

Notice of Funding Opportunity
Application due 07/08/2026

HRSA

Health Resources & Services Administration

HIV/AIDS Bureau
HRSA-26-088



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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: Implementation Technical Assistance Provider

HRSA-26-088

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 to facilitate replication.

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 EP companion NOFO, HRSA-26-087.

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

Key facts

Opportunity name:

Strategies to Link, Engage, and Retain Men with HIV in Care: Implementation Technical Assistance Provider

Opportunity number:

HRSA-26-088

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: \$3,240,000

Expected number and type of awards:

1 CA (Cooperative Agreement)

Funding range per award:

\$0 - \$3,240,000

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 ITAP (HRSA-26-088) and should work in close collaboration with the EP (HRSA-26-087) 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 ITAP will rapidly develop and refine 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. (EHE) 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 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 ITAP will provide technical assistance to subaward sites and the EP will evaluate intervention strategies (i.e., emerging, evidence-informed, or evidence-based interventions). 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 ¹with 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 RWHAP Part F 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, use, 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.

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.

¹ The dissemination mechanisms are tailored based on the needs of the priority audiences. You will use the HIV Resource Hub and the RWHAP Best Practices Compilation to share all products from this initiative with RWHAP recipients and providers, HIV service delivery staff, and other partners. Other mechanisms may include websites, social media, webinars, conferences, and peer-reviewed journals.

- **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.

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 and maintain viral suppression.

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 are required to continuously collaborate and communicate with the EP, 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 ITAP’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 work plan.

Table 1: Recommended Timeline for ITAP and EP High-Level Activities

Project Year	ITAP	EP
1	<ul style="list-style-type: none"> • Develop a joint work plan and timeline • Coordinate with AETCs on implementation strategies, including access to HIV therapies 	<ul style="list-style-type: none"> • Develop a joint work plan and timeline • Support the ITAP in the review and selection of intervention and implementation strategies

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

		<ul style="list-style-type: none"> Analyze and release evaluation findings
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Overview of ITAP Requirements and Expectations

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

You will support the adaptation and implementation of interventions to link, engage, and retain men with HIV who are out of care or experiencing serious barriers to staying in care in high-quality HIV care. By drawing from frameworks developed in the field of implementation science, including [HRSA HAB’s Implementation Science Framework](#), you will emphasize and ensure:

- Review, select, and monitor 1 or 2 interventions (i.e., emerging, evidence-informed, and evidence-based) and implementation strategies with support from the EP. Interventions may include systems-level, behavioral, or other intervention types.
 - You will compile a wide range of emerging, evidence-informed, and evidence-based interventions.
 - You will support each site in selecting an intervention that shows promise in improving uptake, integration, and impact for linking, engaging, and retaining men with HIV who are out of care and experiencing serious barriers to care.
- Develop, release, and strategically promote a funding opportunity for subrecipients².
 - You will create site selection criteria to ensure the participation of a wide range of RWHAP-funded organizations.
 - You will select and issue subawards for up to 8 implementation sites that are nationally representative.
- Provide fiscal oversight and management of subawards. You will also monitor site compliance with federal regulations.
- Monitor and provide support to implementation sites on intervention adaptation and how you might ensure intervention fidelity. This may include:
 - Monitoring the implementation sites to ensure fidelity to the core elements of the selected interventions and implementation strategies. At the start of their performance period and when new staff members are hired at implementation sites, consider ensuring there is a process to train them to implement the interventions.
 - Supporting sites to develop implementation logic models before implementation to guide each site’s approach.
 - Creating or adapting a TA tracking system and data reporting plan to record all identified or requested TA needs and any actions that are taken.
- Provide TA to implementation sites. This includes:
 - Developing a TA decision framework that defines what types of resources will be used to respond to TA needs and when they should be used in collaboration with

² Subrecipients must be eligible for funding under Ryan White HIV/AIDS Program Parts A – D of Title XXVI of the Public Health Service (PHS) Act.

HRSA HAB. These resources may include publicly available resources and expert assistance.

