Notice of Funding Opportunity

Application due March 18, 2025

HRSA
Health Resources & Services Administration

HIV AIDS Bureau (HAB)
Division of Policy and Data

Addressing Stigma to End the HIV Epidemic in the U.S.

Opportunity number: HRSA-025-060

Modified on 1/28/25
Updated TA Webinar information

Contents

Before you begin

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

SAM.gov registration (this can take several weeks)

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

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

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

See Step 2: Get Ready to Apply

Apply by the application due date

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

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

Step 1: Review the Opportunity

In this step

Basic information

Health Resources and Services Administration (HRSA)

HIV AIDS Bureau (HAB)

Division of Policy and Data

Adapting interventions and providing national training to eliminate stigma in HIV care, treatment, and prevention.

Summary

The Health Resources and Services Administration (HRSA), in partnership with the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC), will fund one organization to serve as an Implementation, Capacity, and Evaluation Provider (also known as the "recipient" throughout this NOFO) to increase access to stigma-free, high-quality care, treatment, and prevention services for people who have yet to be successfully maintained in HIV care and those who experience higher rates of HIV in the U.S. This funding opportunity is supported by the HRSA Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) Program. Funding supports an implementation science approach to adapt, implement, and evaluate the implementation of anti-stigma interventions. It also builds upon previous and current projects to address stigma that have been funded and supported by HRSA's HIV/AIDS Bureau (HAB); the NIH Office of AIDS Research; the NIH National Institute of Mental Health's Division of AIDS Research; and the CDC National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention's Division of HIV Prevention.

Over the four-year period of performance, the recipient will:

- Deliver national anti-stigma training to HIV care, treatment, and prevention organizations.
- Develop and conduct an evaluation of the national anti-stigma training. Identify evidence-informed, anti-stigma interventions that will be adapted and implemented by demonstration sites.
- Select, monitor, and support approximately 20 demonstration sites to serve as subrecipients who will implement the selected anti-stigma intervention(s).
- Systematically provide, track, measure, and report technical assistance (TA) to the demonstration sites; and ensure fidelity to core components of the selected intervention(s).

Have questions? Go to Contacts and Support.

Key facts

Opportunity name: Addressing Stigma to End the HIV Epidemic in the U.S.

Opportunity number: HRSA-25-060

Announcement version: New

Federal assistance listing: 93.928, 93.242, 93.939

Statutory authority: 42 USC § 300ff-101 (§ 2691 of the Public Health Service Act); 42 USC § 301, as amended; 42 USC §§ 247(b)(k)(2) and 317(k)(2), as amended; and Consolidated Appropriations Act, 2024, Pub. L. 118-47, Division D, title II.

Key dates

NOFO issue date: January 16, 2025
Informational webinar: See Webinar Section
Application deadline: March 18, 2025
Expected award date is by: August 1, 2025
Expected start date: September 1, 2025
See other submissions for other time frames that may apply to this NOFO.

- Develop and conduct a mixed-methods, multi-site evaluation grounded in implementation science (as defined in this NOFO) to assess demonstration sites' implementation including adaptations, barriers and facilitators, implementation strategies, and costs, among other (effectiveness) outcomes.
- Develop and implement a communications and dissemination plan for the program, including the creation of user-friendly, multimedia materials that appeal to various audiences.

Please refer also to the Program Requirements and Expectations.

Funding details

Application Types: New

Expected total available funding in FY 2025: $4,250,000

Expected number and type of awards: One (1) Cooperative Agreement

Funding range per award: $4,250,000 (Year 1), $6,000,000 per year (Years 2-4)

We plan to fund awards in four (4) 12-month budget periods for a total 4-year period of performance of September 1, 2025 to August 31, 2029. You can request up to $4,250,000 (Year 1) and up to $6,000,000 each year (Years 2 – 4).

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

Eligibility

Who can apply

You can apply if your organization is a domestic public or private nonprofit entity.

