

Notice of Funding Opportunity

**Application due 07/08/2026**

**HRSA**

Health Resources & Services Administration


HIV/AIDS Bureau

# Ryan White HIV/AIDS Program Part C Capacity Development Program

Opportunity number: HRSA-26-061



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# Before you begin

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

## **SAM.gov registration (this can take several weeks)**

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

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

## **Grants.gov registration (this can take several days)**

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

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

## **Apply by the application due date**

Applications are due by 11:59 p.m. Eastern Time on 07/08/2026.



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

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



# Step 1:

# Review the Opportunity

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# Basic information

Health Resources Services Administration

HIV/AIDS Bureau

Strengthening the capacity of community-based organizations to improve health outcomes and reduce HIV transmission, especially for people not yet in regular HIV care.

## Summary

The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV care that improves health outcomes and supports HIV viral suppression.

The purpose of the RWHAP Part C Capacity Development Program is to strengthen the capacity of community-based organizations to improve health outcomes and reduce HIV transmission, especially for people not yet in regular HIV care. The focus of this Part C program is on infrastructure.

This capacity development funding offers a one-year opportunity to carry out one short-term activity in FY 2026.

## Funding details

**Application types:** New

**Expected total available funding in FY26:** \$9,000,000

**Expected number and type of awards:** 60 G (Grants)

**Funding range per award:** Up to \$150,000

We plan to fund awards in one 12-month budget period for a total one-year period of performance from 09/01/2026 to 08/31/2027.

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



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

## Key facts

**Opportunity name:**  
Ryan White HIV/AIDS Program Part C Capacity Development Program

**Opportunity number:**  
HRSA-26-061

**Announcement version:**  
Initial

**Federal assistance listing:**  
93.918

## 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.

# Eligibility

You can apply if your organization is in the United States.

## Types of eligible organizations

These types of domestic organizations may apply:

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- 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](#).
- Does not propose one of the three activities listed as described in the [Program Requirements and Expectations section](#). The three available activities in this announcement are: 1. Electronic Health Record and Data Integration, 2. Telehealth, or 3. Office dental equipment for expanding service capacity.

## 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

This one-year capacity development funding opportunity is intended to strengthen organizational capacity to develop, enhance, or expand access to high quality HIV care and treatment for low-income people with HIV, especially for people not yet in regular HIV care.

HRSA intends to fund one short-term activity under this program that can be completed by the end of the one-year period of performance.

## Goal alignment

Proposed projects must:

- Align with program goals.
- Address unmet needs or gaps in care for people with HIV.
- Establish activities that represent a meaningful addition to your existing program.
- Support improved health outcomes for people with HIV.

For additional information, please refer to [Policy Clarification Notice \(PCN\) 16-02](#) for a list of RWHAP allowable services and use of funds.

For more details, see [Program requirements and expectations](#).

## Background

### The Ryan White HIV/AIDS Program

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

For nearly four decades, the RWHAP has funded services to provide HIV primary health care, medication, and essential support services, including mental health care, transportation, case management, nutrition, and housing. These services support

clients to enter and remain in care, access medications, and reach viral suppression, reducing transmission and lowering health care costs.

## Ending the HIV Epidemic

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

## Making America Healthy Again

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

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

## Key accomplishments

- **Nearly 602,000 people with HIV** in the U.S. received life-saving care, medication, and essential support services through the RWHAP, representing over half of all 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

You must show:

- That the proposed activity will strengthen organizational capacity.
- Your organization's intent and ability to maintain services, activities or equipment that were either purchased by, or are a direct result of, this federal award.
- Coordinating with other relevant HHS and HRSA providers to avoid duplicating efforts.

## You must select only one activity.

You may submit a proposal for only **one** activity from the list of activities below. Do not submit a proposal that includes more than one activity.

The goal of these activities is to enhance an organization's infrastructure to better serve people with HIV.

- **Activity 1:** Electronic Health Record and Data Coordination
- **Activity 2:** Telehealth
- **Activity 3:** Dental equipment for expanding dental service capacity

## Brief summaries of each activity

### Activity 1: Electronic Health Record and Data Coordination

Improving how Electronic Health Records (EHR) connect with HIV data systems helps reduce duplicate data entry, increases the accuracy of data collection and reporting, and improves care coordination and tracking of referrals.

