Make America Healthy Again**

The Ryan White HIV/AIDS Program helps advance the [Make 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 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**

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

Table 1 below shows the anticipated activities of each year of the initiative. Details about the EP’s lead activities follow. In consultation with HRSA HAB, the ITAP and EP should collaboratively refine their roles and responsibilities within the first 90 days of the award and develop a joint comprehensive workplan.

<b>Project Year</b>	<b>ITAP</b>	<b>EP</b>
1	<ul style="list-style-type: none"> <li>• Develop a joint work plan and timeline</li> <li>• Coordinate with AETCs on implementation strategies, including access to HIV therapies</li> <li>• Lead the review and selection of intervention and implementation strategies</li> <li>• Lead the development of a Communications and</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a joint work plan and timeline</li> <li>• Support the ITAP in the review and selection of intervention and implementation strategies</li> <li>• Support the development of the ITAP-led Communications and Dissemination Plan</li> <li>• Support the ITAP with RFP development and site selection</li> </ul>

	<p>Dissemination Plan, with support from the EP</p> <ul style="list-style-type: none"> <li>• Develop and release a Request for Proposal (RFP)</li> <li>• Select, with EP support, and fund up to 8 sites</li> <li>• Provide implementation-specific TA and monitoring during the startup phase</li> <li>• Begin measuring and tracking TA data</li> </ul>	<ul style="list-style-type: none"> <li>• Plan and lead a multi-site implementation science evaluation; obtain Institutional Review Board (IRB) approval as needed</li> <li>• Provide evaluation-specific TA to sites</li> <li>• Begin baseline data collection</li> </ul>
2	<ul style="list-style-type: none"> <li>• Provide implementation-specific TA and monitoring to sites</li> <li>• Measure and track TA data (quantitative and qualitative) and present to HRSA HAB staff and EP quarterly</li> <li>• Lead 2 learning sessions, with EP support</li> <li>• Develop implementation materials with sites; work with EP to integrate data</li> </ul>	<ul style="list-style-type: none"> <li>• Provide evaluation-specific TA to sites</li> <li>• Present implementation outcome data updates to HRSA HAB staff and ITAP biannually</li> <li>• Support the ITAP with 2 learning sessions</li> <li>• Rapidly analyze implementation and client outcome data on an ongoing basis</li> <li>• Begin integrating data into implementation materials</li> </ul>
3	<ul style="list-style-type: none"> <li>• Closeout sites</li> <li>• Collaborate with EP to align/crosswalk TA tracking data and evaluation data</li> <li>• Finalize user-friendly implementation materials based on lessons learned from TA tracking, learning sessions, and evaluation findings, with EP</li> <li>• Publicly release dissemination materials</li> </ul>	<ul style="list-style-type: none"> <li>• Support sites to complete final data collection</li> <li>• Finalize analysis of implementation and client outcome data</li> <li>• Present implementation outcome data updates to HRSA HAB staff and ITAP biannually</li> <li>• Collaborate with ITAP to align/crosswalk evaluation data and TA tracking data</li> <li>• Finalize integration of implementation data into ITAP-led implementation materials</li> <li>• Analyze and release evaluation findings</li> </ul>

### Overview of EP Requirements and Expectations

In consultation with HRSA, this initiative has multiple phases that the EP and ITAP will implement as co-leaders.

You will lead the analysis and evaluation of the adaptation and implementation of intervention strategies (i.e., emerging, evidence-informed, and evidence-based) to link, engage, and retain in high-quality HIV care men disproportionately impacted by HIV who are out of care or experiencing serious barriers to staying in care. The EP should:

- Assist the ITAP to develop selection criteria for interventions to engage and retain men with HIV who are out of care. Assist the ITAP to select 1 or 2 interventions for implementation.
- Support the ITAP to develop criteria for and to select implementation sites. Collaborate with HRSA HAB and the ITAP to develop a request for proposal for implementation sites.
- Coordinate with HRSA HAB to develop and implement a multi-site evaluation grounded in validated implementation science frameworks.
  - Consider HRSA HAB's implementation science <sup>1</sup>framework when developing the evaluation plan (see [Psihopaidas 2020](#)). You will specify which additional implementation science frameworks, measures, and concepts you will incorporate.
  - The evaluation should include quantitative and qualitative data collection with site staff and clients to assess implementation strategies, intervention adaptations, and determinants (i.e., barriers and facilitators to implementation).
  - You should conduct a process evaluation of the implementation of interventions and develop tools for sites to track process indicators (e.g., number of trainings, number of staff, etc.)
  - Your evaluation should focus on the implementation of interventions but should also assess client and service outcomes). You will also conduct a cost analysis.
  - You should propose data collection methods that are feasible based on the capacity of implementation sites operating their interventions in real-world settings.
  - You should include retention in care and viral suppression measures from [HAB's Performance Measure Portfolio](#).
  - You should also collect information on any de-implementation strategies used by implementation sites.
  - You should receive appropriate ethics approval for conducting this evaluation (e.g., institutional review board). You will also support sites to complete any required ethics approval needed to collect and report evaluation data.
- Develop and implement a process and digital platform for collecting and reporting implementation, service, client, and cost data.
  - Provide a secure, digital platform to receive, store, manage, and maintain de-identified client-level data, which the implementation sites will collect and report to you.
  - Coordinate efforts to ensure the privacy and confidentiality of all data submitted, collected, and stored, under all applicable laws and regulations.

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<sup>1</sup> The HRSA HAB implementation science framework is intended to be a scaffolding upon which other implementation science frameworks, measures, and concepts are built to develop a robust, tailored evaluation framework.

- Help the implementation sites assure the privacy and confidentiality of study participants' protected health information.
- Provide ongoing evaluation-specific TA to implementation sites.
  - Support the ITAP's work with sites to develop implementation logic models prior to implementation to guide sites' approach.
  - At the start of the period of performance and when new staff members are hired at implementation sites, ensure there is a process to train them in the evaluation aspects of the initiative.
  - Support implementation sites in interpreting and reporting on all evaluation-specific data, including performance measures.
  - Attend monthly monitoring/TA calls for each site with the ITAP.
  - Attend annual site visits for each site with the ITAP.
  - Attend and support the ITAP with planning the agenda for two learning sessions per year, beginning in year 2. These meetings should be held at HRSA headquarters or in the Washington, DC metropolitan area.
- Coordinate with other HHS initiatives to avoid duplication and maximize impact, including the [National Institute of Health \(NIH\) implementation science initiatives](#).
- Support the development and implementation of the ITAP's communications and dissemination plan.
  - Rapidly analyze data with an emphasis on generalizable and broad scale implementation findings.
  - You should work with the ITAP to integrate quantitative and qualitative implementation data into implementation materials.
    - On an ongoing basis, you and the ITAP should share and discuss the ITAP's TA tracking data and the EP's evaluation data.
    - In year 3, you should meet with the ITAP to align/crosswalk the ITAP's implementation TA data with the EP's implementation science evaluation data for integration into implementation materials.
  - At least twice a year beginning in year 2, you should plan to present quantitative and qualitative implementation data to HRSA HAB staff, the ITAP, and implementation sites.
  - You should produce conference abstracts and journal articles in collaboration with implementation sites, the ITAP, and HRSA HAB.
  - You should adhere to the HRSA clearance process for all communications and dissemination materials for external audiences.
  - You should coordinate with the ITAP, implementation sites, and HRSA HAB to present at the biennial National Ryan White HIV/AIDS Conferences.

### **Key Personnel**

People with HIV should be prioritized as part of the ITAP, EP, and implementation site teams, when feasible. People with other relevant personal or professional expertise are acceptable instead of educational background, as appropriate.

## **Statutory authority**

42 USC §300ff-101 (§2691 of the Public Health Service (PHS) Act)

## **Award information**

### **Cooperative agreement terms**

Our responsibilities

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

- Facilitate the availability of key federal partners and experts in planning, developing, and implementing the project.
- 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 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 journal articles describing project design, implementation, outcomes, and other topics in peer-reviewed journals.

Your responsibilities

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

- Participate in the biennial National Ryan White Conference on HIV Care and Treatment and the biennial HAB Division of Policy and Data Administrative Reverse Site Visit, which occurs on years that the conference is not held.
- Intermittently share data updates, evaluation tools, and other information about the evaluation with the ITAP and HRSA HAB.
- Follow HRSA review requirements for all dissemination materials (i.e., manuscripts/papers, concept proposals, conference abstracts, conference presentations, technical assistance resources, toolkits, and other public-facing materials).
- Provide HRSA with a complete, updated, and accessible copy of all federally supported materials, including online content, prepared under this cooperative agreement.
- Help HRSA share information with constituencies upon request.