Types of eligible organizations

These types of domestic* organizations may apply:

- Public institutions of higher education
- Private institutions of higher education
- Non-profits with or without a 501(c)(3) IRS status
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and freely associated states
- Independent school districts
- Public housing authorities/Indian housing authorities
- Native American tribal governments
- Native American tribal organizations

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

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

Completeness and responsiveness criteria

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

We will not consider an application that:

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

Application limits

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

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. We will hold you accountable for any funds you add, including through reporting.

Program description

Purpose

The Addressing Stigma to End the HIV Epidemic in the U.S. program will leverage expertise and resources of HRSA, NIH, and CDC to accomplish the goal of increasing access to stigma-free, high-quality care, treatment, and prevention services for people who have yet to be successfully maintained in HIV care and those who experience higher rates of HIV in the U.S. HRSA will fund one recipient to serve as the Implementation, Capacity, and Evaluation Provider who will deliver training and work with demonstration sites (subrecipients) to use an implementation science approach to adapt, implement, evaluate, and disseminate anti-stigma interventions that address social, structural, and organizational causes of stigma and discrimination.

The objectives of this program are to:

- Strengthen and promote a culture of anti-stigma across HHS-funded organizations that provide HIV care, treatment, and prevention services.
- Increase the availability and dissemination of tools that HIV care, treatment, and prevention organizations (including those that provide RWHAP and Ending the HIV Epidemic in the U.S. (EHE) initiative recipients and subrecipients) can adopt and adapt to address stigma within their organizations.
- Increase utilization of evidence-informed anti-stigma interventions within HIV care, treatment, and prevention organizations.
- Reduce stigmatizing practices and behaviors among providers and staff at HIV care, treatment, and prevention organizations to improve outcomes.

Refer also to the Program requirements and expectations.

Overview

HHS and its agencies are committed to identifying and addressing the challenges that keep people from using available HIV care, treatment, and prevention services. Among these challenges are HIV-related stigma, which CDC defines as “negative attitudes and beliefs about people with HIV…prejudice that comes with …being part of a group that is believed to be socially unacceptable”.[1],[2] HHS is working to address stigma through its programs and initiatives, including within the EHE and the National HIV/AIDS Strategy (NHAS). The time is ripe for leveraging a focused and coordinated HHS response that builds on the latest scientific evidence for stigma measurement,[3] anti-stigma and discrimination interventions to improve HIV outcomes,[4],[5] and implementation science approaches[6] to move these into practice.

Stigma and discrimination can negatively affect the health and well-being of people with HIV. Stigma has been documented as a factor that results in reduced awareness of HIV status, access to antiretroviral therapy (ART), adherence to ART for reaching durable viral suppression, and engagement in care. Stigma can also negatively affect disproportionately affected populations by resulting in suboptimal HIV testing, access, and uptake of HIV prevention services (e.g., Pre-Exposure Prophylaxis or PrEP), and adoption of prevention strategies.

An HHS-focused and coordinated effort to address stigma is a fundamental part of an "all of government and all of society strategy to end HIV in the U.S."[7] In response and in collaboration with NIH and CDC, HRSA will award one organization to serve as the Implementation, Capacity, and Evaluation Provider to deliver national anti-stigma training to care, treatment, and prevention organizations (including RWHAP and EHE recipients and subrecipients). The recipient will fund approximately 20 demonstration sites to implement anti-stigma interventions and conduct a multi-site evaluation using an implementation science approach. The recipient will also provide TA to sites and disseminate user-friendly replication products.