If you select this activity, funding may be used to purchase software to interface CAREWare (or other HIV data collection systems) with an existing EHR system.

Activities can include:

- Improving the accuracy and efficiency of data collection.
- Creating workflows to reduce administrative burden.
- Verifying and cleaning data.
- Testing historical and new data.
- Integrating oral health and primary care EHR systems.
- Securing consultant services for system integration and coordination.
- Enhancing interoperability to streamline RWHAP eligibility across Parts using existing data sources (e.g., Medicaid, health information exchanges, or marketplace records).

All activities must be used to enhance or expand an existing EHR system to improve the:

- Quality.
- Pharmacological safety.
- Efficiency.

Funds cannot be used to purchase a brand-new EHR system. Any component purchased with federal funds must meet certification requirements set by the Assistant Secretary for Technology Policy and be configured to report clinical data electronically for HRSA reporting. More information is available at [HealthIT.gov](https://www.healthit.gov).

## Activity 2: Telehealth

Telehealth improves access to care. It does this by reducing or eliminating the time needed to travel to and from appointments, and by lessening other social barriers such as caregiving responsibilities and lack of transportation that can cause people to miss their appointments.

Telehealth allows care delivery across any distance, expanding access to quality primary health.

If you select this activity, you must develop and acquire, through lease or purchase:

- Computer hardware and software.
- Audio and video equipment.
- Computer network equipment.
- Interactive equipment.
- Data terminal equipment.
- Other equipment that furthers the objectives of the proposed telehealth activity.

You must describe technology requirements and each type of equipment to be employed.

Include a concise description of the equipment's:

- Relevance to the project.
- Cost-effectiveness.
- Timeliness.
- Accuracy of care.
- Ease of use.

Discuss the telehealth reimbursement environment and whether Medicare, Medicaid, or private insurance in your state(s) cover telehealth services.

For resources addressing this topic, access [HRSA's Office for the Advancement of Telehealth](#) and [HHS's Telehealth for providers](#).

## Activity 3: Dental Equipment for Expanding Dental Service Capacity

Personnel salaries for the provision of dental care (positions such as hygienist, dental assistant, dentist, etc.), purchase of a mobile unit, or construction are **not** allowable under this activity.

Oral health care is one of the core medical service categories in the RWHAP and can be a part of all clinical care plans for people with HIV. A large proportion of people with HIV have unmet dental care needs due to lack of available dental providers, limited transportation, costs of care, or other barriers.

RWHAP Part C supports a comprehensive approach to oral health care for low-income people with HIV, including the co-location of oral health care services with outpatient ambulatory health care.

If you select this activity, you must purchase dental equipment for the purpose of developing, enhancing, or expanding oral health care services for people with HIV.

Specifically, this activity involves creating or expanding a dental operator in a clinic or in a mobile unit (e.g., van) through purchasing equipment such as:

- Dental patient chairs.
- Sterilization units.
- X-ray imaging instruments.
- Dental operating lights.
- Operator cabinets.
- Hand pieces.

## Statutory authority

42 U.S.C. §§ 300ff-54(c)(1)(B) and (Title XXVI, §§ 2654(c)(1)(B) and 2693 of the Public Health Service Act).

# Award information

## Funding policies and limitations

### Changes in HHS regulations

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

### Policies

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

### General limitations

- For guidance on some types of costs we do not allow or restrict, see
  - Project Budget Information in Section 3.1. of the [Two-Tier Application Guide \[PDF\]](#).
  - [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
  - [Allowable and Unallowable Costs and Activities](#), in the HHS Grants Policy Statement.
- All costs must be [reasonable](#), necessary, [allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
- You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).
- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds. For help calculating salaries under this limit, read more at “salary rate limitation” in the [Two-Tier Application Guide \[PDF\]](#).