- Developing implementation materials on the successful adaptation and implementation of intervention strategies to facilitate replication.
- Providing support to sites on the use of de-implementation strategies to reduce, streamline, or discontinue existing workflows or processes to better integrate selected intervention strategies.
- Using quality improvement frameworks (e.g. PDSA) to inform mid-implementation adjustments.
- Leading monthly monitoring/TA calls for each site in collaboration with the EP.
- Leading annual site visits for each site in collaboration with the EP.
- Coordinate and facilitate learning sessions.
 - In collaboration with HRSA HAB and the EP, you will coordinate and facilitate at least two learning sessions per year starting in year 2. The meetings should include HRSA HAB staff and at least two representatives from the ITAP, EP, and each implementation site.
 - These meetings should be held at HRSA headquarters or in the Washington, DC metropolitan area.
- Define, track, and analyze implementation TA to sites. You will support site TA data collection and implementation data collection; including collecting data on the effectiveness of the implementation science framework used.
- Lead the development and implementation of a communication and dissemination plan and timeline to facilitate the rapid creation of user-friendly dissemination materials.
- Coordinate with other HHS initiatives to avoid duplication and maximize impact, including the [National Institute of Health \(NIH\) implementation science initiatives](#).
- Collaborate with the EP, implementation sites, HRSA, and other RWHAP stakeholders (e.g., AETCs) to rapidly and iteratively develop practical, user-friendly implementation materials.
 - You will lead the creation of user-friendly implementation materials by integrating implementation TA and EP data into practical guidance to help other organizations replicate and adapt the approaches implemented by the sites.
 - Use human-centered design and adult learning principles to ensure materials facilitate replication, adaptation of best practices, and sustainability.
 - You will adhere to the HRSA clearance process for all communications and dissemination materials for external audiences, including journal articles.
 - You will coordinate with the EP, implementation sites, and HRSA HAB to present at the biennial National Ryan White HIV/AIDS Conference.

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

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, guidance, and resources – including TA resource centers or other input for project components noted in this NOFO.
- On an ongoing basis, review activities, procedures, measures, and tools to accomplish the goals and objectives of this initiative.
- 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.
- Develop and publicly share implementation materials to support replication and adaptation across the RWHAP and among other HIV providers, including step-by-step implementation guidance with input and data from the EP at various points throughout the initiative.
- 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-26-088.

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

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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"/> Project narrative Use the Project Narrative Attachment form.	Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative 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. Maintenance of effort documentation	Yes
<input type="checkbox"/> 6. Multi-year budgets, fifth year budget	No
<input type="checkbox"/> 7. Funding preference or priority documentation	Yes
<input type="checkbox"/> 8. Project organizational chart	Yes
<input type="checkbox"/> 9. Tables and charts	Yes
<input type="checkbox"/> 10. Other relevant document	Yes
<input type="checkbox"/> 11. Other relevant document	Yes
<input type="checkbox"/> 12. Other relevant document	Yes
<input type="checkbox"/> 13. Other relevant document	Yes
<input type="checkbox"/> 14. Other relevant document	Yes
<input type="checkbox"/> 15. 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.
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

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:
 - Plan and ability to meet and carry out program goals, priorities, requirements, and expectations.
 - Plan to provide intervention implementation strategy TA to sites.
 - Plan to develop and facilitate the rapid uptake and use of user-friendly dissemination materials throughout the period of performance.
- Briefly describe how you plan to co-lead, communicate, and collaborate with the EP to ensure the success of the initiative.