### **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.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.
  - Your satisfactory progress in meeting the project’s objectives.
  - A decision that continued funding is in the government’s best interest.
- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

#### General limitations

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

#### Program-specific statutory or regulatory limitations

You cannot use funds under this notice for the following:

- Funding restrictions included in [Policy Clarification Notice \(PCN\) 16-02](#).
- Services that must be paid for by other sources, consistent with the RWHAP payor of last resort requirement in [Policy Clarification Notice 21-02](#).
- Payments for clinical research.
- Payments for nursing home care.
- Cash payments to intended clients of RWHAP services.
- Purchase of or improvement to land.
- Purchase, construction, or major alterations or renovations on any building or other facility (see [2 CFR 200](#) –subpart A Definitions).

- PrEP or Post-Exposure Prophylaxis (nPEP) medications or the related medical services. See updated November 16, 2021, RWHAP and PrEP program letter for more information on PrEP.
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.
- Research.
- Foreign 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 incur indirect costs, you can select one of two methods:

**Method 1 – Approved rate.** You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

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

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

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

### Program income

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

- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

## Step 2: Get Ready to Apply

### Get registered

#### SAM.gov

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

To register:

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

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

Once you register:

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

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

### **Grants.gov**

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

### **Find the application package**

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-087.

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

### **Application writing help**

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

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

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

FAQs will be posted on our TA webpage after the webinar.

### **Join the webinar**

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

For more information about this opportunity, join the webinar:

- 

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

## **Step 3: Build Your Application**

### **Application checklist**

There are two types of forms in Grants.gov.

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

Make sure that you have everything you need to apply.

### Narratives

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

### Attachments

Insert each in the Attachments Form in this order.

Component	Included in page limit*?
<input type="checkbox"/> 1. Work plan	Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions	Yes
<input type="checkbox"/> 3. Biographical sketches	No
<input type="checkbox"/> 4. Agreements with other entities	Yes
<input type="checkbox"/> 5. Project organizational chart	Yes
<input type="checkbox"/> 6. Other relevant document	Yes
<input type="checkbox"/> 7. Other relevant document	Yes
<input type="checkbox"/> 8. Other relevant document	Yes
<input type="checkbox"/> 9. Other relevant document	Yes
<input type="checkbox"/> 10. Other relevant document	Yes
<input type="checkbox"/> 11. Other relevant document	Yes

### Other required forms

Upload using each required form in Grants.gov.

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

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

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

## **Application contents and format**

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

**Application page limit:** 60 pages

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 or .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

**Size:** 12-point font

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

**Ink color:** Black

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

**Alignment:** Left

**Headings:** Bold all headings and align left.

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

**Margins:** 1-inch on all sides

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

### **Page numbering:**

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

- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

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

## **Project narrative**

Introduction

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

- Briefly describe your plan to meet the initiative-wide goal and priorities outlined in the purpose section.
- Clearly and succinctly describe your ability to successfully meet and carry out program requirements and expectations.
- Provide a brief, high-level summary of the proposed:
  - Implementation science evaluation plan.
  - Multi-site evaluation questions, with an emphasis on understanding implementation processes and outcomes (e.g., barriers and facilitators, acceptability, adoption, intervention adaptations, appropriateness, feasibility, cost, and sustainability).
  - Cost analysis.
  - Evaluation-specific TA.
  - Publication and dissemination activities.
- 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](#)**

- Describe your understanding of the unique needs of men disproportionately impacted by HIV who are out of care or experiencing serious barriers to staying in care.
  - Describe barriers and facilitators to linkage, engagement, and retention in care among men with HIV who are out of care.
  - Describe co-occurring conditions among men with HIV (e.g., chronic comorbidities, substance use, mental health) that impact care engagement.
- Describe how your multi-site evaluation plan, with a focus on assessing implementation outcomes, is critical to the broader goal of the initiative (i.e., to produce resources that promote wide scale replication of successful interventions across the RWHAP).
- Describe the need to conduct an implementation science initiative to assess the implementation of interventions to address the needs of men with HIV who are out of care or experiencing serious barriers to staying in care.
- Describe the challenges associated with implementing and evaluating interventions for men with HIV who are out of care and proposed solutions.
- Describe how this initiative includes approaches that address long-term solutions to HIV care, including strategies to optimize the delivery, uptake and adoption of novel long-acting therapeutic options, interventions to achieve viral suppression, and practices that integrate and sustain evidence-based HIV prevention and care in a variety of settings.