# Program-specific statutory or regulatory limitations

You cannot use funds under this notice for the following:

- Funding restrictions included in [Policy Clarification Notice 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#).
- Charges that are billable to third party payors (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, Department of Housing and Urban Development (HUD) funding for housing services, other RWHAP funding including AIDS Drug Assistance Program).
- To directly provide housing or health care services (e.g., HIV care, counseling and testing) that duplicate existing services.
- Payments for clinical research.
- Payments for nursing home care.
- Cash payments to [intended clients of RWHAP services](#).
- Purchase 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 non-occupational Post-Exposure Prophylaxis (nPEP) medications or the related medical services. As outlined in the updated [November 16, 2021 RWHAP and PrEP program letter](#).
- Purchase of sterile needles and syringes for the purpose of hypodermic injection of any illegal drug use. Some aspects of syringe services programs are allowable with HRSA’s prior approval and in compliance with HHS and HRSA policy. See [Syringe Services Programs](#).
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.
- Research.
- Foreign travel.
- Long-term activities.
  - Instead, the activities should be short-term in nature with a targeted completion by the end of the one-year period of performance.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

Follow the list of statutory restrictions on the use of funds in Section 4.1 (Funding Restrictions) of the Application Guide. We may audit the effectiveness of these policies, procedures, and controls. 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

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](#).



# Step 2:

## Get Ready to Apply

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# Get registered

## SAM.gov

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

To register:

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

## 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-26-061.

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.



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



# Step 3:

# Build Your Application

## In this step

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# Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments, 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	Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative	Budget Narrative Attachment form.	Yes

## Attachments

Insert each in the Attachments Form in this order.

Component	Included in page limit*?
<input type="checkbox"/> 1. Proof of non-profit status	No
<input type="checkbox"/> 2. Funding preference	No
<input type="checkbox"/> 3. Federally negotiated indirect cost rate	No
<input type="checkbox"/> 4. Biographical sketches	No
<input type="checkbox"/> 5. Program specific line-item budget	Yes
<input type="checkbox"/> 6. Work plan	Yes
<input type="checkbox"/> 7. Staffing plan job descriptions	Yes
<input type="checkbox"/> 8. Agreements with other entities and memoranda of understanding	Yes
<input type="checkbox"/> 9-15. Other relevant documents	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.

\*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:** 25

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

## Required format

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

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

**File format:** We only accept the following document formats:

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

**Size:** 12-point font

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

**Ink color:** Black

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

**Alignment:** Left

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

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

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

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

**Page numbering:**

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

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

## Project narrative

### Introduction

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

- Indicate the [one activity](#) you will implement:
  - Electronic Health Record and Data Coordination.
  - Telehealth.
  - Dental equipment for expanding office capacity.
- Describe the need for capacity development funding within your community and organization.
- Explain how the proposed activity will improve access to high-quality, HIV primary care for low-income people with HIV.
- Demonstrate how this is a **brand-new activity** and does not duplicate nor repeat any infrastructure development activities previously funded under the RWHAP Part C Capacity Development program.
- It also cannot duplicate activities of the RWHAP Part D Women, Infants, Children and Youth (WICY) Supplemental program (HRSA-24-061; HRSA-24-062) or FY 2025 (HRSA-25-050; HRSA-25-049).

### Need

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

**For your proposed activity:**

- Outline the equipment or data system needs you plan to address.
  - Describe the gaps in organizational capacity due to limitations in the current system infrastructure.
  - Include changes you have made to the current service delivery system.
  - Describe how the lessons you have learned will be applied to this activity.

- Provide information specific to the selected activity and describe how these gaps or limitations are affecting the optimal provision of quality HIV primary care services.
  - Include how health care gaps or limitations are affecting your organization's ability to optimize HIV outcomes.
- Discuss the relevant barriers to successfully carry out the project. Include the steps you will take to minimize or overcome them.

## Approach

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

- Provide a clear description of the approach.
  - Include specific action steps.
  - Describe how actions will address the need and attain project objectives.
  - Include how the activity will be used to expand or improve client care.
  - Include the person(s) responsible for putting your proposed project in place (both staff and partners).
- Describe plans to share any information or products developed with the people and communities disproportionately impacted by HIV.
  - You should also plan to share lesson learned with these people and communities.
  - This should include community providers and project partners so they are made aware of the additional capability created by this proposed project.

## Work plan

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

Provide a detailed work plan for the 12-month period of performance of September 1, 2026 to August 31, 2027. For all activities, the [work plan](#) must:

- Describe the activity's goal and objectives.
- Describe how you'll achieve each of the objectives during the period of performance.
- List the key action steps needed to reach the goal.
  - Include when each step will be completed and who is responsible for each.
- Provide a timeline showing when each step will be completed and name the staff responsible for each step.
- Identify the measures you will use to evaluate success.
- Describe the expected outcomes that will show the impact of the activity.