Need

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

- Describe your understanding of the unique needs of men with 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 providing implementation TA, collecting data on TA requests and the TA provided, and rapid, iterative development of implementation materials is critical to the goals of this initiative.
- Describe the need to conduct an implementation science initiative to assess the implementation of interventions that 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 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 review and select the intervention and implementation strategies you plan to use, with support from the EP.
 - Include your process to compile a wide range of emerging, evidence-informed, and evidence-based interventions that include systems-based, behavioral, and other intervention approaches.
 - Include your methodology to select 1 or 2 specific interventions that show promise in improving uptake, integration, and impact for linking, engaging, and retaining men with HIV who are out of care and experiencing serious barriers to care.
- Describe how you plan to develop, release, strategically promote, and select the implementation sites.
 - Describe your approach to create selection criteria for implementation sites in collaboration with HRSA HAB and the EP.
 - Describe how the selection criteria will ensure the identification and participation of a wide range of RWHAP-funded organizations (e.g., rural, urban, tribal, clinic-based, hospitals, community-based, public health departments, mobile units, etc.), including:
 - How you plan to gauge an implementation site's experience in meaningfully involving relevant stakeholders into work planning, strategy, implementation, and dissemination decision making.
 - How you plan to gauge an implementation site's experience with engaging and retaining men with HIV who are out of care or experiencing barriers to care.
 - How you plan to gauge an implementation site's organizational capabilities, anticipated number of clients to be served, and the epidemiologic characteristics in their service area (e.g., new diagnoses, prevalence, any other descriptive statistics that could help show need in the service area).
 - Describe your plan to strategically promote the request for proposals to a national audience.
 - Describe how you plan to solicit and select sites that address the overarching goal to link, engage, and retain men with HIV who are out of care and experiencing serious barriers to care.

- Describe your plan to ensure that sites can fully participate in the requirements of the initiative, including:
 - The multi-site evaluation, which includes data reporting, data security, data analysis, and IRB processes.
 - Collecting client-level data through a robust electronic data system. Any paper data collection should be transferred into an electronic system with appropriate protocols in place.

Implementation

- Describe your plan to provide fiscal oversight and management of subawards for up to 8 implementation sites, including a plan to address timely submission of invoices and timely reimbursement of services.
- Describe your plan to monitor implementation sites on intervention adaptation and fidelity. Include how you will monitor compliance with federal regulations. Also describe:
 - How you will monitor the implementation sites to ensure fidelity to the core elements of the selected interventions and implementation strategies. Including a proposed process to train staff on implementing the interventions and when new staff members are hired at the implementation sites.
 - How you plan to lead the development of implementation logic models with the implementation sites while incorporating input from the EP.
 - How you will create or adapt a TA tracking system and data reporting plan to record all identified or requested TA needs and the actions taken in response, in consultation with HRSA HAB.
- Describe your approach to providing TA during the performance period.
 - In collaboration with HRSA HAB, describe your plan to develop a TA decision tree which clearly lays out how the TA provider will respond to TA needs.
 - The plan to develop implementation materials and provide TA to help sites successfully adapt and implement the interventions that have been selected.
 - How you propose to provide support to sites on the use of de-implementation strategies to reduce, streamline, or discontinue existing workflows or processes to better integrate selected intervention strategies.
 - Describe how quality improvement frameworks (e.g. Plan, Do, Study, Act (PDSA) cycles) will be used to inform mid-implementation adjustments.
 - Describe the methods you will use to provide TA sites during the ITAP-led site visits.
- Describe your plan to coordinate and facilitate learning sessions starting in year 2, including:
 - How you will ensure at least two learning sessions are held per year starting in year 2, at HRSA headquarters or in the Washington, DC metropolitan area, in collaboration with HRSA HAB and the EP. The meetings should include at least two representatives from the ITAP, EP, and each implementation site along with HRSA HAB staff.

- Your plan to incorporate two work planning meetings per year starting in year 2, with the EP and HRSA HAB, where you will assess progress and adjust plans as needed to ensure success.
- Describe your plan to define, track, and analyze your implementation TA to the implementation sites.
 - Describe how you will gather implementation and TA data that includes:
 - Site requests for support.
 - Type of support provided.
 - Best practices or lessons learned based on the support provided.
 - Effectiveness of the TA provided.
 - Describe how you plan to align and crosswalk implementation TA data with EP evaluation data. Including how you might review and analyze your and the EP's respective data to align conflicting information or interpretations.