- When appropriate, cite literature and publications.

## **Approach**

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

### **Pre-Implementation**

- Describe your plan to work in collaboration with the ITAP to research and select interventions that engage and retain men with HIV who are out of care.
  - Include your plan to conduct a search to identify interventions for this initiative.
  - Describe proposed criteria for selecting one or two interventions.
- Describe how you plan to support the ITAP with selecting implementation sites through their competitive application process. Describe proposed criteria relevant to the evaluation for site selection.
- Propose a rigorous multi-site evaluation to evaluate the implementation of interventions using HRSA HAB's implementation science framework and other implementation science frameworks.
  - Describe:
    - The methodology that you will use to guide your multi-site evaluation.
    - The implementation science theories, models, and frameworks that you will use in addition to the HRSA HAB implementation science framework to assess implementation, client, and service outcomes. Provide the rationale for their selection.
  - Describe your evaluation plan including:
    - Anticipated evaluation questions.
    - Methods for quantitative and qualitative data collection with implementation sites to measure implementation outcomes including uptake, engagement, acceptability, and feasibility.
    - A method for sites to track process indicators related to implementation of interventions such as number of trainings and number of staff.
    - Validated quantitative implementation outcome measures such as the [Organizational Readiness to Change Assessment](#) and the [Program Sustainability Assessment Tool](#).
    - Validated client and service outcome measures.
    - Organizational assessment of the barriers and facilitators to successful intervention implementation, intervention adaptations, and implementation and de-implementation strategies.
    - A process for sites to quantitatively 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.
    - An analysis plan for all implementation, client, and service outcome data.
    - The methodology and analysis plan for assessing cost of interventions inclusive of labor, training, structural, and other relevant costs.

- Your plan for obtaining appropriate ethics approval as well as supporting sites with ethics approval, and data use agreements or business associate agreements, as needed.
- Provide a detailed plan for constructing and maintaining a secure, digital platform and process for implementation sites to transmit data to you. The platform may also include evaluation-specific information and TA tools for implementation sites to access during the initiative.
  - Describe your plans to:
    - Coordinate efforts to ensure the privacy and confidentiality of all data submitted, collected, and stored under all applicable laws and regulations.
    - Help implementation sites assure the privacy and confidentiality of study participants' protected health information.

### **Implementation**

- Describe your plan for providing evaluation-specific TA to implementation sites.
  - Describe your proposed approach to:
    - From an evaluation perspective, support the ITAP's work with sites to develop implementation logic models <sup>2</sup>prior to implementation.
    - Train implementation site evaluation/data management staff to meet the requirements of the evaluation including data collection and reporting.
    - Routinely assess evaluation-specific TA needs.
  - How you will train site staff to ensure proper management of IRB and data requirements and issues related to confidentiality of patient information.
  - How you will monitor data quality and data completeness of regular data submissions and how you will communicate results to the ITAP and sites.
  - Describe your process for supporting site evaluation staff with collecting clinical outcome data based on [HAB's Performance Measures](#), particularly when non-clinical sites may need to leverage partnerships with HIV clinical service providers to do so.
  - Describe the types of evaluation-specific TA needs you anticipate and how you will address them. These may include:
    - Protection of human research subjects.
    - IRB approval and renewal.
    - Data sharing or data use agreements.
    - Data collection and reporting.
    - Integrating evaluation findings into local dissemination materials.
  - Describe how you will leverage site visits, monitoring/technical assistance calls, and learning sessions to collect implementation data.

### **Communications and Dissemination**

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<sup>2</sup> Implementation logic models outline core components of the intervention, implementation strategies, and anticipated barriers and facilitators to successful implementation.