- Outcomes may include changes in quality of service, service delivery type, treatment outcomes, knowledge, skills, practices, or other improvements.

Provide the above information in a table format with the following sections outlined:

- Goal and objectives.
- Action steps.
- Timeline.
- Person responsible.
- Evaluation measures.
- Outcomes.

You will also include a more detailed work plan that you will submit as [Attachment 6](#).

## Resolving challenges

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

- Discuss challenges that you are likely to encounter in your work plan and explain approaches that you'll use to resolve them.
- Describe the specific activities or strategies you will use to mitigate or resolve anticipated challenges. Include your plan to overcome any barriers to full implementation

## Performance reporting and evaluation

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

### Performance measurement and reporting

- Describe how you will collect and manage data in a way that helps you improve the way you carry out your activity.
- Track the goals and objectives identified in the work plan.

### Program evaluation

- Describe how you will evaluate the effectiveness of your proposed capacity development project.
- Describe how you will share evaluation results internally with program staff and externally with key stakeholders (including people with HIV).

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

## Sustainability

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

- Show that the activities outlined in the work plan can be reasonably completed within 12 months.
- Describe the organizational resources that you will use to sustain, without additional funds from the federal government, the project activities or enhancements supported by this award beyond the one-year period of performance.

## Organizational information

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

- Briefly describe the organizational skills, capabilities, and resources, including staff that will contribute to your organization's ability to carry out the proposed activity.
- Highlight key staff with relevant expertise and experience with similar work.
  - This information should align with the staffing plan provided in [Attachment 7](#) and the biographical sketches of key personnel provided in [Attachment 4](#).
- Discuss the organization's ability to secure agreements or contracts with community-based organizations, health care providers, and consultant services to achieve this project.
- Describe your plan to purchase equipment and execute contracts for services for this project within a reasonable timeframe.

## 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 \[PDF\]](#) 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](#).

#### **Line-Item budget:**

- In addition to the SF-424 Application Guide requirements, you must also provide the line-item budget and budget narrative according to each object class category (e.g., Personnel, Fringe Benefits, Travel).
  - The budget allocations on the line-item budget must relate to the activities proposed in the project narrative, including the work plan.
- To evaluate your adherence to RWHAP Part C Capacity Development statutory budget requirements, submit a program-specific line-item budget for the one-year period of performance (September 1, 2026 – August 31, 2027).
  - Highlight any administrative costs by making them **bold**.

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

As you develop your budget, also consider the **restrictions on spending funds**. See [Funding policies & limitations](#).

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

# Attachments

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

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

## Attachment 1: Proof of non-profit status

If your organization is non-profit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the IRS.
- A letter from your state's tax department, attorney general, or another state official saying that your group is non-profit and that none of your net earnings go to private shareholders or others.
- A certified copy of your certificate of incorporation. This document must show that your group is non-profit.
- Any of the listed documents for a parent organization. Also include a statement signed by an official of the parent group that your organization is a non-profit affiliate.

## Attachment 2: Funding preference documentation

Provide information, including supporting documentation, data, and other details according to the instructions for [funding preferences](#) for either rural areas or underserved populations. HRSA will review the information to determine whether you qualify for a funding preference. See [funding preferences](#) for more information.

## Attachment 3: Federally negotiated indirect cost rate (if applicable)

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 4: Biographical sketches

Include biographical sketches for the principal investigator/principal director, project coordinator (if different) and any staff directly responsible for implementing the proposed projects that you describe in [Attachment 7](#).

For key personnel, the biographical sketch should be no more than 1-page. Do not include personally identifiable information.

## Attachment 5: Program specific line-item budget

Submit as a PDF document a program-specific line-item budget for the 1-year period of performance. SF-424A Section B is not counted toward the page limit; however, the line-item budget itself does count toward the page limit. Reference section See Section 3.4.1. of the [Application Guide \[PDF\]](#).

## Attachment 6: Work plan

Attach the project's work plan for the 12-month period of performance of September 1, 2026 to August 31, 2027. Make sure it includes everything required in the [project narrative section](#).