Communications and Dissemination

- Describe how you propose to lead the development and implementation of a communications and dissemination plan, informed by dissemination science, to facilitate the rapid creation of user-friendly dissemination materials.
 - Describe your proposed timeline for disseminating materials and findings throughout the initiative to promote learning across the RWHAP.
 - Describe your plan to update these materials iteratively to facilitate long-term replication among RWHAP recipients.
 - Describe your communication and dissemination plan, including how you will develop and implement the following activities:
 - **Publication, dissemination, and replication committee:** A description of EP staff, HRSA HAB staff, and implementation site staff.
 - **Promoting immediate and long-term replication and adaptation:** How you will collaborate with the funded sites and EP in disseminating the materials created through the initiative. Include an acknowledgement that you should be working with the EP to generate user-friendly materials that describe TA and evaluation findings from the initiative throughout the performance period. These dissemination materials should be aligned with [RWHAP service categories \[PDF\]](#) so they can easily be replicated and adapted by RWHAP recipients.
 - **Accessibility to audiences:** How you plan to ensure that products and strategies are responsive and accessible³. These include HIV care and treatment providers, support service providers, and communities disproportionately impacted by HIV, mental health, and substance use. Additional audiences may also include clinicians, program administrators, RWHAP program leaders, and other RWHAP stakeholders like AETCs.

³ The dissemination mechanisms are tailored based on the needs of the priority audiences. You will use the HIV Resource Hub and the RWHAP Best Practices Compilation to share all products from this initiative with RWHAP recipients and providers, HIV service delivery staff, and other partners. Other mechanisms may include websites, social media, webinars, conferences, and peer-reviewed journals.

- **Project websites:** How you will host and maintain an initiative webpage on the HIV Resource Hub. In addition to the public website, describe how you and the EP will collaborate with HRSA to develop and maintain a project-specific page on a secure, password-protected shared location (e.g., SharePoint) for implementation sites, ITAP, EP, and HRSA staff access only. The ITAP and the EP will maintain the private project site during the project to communicate with sites and host initiative files.
 - **Conferences:** How you plan to coordinate a presentation with the implementation sites, in collaboration with the EP and HRSA HAB, at the biennial National Ryan White HIV/AIDS Conference. You will also attend the biennial HAB Division of Policy and Data Administrative Reverse Site Visit.
 - Describe your plan to rapidly and iteratively develop practical user-friendly implementation materials in collaboration with the EP, implementation sites, HRSA, and other RWHAP stakeholders like AETCs.
 - Describe how you will integrate implementation TA and EP data and lessons learned into implementation and dissemination materials.
 - Describe how you will use human-centered design, adult learning principles, or other strategies to ensure these materials are easy to use, written in plain language, and clearly linked to relevant resources and repositories.
 - Describe how you plan to collaborate with the EP to review all draft dissemination materials to ensure rigor, quality, and consistency before they are submitted to HRSA HAB for review and HRSA clearance.
 - Describe how you plan to collaborate with the EP, implementation sites, and HRSA HAB to publish journal articles that describe the design and outcomes of the project.
 - Describe how to ensure timely progress toward the creation of implementation and dissemination materials, so they are ready for dissemination and use throughout and at the end of the performance period.

High-level work plan

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

Provide a high-level work plan with your ITAP-specific goal(s) and how you intend to fulfill the requirements during the three-year period of performance.

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.

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

- 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](#)

Describe your outcomes, how your performance will be measured, how you will evaluate your performance, and how these items will be reported to HRSA HAB. This is not a description of the implementation site outcomes, performance, program evaluation, and reporting, but rather *your* performance and evaluation.

- **Outcomes.** Describe the expected outcomes (desired results) of your funded activities (not the evaluation itself).
- **Performance measurement, evaluation, and reporting.**
 - 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.
 - Evaluations must follow the [HHS Evaluation Policy](#), as well as the standards and best practices described in [OMB Memorandum M-20-12](#).

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

Organizational information

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

Organizational Capabilities

- Briefly describe your mission, structure, and the scope of your current activities. Explain how they will help you carry out the program requirements.
- You'll include a [project organizational chart](#) in your attachments. The chart should be a one-page figure that depicts the project structure of the ITAP, not the entire organization.