- Describe how you will work with the ITAP, in coordination with HRSA HAB, to develop and implement a communications and dissemination plan based on dissemination science.
  - Describe your plan and timeline for how you will rapidly analyze implementation data to incorporate into ITAP-led implementation materials.
  - Provide examples of quantitative and qualitative implementation data that you will collect and how you will work with the ITAP to integrate this data into ITAP-led implementation materials.
  - Describe your plans to:
    - Work with the ITAP to align and reconcile the ITAP’s implementation TA tracking data with the EP’s multi-site evaluation data for integration into implementation materials in year 3.
    - Present to HRSA HAB staff, the ITAP, and implementation sites on quantitative and qualitative implementation data at least twice a year beginning in year 2.
  - Describe how you will incorporate site staff in the development of abstracts and publications from the initiative.

### High-level work plan

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

- Provide a high-level workplan with your EP-specific goal(s) and how you will fulfill project requirements during the three-year period of performance ([attachment 1](#)). Include objectives for the entire period of performance that are specific, measurable, achievable, realistic, and time-framed ([SMART](#)).
- **For year one only, include:**
  - Action steps to achieve the stated objectives.
  - Staff responsible for each action step, including any consultants.
  - Anticipated start and completion dates for each action step.
- As needed, identify how key stakeholders will help plan, design, and carry out these activities.
- For years two and three, you will submit a detailed work plan with action steps post-award.

### Resolving challenges

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

- 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.

### Performance management

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

- **Outcomes.** Describe the expected outcomes (desired results) of your funded activities (not the evaluation itself).
- **Performance reporting and evaluation.**
  - Describe how you will collect, measure, and report performance data accurately and on time.
  - Describe how you will manage and securely store data, including how you will protect data against cybersecurity threats, breaches, or other loss of data integrity.
  - Describe how you will monitor and analyze your program performance data and engage in continuous quality improvement.
    - Program assessment components should monitor ongoing processes and progress toward the goals and objectives of your work.
    - Include descriptions of inputs (such as organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of funded activities.
  - Describe challenges that you may encounter when assessing your own performance and engaging in continuous quality improvement.

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

Organizational information

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

### **Organizational Capabilities**

- Briefly describe your organization’s mission, structure, and the scope of your current activities. Explain how these elements contribute to your organization’s ability to carry out the program requirements.
- 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, as applicable.
- Demonstrate the experience of your organization, as an EP, 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 TA providers.
  - Conducting multi-site implementation science studies across different geographical locations.
  - Implementing research techniques including data management, statistical analysis, qualitative data analysis, cost analysis, synthesis of findings, and dissemination of findings through different venues and to different audiences.
- Describe the capacity of your organization’s management information systems to support a comprehensive multi-site 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](#)).
- Discuss how you will keep track of all federal funds and record all costs to avoid issues.

### **Staff Capacity**

- Include a staffing plan with job descriptions for key personnel that identifies staff credentials and commitments to the proposed project ([attachment 2](#)). If you will use consultants and/or contractors to provide any of the proposed services, describe their roles and responsibilities on the project. Include biographical sketches of key personnel as [attachment 3](#).
- Describe how your proposed project staff will include and/or work with people with HIV.
- Describe your capacity to and experience with (including any partner organizations, if applicable) conducting comprehensive multi-site implementation science evaluations to assess interventions for people with HIV.
- 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 initiative.
- Describe your knowledge and experience with submitting IRB materials and obtaining IRB approvals and renewals for data collection instruments, informed consent materials, and an evaluation protocol. Describe any training your proposed staff has in protecting human subjects. Identify the IRB that will be responsible for reviewing, approving, and renewing your multi-site evaluation protocol.
- Describe the capacity of the proposed project staff to provide evaluation-specific TA to implementation sites for the multi-site evaluation, including training and monitoring data managers and staff from different sites.
- Describe the experience of proposed project staff in providing evaluation-specific TA to organizations that provide HIV services.
- Describe the experience of proposed project staff in managing and analyzing data.
- Describe the experience, skills, and knowledge of proposed key personnel to integrate data into user-friendly implementation materials, publish study findings in peer-reviewed journals, present at conferences, and effectively communicate results from implementation science studies to HIV provider organizations and local communities.