Key Definitions

For the purposes of this project, the following definitions will be used:

- **Stigma**:[8] Stigma is a social phenomenon that involves negative attitudes (prejudices) or beliefs (stereotypes) about others typically, but not always, based on defining characteristics. Stigma and the process of stigmatization consists of identifying and labeling a "difference," linking a labeled person to undesirable characteristics, and separating "them" from "us."
- **HIV care services**: All HIV primary medical care, medications, and essential support services allowed through the RWHAP.[9]
- **Pre-Exposure Prophylaxis (PrEP):** Medicine (pills or shots) that reduces your chance of getting HIV. See also Preventing HIV with PrEP.
- **Post-Exposure Prophylaxis (PEP):** Medicine that prevents HIV after a possible exposure. See also Preventing HIV with PEP.
- **Implementation science** is the study of methods to promote or improve the systematic uptake of effective intervention strategies by public health practice, program, and policy. Intervention strategies may occur at the system, community, organization, and individual levels. At HRSA HAB, successful intervention strategies positively impact health and quality of life for people with HIV. One specific model chosen to guide this project is the Stigma Reduction Logic Model.
- **Intervention strategies:** HRSA HAB categorizes interventions into three levels based on evidence of demonstrated effectiveness. The three levels are collectively known as "intervention strategies" and include:

  - **Evidence-based interventions:** Interventions that are demonstrated to effectively improve health and/or quality of life, based on published research. These interventions meet the CDC criteria for being evidence-based.
  - **Evidence-informed interventions:** Interventions that are demonstrated to effectively show promise, based on published research. Evidence-informed interventions may demonstrate impact and strength of evidence without meeting CDC methodological criteria for being evidence-based.
  - **Emerging interventions:** Innovative practices that have not yet been published or do not have extensive evaluation data but have effectively improved health and/or quality of life.
- **Implementation strategies:** Methods or techniques used to enhance the adoption or uptake of interventions in specific settings.
- **Culturally responsive care:** Services that are culturally grounded, attuned, and sensitive to the unique needs of each client and their cultural background. See: Cultural Competence in Health and Human Services.
- **Integrated care:** Clinicians' careful coordination of HIV primary care, mental health care, and supportive services. Clinicians work together systematically and use a multidisciplinary approach to ensure clients receive one consistent message about care and treatment and are included in the treatment planning processes. See the Substance Abuse and Mental Health Services Administration's 2023-2026 Strategic Plan.
- **Out of care or experiencing barriers to retention in care:**
  - Newly diagnosed within the past 12 months, or
  - Diagnosed with HIV (more than six months ago) but not fully 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 (see HAB performance measure).
  - Being at risk of disconnecting from care by missing their last appointment in the last six months, leaving incarceration, or having another high-risk factor.
  - Not being virally suppressed—defined as having a viral load of 200 copies/mL or more—at the time of enrollment (see HAB performance measure).

Program requirements and expectations

To achieve the objectives stated in the purpose section, you are encouraged to propose innovative strategies through key partnerships and collaborations to address the following:

Anti-stigma training

As the recipient, you will deliver national, anti-stigma trainings in English and Spanish to HIV care, treatment, and prevention organizations (including organizations that provide RWHAP and EHE services). You will:

- Tailor relevant components of existing anti-stigma trainings to develop the training curriculum.
- Collaborate with individuals from organizations that could receive the training to finalize the content and select appropriate training locations and training dates. Training provided under this cooperative agreement must use or enhance existing curricula whenever possible. You should consider jurisdictional HIV data when determining regional training locations to ensure trainings are offered in service areas where there is maximum potential to increase the participation of people who have yet to be successfully maintained in HIV care and those who experience higher rates of HIV in the U.S.
- Develop a training recruitment, outreach, and marketing plan that will ensure diverse representation among the organizations that serve people who have yet to be successfully maintained in HIV care and those who experience higher rates of HIV in the U.S. (*e.g.*, geographic, facility type, urban/rural, provider type, model of care, population(s) served, etc.).
- Select organizations that will participate in the anti-stigma trainings. You will need to prioritize participant selection from EHE jurisdictions, when possible. HRSA expects at least one training will be conducted during the first project year.
- Recruit, select, and train individuals who will serve as training facilitators. Consider training facilitator recruitment factors such as lived experience with and representation from priority populations.
- Provide logistical support, as needed, for people with lived experience who need special financial considerations to attend in-person trainings (e.g., people who may not have credit cards to use for up-front costs of attending in-person trainings).