## Attachment 7: Staffing plan and job descriptions

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

Include a staffing plan that provides key information about the staff positions. Include: name, position title, brief background, and the role and responsibilities of the person in your proposed project. For each staff, include the sources of funding for your proposed project and corresponding time and effort. It is recommended to supply this information in the form of a table.

## Attachment 8: Agreements with other entities

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

## Attachment 9-15: Other relevant documents

You may use attachments 9 through 15 for any other relevant documentation.

## 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.

## 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. Indicate the funding amount requested and the name the specific activity.

For more information, see Section 3.1.2 of the [Application Guide \[PDF\]](#).

### 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

## In this step

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Selection process	<a href="#"><u>36</u></a>
Award notices	<a href="#"><u>38</u></a>

# 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 \[PDF\]](#). The members use these criteria.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	35 points
3. Performance reporting and evaluation	15 points
4. Impact	10 points
5. Resources and capabilities	20 points
6. Support requested	10 points

### Criterion 1: Need (10 points)

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

The panel will review your application for how well it:

#### Introduction (3 points)

- States the proposed activity.
- Describes the overall purpose of the proposed project and the need for capacity development funding.
- Explain how the proposed activity will improve access to high-quality primary care for low-income people with HIV.
- Demonstrates that the proposed activity is a brand-new activity that introduces innovative approaches, services, or strategies to the program.

## Need (7 points)

- Justifies the need for capacity development funding to address the gaps in organizational capacity or the limitations of current infrastructure.
- Describes the relevant barriers to successfully carry out the project, and the steps to be taken to minimize or overcome the stated barriers.
- Outlines equipment or data system needs.
- Includes proposed changes to the current service delivery system.
- Describes how the lessons learned will be applied.

## Criterion 2: Response (35 points)

See the project narrative [Approach](#), and [Work plan](#) sections.

The panel will review your application for:

### Approach (15 points)

- Clarity of the approach, including specific action steps and the roles of responsible staff or partners, to ensure effective implementation of the proposed activity.
- The extent to which the activities described in the application can address the need and attain the project objectives.
- The description of intent to share or disseminate relevant information and products developed through the funded activity and lessons learned with other providers in the community and collaborators to this project.

### Work plan (20 points)

- Clarity of the goal, objectives, and action steps for the 12-month work plan ([Attachment 6](#)).
- The structure and completeness, including when each step will be completed and who is responsible for implementation.
- The extent to which the activities described in the application can address the problem and attain the project objectives.

## Criterion 3: Performance reporting and evaluation (15 points)

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

The panel will review your application for:

- Clearness of the evaluation plan to monitor progress towards project goals and objectives, and efficiency of plan to address barriers to implementation.

## Criterion 4: Impact (10 points)

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

The panel will review your application for:

### Resolving challenges (5 points)

- The clarity of the outline of challenges likely to be encountered in designing and carrying out the activities in the work plan.
- Describes the specific activities or strategies used to mitigate or resolve anticipated challenges in implementing the proposed activity.

### Sustainability (5 points)

- The extent to which activities outlined in the work plan can reasonably be completed in the 12-month period of performance.
- The strength of the applicants proposed plan for sustaining activities, without additional federal funds, beyond the federal funding period

## Criterion 5: Resources and capabilities (20 points)

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

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

### Organizational information (10 points)

- The organization demonstrates the ability to secure agreements with community-based organizations, health care providers, and consultant services needed to successfully achieve the proposed project.
- The organization demonstrates the ability to purchase equipment and execute contracts for services for this project within a reasonable timeframe to complete project activities.

## Staffing plan (10 points)

- The staffing plan ([Attachment 7](#)) is consistent with the proposed activity.
- Staffing plan is adequate or sufficient for meeting the proposed project goals and objectives.

## Criterion 6: Support requested (10 points)

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

The panel will review your application to determine:

- How reasonable the proposed budget is for the period of performance.
- How reasonable costs are and how well they align with the project's scope.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.

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](#).

## 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: Not currently funded by this opportunity (2 Points)**

We will give you a funding priority if:

Your organization does not hold an active award under this opportunity at the time you apply.

### **Priority 2: Never funded by this opportunity (2 Points)**

We will give you a funding priority if:

Your organization has never received an award under this opportunity.