It should include subrecipients, contractors, and other significant collaborators, as applicable.

- Discuss how you will keep track of all federal funds and record all costs to avoid issues.
- Demonstrate the experience of your organization, as an Implementation TA provider, 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 evaluation providers.
 - Managing national subawards and budgets under federal cooperative agreements.
 - Working with people with HIV who are out of care or experiencing significant barriers to staying in care.
 - Service delivery in the Ryan White HIV/AIDS Program.
 - Researching and adapting interventions related to men with HIV who are out of care or experiencing significant barriers to staying in care.

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 use consultants and/or contractors to provide any of the proposed services, describe their roles and responsibilities on the project.
- Describe how your proposed project staff will include men 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, coordinate, facilitate, and deliver TA to provider organizations.
 - Include experience in tailoring intervention plans and strategies for specific organizations and subsequent adaptations of established intervention plans.
 - Include your experience in providing TA for the implementation of interventions.
 - Include experience systematically tracking, measuring, and reporting intervention and implementation TA to provider sites and aligning TA decision-making to the program goals.
 - Include experience facilitating learning sessions.
- Describe your capacity to provide TA to and experience with (including any partner organizations, if applicable) training sites on implementing interventions with fidelity and helping sites adapt interventions.
- Describe the experience of proposed key project staff (including consultants and contractors) in rapidly developing, disseminating, and using immediately practical materials that promote intervention replication.
 - Describe the level of experience in rapidly developing user-friendly intervention materials for HIV service delivery organizations or similar organizations.
 - Describe the level of experience in developing up-to-date curricula, “how-to” materials, and implementation guides.

- If applicable, describe the proposed processes you will use for oversight of contractors in performance and delivery of any project activities. Include the roles of all personnel (including consultants and contractors) involved in each activity.
- Describe your level of expertise using implementation science, human-centered design, adult learning principles, and other strategies for ensuring the creation of user-friendly materials in project activities.

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 you to attend annual implementation TA site visits, in collaboration with the EP.
 - Include costs for coordination, hosting, and attending the two learning sessions in each of the three years of the initiative.
 - Include travel to the biennial National Ryan White Conference on HIV Care and Treatment, to be held in the Washington, DC metropolitan area.
 - 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.

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

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

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

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

Attachment 3: Biographical sketches

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 ITAP's organizational structure.

Attachment 6: Other relevant documents

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

Attachment 7: Other relevant documents

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

Attachment 8: Other relevant documents

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

Attachment 9: Other relevant documents

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

Attachment 10: Other relevant documents

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

Attachment 11: Other relevant documents

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

Attachment 12: Other relevant documents

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

Attachment 13: Other relevant documents

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

Attachment 14: Other relevant documents

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

Attachment 15: 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. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. 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
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 the purpose and the approach of your project.
- Summarizes your organization's plan and ability to carry out program requirements and expectations
- Summarizes your organization's plan to provide intervention implementation strategy TA to provider sites.
- Summarizes your organization's plan to develop and facilitate the rapid uptake and use of user-friendly dissemination materials throughout the performance period.
- Summarize your organization's plan to co-lead, communicate, and collaborate with the EP to ensure the success of the initiative.

Need (5 points)

The panel will review your application for how well it:

- Describes an understanding of the unique needs of men with HIV who are out of care and experiencing serious barriers to staying in care.
 - Includes barriers and facilitators to linkage, engagement, and retention in care among men with HIV who are out of care.
 - Includes co-occurring conditions among men with HIV that impact care engagement.
- Describes the importance of collecting and using implementation TA data and the development of practical implementation materials throughout the performance period.
- Describes the need to conduct an implementation science initiative to assess the implementation of interventions to engage and retain men with HIV who are out of care or experiencing barriers to retention in care.
- Describes challenges and proposed solutions associated with implementing, evaluating, replicating, and adapting HIV health interventions for people with HIV who are out of care or experiencing barriers to retention in 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 to corroborate the assessment of need when appropriate. Criterion 2: Response (40 points)

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

The panel will review your application for:

Pre-implementation (10 points)

- The strength, clarity, and feasibility of the plan to review and select intervention strategies, with support from the EP, including:
 - The process to compile a wide range of emerging, evidence-informed, and evidence-based interventions that include systems-based, behavioral, and other intervention approaches.