Anti-stigma interventions

You will identify appropriate anti-stigma interventions that will be adapted and implemented by demonstration sites. Interventions will be community-centered and take a whole person comprehensive care approach to address social, structural, and organizational causes of stigma. Any interventions selected for this project must be evidence-informed, as defined in this NOFO. Successful applicants will describe a plan that includes, within the first six months of the project start date:

- Research and identify relevant evidence-informed anti-stigma interventions. In addition to scanning existing interventions, you should consult subject matter experts, including people with lived experience.
- Develop and follow an intervention selection protocol. At minimum, the selection criteria must consider appropriateness for addressing stigma experienced by people who are out of care. You should prioritize interventions that are theory-based[10] and appropriate for implementation within the U.S. and those that demonstrate successful integration of service delivery and research.
- Create an intervention inventory of resources to support implementation of the selected intervention(s).
- Adapt the selected intervention(s), as necessary for use by the demonstration sites.
- Conduct a cost analysis of the selected intervention(s) to include the labor and programmatic costs incurred by each demonstration site. This information will be used to inform feasibility for future replication in other health care, treatment, and prevention settings.
- Throughout the entire period of performance, we expect you to promote integration and sustainability of key elements of the strategies that are effective in improving anti-stigma practices and or/lead to improved outcomes for people who have yet to be successfully maintained in HIV care and those who experience higher rates of HIV in the U.S.

Demonstration site support

If awarded, you are expected to fund approximately 20 demonstration sites (as subrecipients) to implement the anti-stigma interventions described above. Specifically, you will:

- Develop and implement a process to request competitive proposals.
- Select and award demonstration sites, ensuring diverse representation (*i.e.*, geographic, facility type, urban/rural, provider type, model of care, population(s) served, etc.). You will also ensure the selected sites have the organizational capacity and ability to feasibly adapt and implement the selected anti-stigma intervention(s).
- Conduct all fiscal, administrative, and programmatic monitoring to ensure sites remain on track with implementation and evaluation activities, and ensure sites remain compliant with federal regulations and program expectations.
- Develop and implement a site visit protocol to guide the content and focus of annual site visits to demonstration sites. At minimum, site visit areas of focus should include fiscal, administrative, evaluation, and programmatic.

- Monitor the demonstration sites (*e.g.*, through site visits, etc.) to ensure fidelity to the core elements of the anti-stigma intervention(s), including the core elements of the selected intervention(s). Monitoring through site visits also serves as an opportunity to collect and document thorough information on intervention adaptations and implementation strategies, as well as barriers and facilitators to implementation.
- Assess the TA and training needs of sites and deliver TA and trainings that are tailored to the selected intervention(s) and the sites' needs and ensures fidelity to the core elements of the intervention(s). You will develop a system for tracking and reporting key TA elements.
- Ensure sites maintain the capacity to implement core elements of the selected intervention(s). Additionally, if/when there is turnover of project staff within the demonstration site, you will ensure a process is in place to train new staff on implementing the selected intervention(s).
- Plan, coordinate logistics, host, and deliver convenings for the demonstration sites. The purpose of these peer-focused meetings is to foster knowledge sharing, learning, and innovation across the project. Each year, at least one multi-day convening should be held in person in the Washington, DC metropolitan area. At least two representatives from each demonstration site will be expected to participate in the multi-site convenings.
- Assist sites with developing sustainability plans, including budget projections for continued program integration and ongoing activities after the funding period ends. You will also work with the sites to identify risks to sustainability and mitigation strategies to address the risks if they occur.