### **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](#).

This NOFO requires you to do the following:

- Include costs for EP staff to attend annual site visits, in collaboration with the ITAP.
- Include costs for EP staff to attend two learning sessions in years 2 and 3.
- Include travel to the biennial National Ryan White Conference on HIV Care and Treatment, to be held in the Washington, DC metropolitan area.
- Include travel to the Washington, DC metropolitan area for the biennial Division of Policy and Data Administrative Reverse Site Visit.
- List each key position in the budget, including the principal investigator and project director.
- For all staff listed in the budget, identify what percentage of their full-time equivalence (FTE) you will allocate to this award, the full salary amount, and all other funding sources used to pay the full salary. For subsequent budget years, the justification narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive budget changes during the project period.

To create your budget narrative, see budget narrative detailed instructions in the Application Guide.

[\[2\]](#) Implementation logic models outline core components of the intervention, implementation strategies, and anticipated barriers and facilitators to successful implementation.

## **Attachments**

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

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

### Attachment 1: Work Plan

Attach the high-level work plan for all three years of the project and include a detailed work plan for the first year of the project. Make sure it includes everything required in the [project narrative](#) section.

### Attachment 2: Staffing plan and job descriptions

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

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

**Attachment 3: Biographical sketches**

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

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

**Attachment 4: Agreements with other entities**

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

**Attachment 5: Project organizational chart**

Provide a one-page diagram that shows the EP’s organizational structure.

**Attachment 6-15: Other relevant documents**

You may use attachments 6 through 15 to add other relevant documents.

**Other required forms**

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

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

Form instructions

The application guide has detailed instructions for:

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

Project abstract summary form instructions

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. When writing your summary:

Use 4,000 characters or fewer.

Make sure it’s clear, accurate, short.

Do not refer to other parts of the application.

Do not include [personally identifiable information \(PII\)](#) in abstract form.

If you receive an award, we’ll put your project abstract on public websites and databases, including [USAspending.gov](#).

**Important: Public information**

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

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

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

[See instructions and examples.](#)

**Step 4: Understand Review, Selection, and Award**

**Application review**

**Initial review**

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

**Merit review**

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

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

Criterion	Total number of points = 100
6. Support requested	5 points

Criterion 1: Need (10 points)

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

**Introduction (5 points)**

The panel will review your application for how well it:

- Summarizes your plan and ability to implement a multi-site evaluation and carry out all other program requirements and expectations to meet the initiative-wide goal.
- Describes how you plan to co-lead, communicate, and collaborate with the ITAP.

**Need (5 points)**

The panel will review your application for how well it:

- Describes your understanding of the unique needs of men with HIV who are out of care.
- Describes barriers and facilitators to linkage, engagement, and retention in care among men with HIV who are out of care.
- Describes co-occurring conditions among men with HIV that impact care engagement.
- Describes how your multi-site evaluation plan is critical to the broader goal of the initiative (i.e., to produce resources that promote wide scale replication and adaptation of successful interventions across the RWHAP).
- Describes the need for an implementation science initiative to assess the implementation of interventions to address the needs of men with HIV who are out of care or experiencing barriers to staying in care.
- Describes the challenges associated with implementing and evaluating interventions for men with HIV who are out of care.
- Describes how this initiative includes approaches for long-term solutions to HIV care, including strategies to optimize the delivery, uptake and adoption of novel long-acting therapeutic options, interventions to achieve viral suppression, and practices that integrate and sustain evidence-based HIV prevention and care in a variety of settings.
- Cites literature and publications, as appropriate.

Criterion 2: Response (40 points)

See the project narrative [Approach](#) section.

The panel will review your application for:

**Pre-Implementation (15 points)**

- The strength and clarity of your plan to work in collaboration with the ITAP to research and select interventions that engage and retain men with HIV who are out of care.
- The strength and clarity of your proposed process for conducting a search to identify interventions and your proposed criteria for selecting interventions.
- The strength of your plan to support the ITAP with selecting implementation sites through their competitive application process.