- The methodology to select 1 or 2 interventions that show promise in improving uptake, integration, and impact for linking, engaging, and retaining men with HIV who are out of care and experiencing serious barriers to care.
- The strength, clarity, and feasibility of the approach to develop, release, strategically promote, and select subaward implementation sites, including:
 - The approach to create site selection criteria to identify and ensure the participation of a wide range of RWHAP-funded organizations in collaboration with HRSA HAB. The description should include how the applicant plans to gauge an implementation site's:
 - Experience involving relevant stakeholders in work planning, strategy, implementation, and dissemination decision making.
 - Experience engaging and retaining men with HIV who are out of care or experiencing barriers to care.
 - Organizational capabilities, anticipated number of clients to be served, and the epidemiologic characteristics of their service area.
 - The plan to strategically promote the request for proposals.
 - The plan to solicit and select sites that address the overarching goal of this initiative.
 - The process to ensure that sites have the capacity to fully participate in this SPNS initiative, including the evaluation.

Implementation (15 points)

- Strength, clarity, and relevance of the approach to fiscal oversight and management of subawards for up to 8 implementation sites, including the plan to address timely submission of invoices and timely reimbursement for services provided.
- Strength, clarity, and feasibility of the plan to monitor implementation sites on intervention fidelity, adaptations, and compliance with federal regulations, including:
 - The plan to ensure fidelity to core program elements, including a process to train staff on implementing the interventions and when new staff members are hired at implementation sites.
 - The plan to develop implementation logic models with each site for their approach, in collaboration with the EP.
 - The plan to create or adapt a TA tracking system and data reporting plan to record all identified or requested TA needs and the actions taken in response, in consultation with HRSA HAB.
- Strength, clarity, and feasibility of the approach to provide TA to sites during their performance periods, including:
 - The description to develop a TA decision tree which clearly lays out how the TA provider will respond to TA needs.
 - The plan to develop implementation materials and provide TA to sites on the successful adaptation and implementation of selected interventions.
 - The proposed support to sites on the use of de-implementation strategies to support the integration and adaptation of intervention strategies.

- The use of quality improvement frameworks (e.g. Plan, do Study, Act (PDSA) cycles) to inform mid-implementation adjustments.
- ITAP-led site visits.
- Strength and clarity of the plan to coordinate and facilitate learning sessions starting in year 2, including the plan to:
 - Ensure at least two learning sessions are held per year starting in year 2, at HRSA headquarters or in the Washington, DC metropolitan area, in collaboration with HRSA HAB and the EP.
 - Incorporate two work planning meetings per year starting in year 2, with the EP and HRSA HAB, where you will assess progress and adjust plans as needed to ensure success.
- Strength, clarity, and feasibility of the methodology to define, track, and analyze implementation TA to the implementation sites, including the plan to:
 - Gather implementation TA data that includes site requests for support, the type of support provided, best practices or lessons learned based on the support provided, and effectiveness of the TA provided.
 - Align and crosswalk implementation TA data with the EP's multi-site evaluation data.

Communications and Dissemination (15 points)

- Strength, clarity, and relevance of the proposal to develop and implement a communications and dissemination plan to facilitate the rapid creation of user-friendly dissemination materials in collaboration with the EP and HRSA HAB, including:
 - The proposed timeline for disseminating materials and findings to promote learning across RWHAP.
 - The proposed plan to update these materials iteratively to facilitate long-term replication among RHWAP recipients.
 - The plan to develop and implement the following priority activities:
 - Create a Publication, Dissemination and Replication committee.
 - Promote immediate and long-term replication and adaptation.
 - Ensure accessibility to priority audiences.
 - Host and maintain initiative websites.
 - Conference coordination.
- Strength, clarity, and relevance of the plan to rapidly and iteratively develop practical user-friendly implementation materials in collaboration with the EP, implementation sites, HRSA, and other RWHAP stakeholders, including how the applicant may:
 - Integrate implementation TA and EP data into innovative implementation materials.
 - Use human-centered design, adult learning principles, or other strategies.
 - Review all draft dissemination materials to ensure rigor, quality, and consistency.
 - Collaborate with all stakeholders to publish journal articles.
 - Ensure timely progress toward the creation of implementation and dissemination materials

Criterion 3: Performance reporting and evaluation (10 points)

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

High-level work plan (5 points)

- The panel will review your application for how well the work plan 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.