Evaluation

You will assess components of the national, anti-stigma training. You will also conduct a multi-site evaluation for the cohort of demonstration sites. The evaluation will assess implementation and effectiveness outcomes. The evaluation plan will be grounded in a validated implementation science framework and the Stigma Reduction Logic Model. You will:

Anti-stigma training evaluation

- Evaluate the training to identify efficacy in reducing barriers and stigma facilitators within multiple (*e.g.*, social/structural, organizational, and individual) domains.
- Evaluate participant comprehension, skill acquisition, behavior changes, and motivational intent to apply the training content in their professional capacity. You should include any existing tools you will use to evaluate the training.

Multi-site evaluation

- Receive appropriate ethics approval for conducting your evaluation.
- Include in-depth, validated qualitative and quantitative components in your evaluation that are site-specific.
- Include implementation, service, and client outcomes as well as program outputs in your evaluation plan.
- Demonstrate the replicability, sustainability, and uptake of the selected anti-stigma intervention(s).
- Conduct an evaluation that supports a better understanding of:
    - How stigma and discrimination affect the realities of people who have yet to be successfully maintained in HIV care and those who experience higher rates of HIV. You should also evaluate how anti-stigma intervention improve their health outcomes.
    - Adaptations to make anti-stigma interventions easier for uptake and effective in changing outcomes.
    - Barriers, facilitators, and costs associated with implementing anti-stigma interventions.
    - TA needed to help sites implement anti-stigma interventions.
- Electronically receive, securely store, and maintain de-identified client-level data collected and reported by demonstration sites. This includes establishing data sharing or business use agreements with the demonstration sites. You will coordinate efforts to assure the quality, completeness, privacy, and confidentiality of the data submitted, collected, and stored meets all applicable laws and regulations. You will also coordinate efforts of the demonstration sites to assure the privacy and confidentiality of participants' protected health information.
- Support all demonstration sites to develop, review, and refine site-specific logic models.
- Provide training and ongoing support to demonstration sites and conduct ongoing monitoring of data collection and data quality. You will also provide technical input, oversight, and support to sites to complete any required institutional review board (IRB), or other regulatory approvals needed to collect and report evaluation data to you.

Program-specific measures

- Capture client demographics, biomedical and behavioral health indicators, barriers and facilitators to implementation, indicators of stigma reduction, and other measures proposed in collaboration with federal partners. These data must be accurate and submitted on time.

- At minimum, your evaluation plan will assess the following program-specific measures:
  - Number and demographics of the national anti-stigma training participants (English and Spanish).
  - Knowledge and skill of the national anti-stigma training participants.
  - Extent to which training participants are prepared and committed to making individual- and organizational-level (if applicable) changes, post-training.
  - Demonstration site characteristics.
  - Barriers and facilitators to start-up, implementation, and sustainability of the interventions.
  - Type and degree of adaptation needed to implement the intervention(s) while maintaining fidelity.
  - Implementation costs for each intervention used.
  - Impacts of the intervention(s) by stigma domain (*i.e.*, individual, interpersonal, organizational, community, policy).
  - Impact of the intervention(s) on the intended population's enacted/perceived stigma and behaviors; mediators of stigma-related behavior, organization, and systems changes.
  - Sources of stigma.
  - Effects of stigma on participants and organizations involved in the project.

Communications and dissemination

As the funded recipient, you will develop and implement a communications and dissemination plan for the project. Specifically, you will:

- Identify and incorporate existing education and training materials, tools, clinical guidelines, and resources from federal agencies, national medical and professional associations, and partners.
- Form a publication and dissemination committee, consisting of recipient staff, federal staff (*i.e.*, HRSA, NIH, and CDC), and demonstration site representatives to generate study questions, topics for presentations and publications, concept sheets and analyses, and an overall dissemination plan for the project's products. Develop a communications and dissemination plan, to include:
  - A **dissemination work plan and timeline** for replication materials and evaluation findings. The timeline will include developing and disseminating materials throughout the period of performance and not just at the end of the project. The goal is to promote real-time learning and dissemination of best practices. The timeline should incorporate the time needed for federal and subject matter expert review.