- The strength and rigor of your proposed methodology of the multi-site evaluation.
- The relevance of the implementation science theories, models, and/or frameworks to guide the multi-site evaluation and the strength of the rationale for their selection.
- The strength and rigor of your methodology and analysis plan for assessing the cost of interventions inclusive of labor, training, structural, and other relevant costs.
- The strength and clarity of your evaluation questions, data collection methods, proposed validated measures, and analysis plan to assess the implementation, effectiveness, and cost of interventions.
- The feasibility of your process evaluation methods for sites to track process indicators related to implementation of interventions such as number of trainings, number of staff, etc.
- The feasibility of your data collection methods based on the capacity of implementation sites operating their interventions in real-world settings.
- The strength, clarity, and feasibility of:
  - Your plan for obtaining appropriate ethics approval and supporting sites with their ethics approval, proper management of IRB and data requirements including issues related to confidentiality, and data use agreements or business associate agreements, as needed.
  - Your plan to conduct quantitative and qualitative data collection with implementation site to measure implementation outcomes including uptake, engagement, acceptability, and feasibility.
  - Validated, quantitative implementation, client, and service outcome measures.
  - Your plan to conduct ongoing organizational assessments of barriers and facilitators to implementation, intervention adaptations, implementation strategies, and de-implementation strategies.
  - Your process for sites to quantitatively assess intervention exposure.
  - Your rationale for other data measures proposed, as applicable.
  - Your analysis plan for all implementation, client, and service outcome data.
- The strength, clarity, and feasibility of your plan for:
  - Constructing and maintaining a secure, digital platform and process for implementation sites to transmit data to you.
  - Ensuring privacy and confidentiality of all data submitted, collected, and stored, under all applicable laws and regulations.

### **Implementation (13 points)**

- The strength and clarity of your plan to provide evaluation-specific TA to implementation sites.
- The strength and clarity of your proposed approach to supporting the ITAP's work with sites to develop implementation logic models.
- The strength, clarity, and feasibility of your proposed approach to train implementation site evaluation/data management staff to meet the requirements of the evaluation.
- The strength of your plan to routinely assess evaluation-specific TA needs.
- The strength of your plan to train site staff on IRB and data requirements and issues related to confidentiality of patient information.

- The strength and clarity of your plan to monitor data quality and data completeness of regular data submissions.
- The strength and clarity of your process for supporting site evaluation staff with collecting clinical outcome data based on [HAB's Performance Measures](#).
- How well you describe the types of evaluation-specific TA needs you anticipate and how you will address them.
- How well you describe how you will leverage site visits, monitoring/technical assistance calls, and learning sessions to collect implementation data.

### **Communications and Dissemination (12 points)**

- The strength and clarity of your plan to work with the ITAP, in coordination with HRSA HAB, to develop and implement a communications and dissemination plan based on dissemination science.
- The feasibility of your plan and timeline to rapidly analyze implementation data to incorporate into ITAP-led implementation materials.
- The relevance of your examples of quantitative and qualitative implementation data that you will integrate into these materials.
- The strength of your plans to work with the ITAP to align and reconcile the ITAP's TA tracking data with the EP's multisite evaluation data for integration into implementation materials.
- The clarity of your plan to incorporate site staff in the development of abstracts and publications from the initiative.

Criterion 3: Performance reporting and evaluation (10 points)

**See the project narrative [Performance reporting and evaluation](#) and [High-level work plan sections](#).**

### **High-level work plan (5 points)**

The panel will review your application for how well the work plan ([attachment 1](#)) includes:

- Goal(s) for the entire proposed three-year period of performance.
- Objectives for the entire proposed three-year period of performance that are Specific, Measurable, Achievable, Relevant, and Time-framed (SMART).
- Activities or action steps to achieve the stated objectives for year one.
- Staff responsible for each action step, including consultants, for year one.
- Anticipated start and completion dates for each activity or action step in year one.

### **Performance Reporting and Evaluation (5 points)**

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

- Expected outcomes (desired results) of your funded activities (not the multi-site evaluation).
- Plan to collect and report performance data accurately and on time.
- Methodology to manage and securely storing data, including how data will be protected against cybersecurity threats, breaches, or other loss of data integrity.

- The plan to monitor and analyze program performance data and engage in continuous quality improvement.
- The inputs (such as organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of funded activities.
- Challenges you may encounter when assessing your own performance and engaging in continuous quality improvement.

Criterion 4: Impact (10 points)

See the project narrative [Approach](#) and [Resolving challenges](#) sections.