### **Priority 3: 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.

## 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 preferences

This program includes funding preferences, based on section 2654(c)(3) of the PHS Act. If we determine that your application meets these criteria, we will move it up in our ranking of fundable applications. Qualifying for a funding preference does not guarantee that you will receive funding.

HRSA will grant only **one** funding preference to any qualified applicant that justifies its qualification.

### Qualifications to meet the funding preferences:

- **Attachment 2 is required for all applicants.**
  - HRSA will review the information and determine whether your application qualifies for a funding preference.
  - Receipt of a funding preference is not a guarantee of funding.

## Qualification 1: Rural areas

The criterion for this funding preference is based on the provision of HIV primary care services in a rural area including:

- RWHAP recipients are defined as rural if their service area (in part or in whole) or main organizational address is in a HRSA Federal Office of Rural Health Policy (FORHP)-designated rural area.
- FORHP classifies all non-metropolitan counties, as defined by the Office of Management and Budget, as rural.
- FORHP uses Rural-Urban Commuting Area (RUCA) codes to identify other rural areas.
- For more information about **what defines a rural area**, visit [FORHP's website](#).
- To determine if your organization **serves a rural area**, refer to FORHP's [Rural Health Analyzer](#).
  - If your service area (either in part or in whole) or main organizational address **is defined as rural**, print out a screenshot of the result and include the printout as supporting documentation in .pdf format in [Attachment 2](#).
  - If your organization **does not provide HIV primary care services in a rural area**, you can indicate "Not applicable" in [Attachment 2](#).

## Qualification 2: Underserved populations

The criterion for this funding preference is the provision of HIV primary care services to underserved populations including:

- Underserved populations include communities and subpopulations that do not have access to adequate HIV primary care services, as defined by HAB [PCN 16-02](#).
- These gaps in the provision of HIV primary care services must be defined and documented in [Attachment 2](#).
- State in [Attachment 2](#) whether your organization provides HIV primary care services for underserved populations.
- You must provide all information to be considered for this funding preference:
  - Data and information on overall HIV primary care gaps, including any inadequate or unavailable HIV primary care services, as defined by [HAB PCN 16-02](#).
  - Data and information on specific HIV subpopulations served by your organization that are disproportionately affected by inadequate or unavailable HIV primary care services, as defined by [HAB PCN 16-02](#).
- If your organization does not provide HIV primary care services to underserved populations, you can indicate "Not applicable" on [Attachment 2](#).

# Award notices

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

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



# Step 5: Submit Your Application

## In this step

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# Application submission and deadlines

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

## 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 \[PDF\]](#).

## 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 \[PDF\]](#).



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

## In this step

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# Post-award requirements and administration

## Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [2 CFR Part 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at [2 CFR Part 300](#), and any superseding regulations.
- The [HHS Grants Policy Statement](#). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Grants Policy Statement](#), Appendix D: 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.
- Any applicable statutory provisions.
- The [Assurances](#) (standard certification and representations) included in the annual SAM registration.

## 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 [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 <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 <a href="#">ONC Health IT Certification Program</a> if certified technology can support the activity.

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

# Reporting

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

You must also follow these program-specific reporting requirements:

- Information relevant to program-specific goals and progress on the work plan (for example, number of clients served, partnerships)
- Impact of the overall project
- The degree to which the recipient achieved the mission, goal, and objectives outlined in the program
- Recipient accomplishments
- Barriers encountered
- Responses to summary questions regarding the recipient’s overall experiences during the 1-year period of performance.
- Recipients will be expected to provide end-of-the-period of performance outcome data and demonstrate the impact of the project’s activity.

Further information will be available in the NOA.



# Contacts and Support

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# Agency contacts

## Program and eligibility

### **Brian Fitzsimmons**

Public Health Advisor

Attn: Ryan White HIV/AIDS Program Part C Capacity Development Program

Health Resources and Services Administration

[AskPartCCapacity@hrsa.gov](mailto:AskPartCCapacity@hrsa.gov)

301-945-9820

## Financial and budget

### **Bria Haley**

Grants Management Specialist

Division of Grants Management Operations

Office of Financial Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

[BHaley@hrsa.gov](mailto:BHaley@hrsa.gov)

301-443-3778

## HRSA Contact Center

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

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

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

# Help with systems

## Grants.gov

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

## SAM.gov

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

## Helpful websites

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