  - An **outline of methods and processes** that will be used to create, review, promote, and distribute materials and strategies that advance replication of successful interventions from this project.
  - **Priority audiences,** which should include HIV care, treatment, and prevention providers; clinicians; RWHAP and EHE program leaders; and communities impacted by HIV. Other audiences could include administrative staff and policymakers.
  - **Plans to present with demonstration sites** at the National Ryan White Conference on HIV Care and Treatment Conferences (NRWC) and other NIH- and CDC-sponsored conferences. For the NRWC, each demonstration site will be responsible for including travel costs, ground transportation, per diem, and hotel accommodations within its own individual budget; you will not provide these travel costs for sites.

- Create user-friendly, multimedia dissemination materials that appeal to various audiences. These products will include practical guidance to support replication of the approaches implemented by the sites and may include manuscripts to describe the design and outcomes of the project. We also expect you to promote capacity-building for similar HIV care, treatment, and prevention organizations (not engaged in this project) that are interested in implementing the selected anti-stigma intervention(s).
- Disseminate reports, products, and implementation materials according to the plan, making sure materials are disseminated in real-time, throughout the project lifecycle, when feasible.
- Collaborate with HRSA to develop and maintain project-specific webpages on TargetHIV.org. Upon completion of the project, all dissemination products will be hosted on this website and linked through the HRSA RWHAP Best Practices Compilation. In addition to the public website, a secure, password-protected shared location (*e.g.*, SharePoint) for demonstration sites and recipient, HRSA, NIH, and CDC staff will be created and maintained during the project to host the project's working files.
- Collaborate with national and regional RWHAP AIDS Education and Training Centers (AETCs) and CDC-funded capacity and training programs to optimize the potential for replication of these comprehensive integrated HIV care interventions.

Community-centered activities

The recipient and demonstration sites will include collaborations with community members, people with lived experience, and any other partners (*e.g.*, people from the intended audiences) to increase the acceptability and feasibility of the trainings and intervention(s) and the relevance and usefulness of any products developed for this

program. Although each site's approach should be tailored for the specific needs of their communities or organizations, each approach should be developed with the goal of replicability in other organizations with similar needs.

In addition, you will recruit individuals with lived experience, service providers who will use the materials or support the anti-stigma activities, evaluators, researchers, and other stigma subject matter experts to guide and support the goals of your proposed project. These individuals will be involved at all stages of the project to include planning, implementation, and evaluation. The coalition should have some interaction with the project dissemination committee.

You are responsible for managing communications about the project with your partners and the demonstration sites (your subrecipients). All subrecipients must report to you (the award recipient) and are held to the same federal award requirements. You must ensure that any compensation for community involvement is consistent with PCN 16-02, RWHAP Services: Eligible Individuals and Allowable Use of Funds, the Supporting Community Engagement in the RWHAP Program Letter, and relevant federal regulations and public policy requirements.

Award information

Cooperative agreement terms

Our responsibilities

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

- Assisting you with the coordination of efforts to plan, develop, and implement the various phases of the project.
- Collaborating, reviewing, and providing feedback on the activities, documentation, procedures, measures, and tools established and implemented for accomplishing the goals of the cooperative agreement throughout the duration of the project. This includes reviewing and providing input on written documents, including information and materials to support the activities conducted through the cooperative agreement, prior to submission for publication or public circulation.
- Participating in the planning and development of project activities, including in-person or virtual meetings, during the period of performance.
- Participating, as appropriate, in conference calls, meetings, and TA sessions that are conducted during the period of performance.