The panel will review your application for:

**Approach (5 points)**

- How effective the proposed project is likely to be at collecting key implementation data and integrating that data into useful implementation materials for use beyond this initiative.
- How effective your plans for sharing project results are likely to be.

**Resolving Challenges (5 points)**

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

Criterion 5: Resources and capabilities (25 points)

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

The panel will review your application for:

**Organizational Capabilities (10 points)**

- 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 inclusion and strength of a project organizational chart ([attachment 5](#)).
- The extent to which your organization has experience with similar projects, including co-leading an initiative, collaborating with TA providers, conducting implementation science studies, and implementing research techniques.
- The capacity of your organization’s management information systems to support a comprehensive multi-site evaluation in collecting, reporting, and securely storing client-level data.
- The extent of your documented procedures for electronically and physically protecting participating information and data.
- The inclusion and strength of signed letters of agreement, memoranda of understanding, and descriptions of proposed or existing contracts, as applicable ([attachment 4](#)).
- How you will keep track of all federal funds and record all costs to avoid issues.

**Staff Capacity (15 points)**

- The inclusion and strength of a staffing plan ([attachment 2](#)) and biographical sketches ([attachment 3](#)).
- Your proposed project staff's ability to carry out all program requirements.
- How your proposed project staff will include and/or work with people with HIV.
- Your proposed project staff's capacity to and experience with:
  - Conducting multi-site implementation science evaluations to assess interventions for people with HIV.
  - Implementing public health program evaluations, specifically quantitative and qualitative outcome and process evaluations, and cost studies.
  - Submitting IRB materials and obtaining IRB approval for data collection instruments, informed consent materials, and an evaluation protocol.
  - Providing evaluation-specific TA to organizations that provide HIV services.
  - Managing and analyzing data.
  - Integrating data into user-friendly implementation materials and publishing findings in peer-reviewed journals, presenting at conferences, and communicating results from implementation science studies to HIV provider organizations and local communities.

Criterion 6: Support requested (5 points)

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

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of performance.
- How reasonable costs are and how well they align with the project's scope.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.
- How clearly the budget 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 making a decision about your level of risk.

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

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

## Selection process

When making funding decisions, we consider:

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

We may:

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

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

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

## Funding priorities

A funding priority adds points to merit review scores if we determine that the application meets the listed criteria. Qualifying for a funding priority does not guarantee that your application will be successful.

Priority 1: Alignment with Ending the HIV Epidemic in the U.S. (EHE) initiative (2 points)

We will give you funding priority if the following is met:

Your proposal is in an EHE priority state.

## Award notices

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

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

## Step 5: Submit Your Application

### Application submission and deadlines

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

#### Application deadline

**You must submit your application by 07/08/2026, at 11:59 p.m. ET.**

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

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

#### Submission method

Grants.gov

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

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

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

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

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

## Other submissions

### Intergovernmental review

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

## Step 6: Learn What Happens After Award

### Post-award requirements and administration

#### Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.

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

### **Required Alignment with HRSA Mission and Strategic Priorities**

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

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

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

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

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

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

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.

- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

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

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

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

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

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

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

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

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

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

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

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

**Cybersecurity**

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

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity.  Visit to <a href="#">45 CFR 170, Subpart B</a> 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 <a href="https://www.healthit.gov/topic/certification-ehrs/certification-health-it">https://www.healthit.gov/topic/certification-ehrs/certification-health-it</a> to learn more.

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

**Reporting**

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

You must also follow these program-specific reporting requirements:

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

## Contacts and Support

### Agency contacts

#### Program and eligibility

Tracy L. McClair

Health Scientist; Evaluation, Analysis, and Dissemination Branch; Division of Policy and Data  
Attn:

Strategies to Link, Engage, and Retain Men with HIV in Care: Evaluation Provider  
Health Resources and Services Administration  
spns@hrsa.gov

301-945-5839

#### Financial and budget

Beverly H. Smith, MHS, RRT

Grants Management Specialist Division of Grants Management Operations Office of Financial  
Assistance and Acquisition Management (OFAAM) Health Resources and Services  
Administration  
bsmith@hrsa.gov

301-443-7065

#### HRSA contact center

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

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

**TTY:** 877-897-9910

[Electronic Handbooks Contact Center](#)

### Help with systems

#### Grants.gov

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

#### SAM.gov

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

#### Helpful websites

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