Evaluation

Performance reporting and evaluation (5 points)

- The panel will review your application for the strength, clarity, and relevance of the:
 - The inclusion of expected outcomes (desired results) of your funded activities (not the multi-site evaluation).
 - The strength and clarity of your plan to collect and report performance data accurately and on time.
 - The strength of your methodology to manage and securely storing data, including how data will be protected against cybersecurity threats, breaches, or other loss of data integrity.
 - Strength and clarity of the plan to monitor and analyze program performance data and engage in continuous quality improvement.
 - Inclusion of inputs (such as organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of funded activities.

Criterion 4: Impact (10 points)

Approach (5 points)

The panel will review your application for:

- How effective the proposed project is likely to be at collecting key implementation data and integrating that data into useful replication resources for use beyond this initiative.
- How strong a public health impact it is likely to have.
- 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 the organization’s mission, structure, and scope of activities enable it to carry out the program requirements and reach its goals and objectives.
- The extent to which the organization has relevant experience:
 - Co-leading or collaborating with another organization, including evaluation providers, on a project or initiative.
 - Including and working with men with HIV and/or people with HIV who are out of care or experiencing serious barriers to staying in care.
 - Managing national subawards and budgets under federal cooperative agreements, including managing and tracking federal funds.
 - Managing and tracking federal funds
 - Researching and adapting interventions.
 - Service delivery in RWHAP.
 - Training sites on implementing interventions with fidelity and helping sites adapt interventions or implementation strategies.
 - Coordinating, facilitating, and delivering TA to provider organizations.
 - Tracking, measuring, and reporting interventions and implementation TA.
 - Creating and disseminating materials that promote the replication of interventions.
 - Facilitating learning sessions.
 - Coordinating and leading work planning meetings and site visits with various stakeholders to assess progress and make adjustments.

Staff Capacity (15 points)

- The appropriateness of the staffing plan and organizational chart to carry out all of the proposed program requirements, goals, and objectives.
 - The strength of key project staffs’ experience in rapidly developing user-friendly intervention materials, curricula, and implementation guides.
 - The strength of key personnel experience in designing, coordinating, facilitating, and delivering TA.
- Strength of their description detailing their expertise using implementation science, human-centered design, adult learning principles, or other strategies.
- If applicable, the strength of the processes used to oversee contractors in the delivery of project activities.
- The knowledge, experience, training, and skills of your proposed project staff (including any consultants or contractors) regarding:
 - Implementing public health programs, specifically to improve engagement and retention in care for men with HIV.
 - Knowledge of implementation science and its role in supporting efforts to end the HIV epidemic in the U.S.
 - Overseeing implementation sites while providing TA support and monitoring on intervention fidelity and adaptation to the core elements of selected interventions and implementation strategies.

- Systematically tracking and measuring the provision of TA and aligning TA decision-making to the goals of the study.
- Developing user-friendly replication and adaptation dissemination materials in collaboration with the EP and implementation sites.
- Strength of your plan to include men with HIV.

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 06/01/2026, 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](#).

HIT

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 45 CFR 170, Subpart B 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 https://www.healthit.gov/topic/certification-ehrs/certification-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, 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

Alexis Leal, MPH, CPHQ

Public Health Analyst; Evaluation, Analysis, and Dissemination Branch; Division of Policy and Data

Attn:

Strategies to Link, Engage, and Retain Men with HIV in Care: Implementation Technical Assistance Provider

Health Resources and Services Administration

spns@hrsa.gov

301-443-3709

Financial and budget

Beverly 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](#)