- Facilitating the availability and expertise of other appropriate offices within HRSA, NIH, CDC, as well as other relevant federal agencies in the planning, development, and implementation of the project.
- Participate in the dissemination of project activities, products, findings, best practices, evaluation data, and other information developed as part of this project for the broader health care community. This includes dissemination of results (*e.g.*, formal or informal presentations to internal and external partners, presentations at national or regional conferences).
- Helping you circulate project findings, best practices, and lessons learned from the project.

Your responsibilities

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

- Completing activities proposed in this NOFO.
- Meeting with the HRSA project officer within three weeks after award, and on mutually agreed upon future dates, to review the current strategies and ensure the project and goals align with HRSA priorities for this activity.
- Providing ongoing, timely communication and collaboration with the HRSA project officer, to include reviewing your activities, work plans, procedures, budget items, contracts, and interagency agreements information and publications prior to circulation.
- Providing the HRSA project officer with the opportunity to review, provide input, and clear project products, as needed. This includes information and materials to support the activities conducted through the cooperative agreement, from the start as part of concept development and including the review of drafts and final products prior to submission for publication or public circulation.
- Obtaining appropriate public-use intellectual property rights in all existing training and other materials, which reserves for the government a royalty-free, non-exclusive, and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.
- Providing HRSA with a complete, updated, and accessible copy of all federally supported materials, including online content, prepared under this cooperative agreement in an electronic zip file format on an annual basis for the duration of the period of performance.
- Collaborating with HRSA and other partners as necessary to plan, execute, and evaluate the project activities.
- Developing and compiling project strategies and tools into replicable products (*e.g.*, workflows, protocols, toolkits, manuscripts, etc.) for dissemination and use by RWHAP and other HHS recipients and subrecipients.

- Disseminating the project's products through social media, federally-supported websites (*i.e.*, HRSA, NIH, and CDC), and various regional and national outlets including TargetHIV.org and the RWHAP Best Practices Compilation.
- Disseminating the project's accomplishments, results from project evaluation activities, and other pertinent information nationally.
- Integrating into the project any new priorities, and when appropriate, considerations from technical expert reports, meeting convenings, and other relevant sources during the period of performance.
- Assuring the appropriate review, approval, and renewal of all multi-site evaluation instruments and documents by an identified IRB.
- Coordinating and leading the logistics for at least one in-person national multi-site meetings with the demonstration sites in each of the four years of the project in the Washington, DC metropolitan area.
- Participating in NRWCs.
- Assisting HRSA with information dissemination to partners upon request.
- Establishing contacts relevant to the project's goals, such as with federal and non-federal partners and other HRSA, NIH, and CDC projects.
- Assuring all administrative, fiscal, data, and performance reports, as designated by HRSA, are completed, and submitted on time.
- Responding timely to requests made by HRSA for information related to project activities.

Funding policies and limitations

Policies

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.
  - 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 Section 3.1.4 of the Application Guide. You can also see 45 CFR part 75, or any superseding regulation, General Provisions for Selected Items of Cost.
- You cannot earn profit from the federal award. See 45 CFR 75.400(g).
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2025, the salary rate limitation is $225,700. This limitation may be updated.

Program-specific statutory or regulatory limitations

You cannot use funds under this notice for the following:

- Develop new stigma interventions;
- Charges that are billable to third party payers (*e.g.*, private health insurance, prepaid health plans, Medicaid, Medicare);
- To directly provide medical or support services (*e.g.*, HIV care, counseling, and testing) that supplant existing services;
- Cash payments to intended recipients of RWHAP services;
- Purchase or construction of new facilities or capital improvements to existing facilities;
- Purchase or improvement to land;
- Fundraising expenses or lobbying activities and expenses;
- Syringe Services Programs (SSPs) that have not received HRSA's prior approval or are not in compliance with HHS and HRSA policy. See https://www.aids.gov/federal-resources/policies/syringe-services-programs/;
- To develop materials designed to directly promote or encourage intravenous drug use or sexual activity;
- PrEP or PEP medications or related medical services. (Please note that RWHAP recipients and sub-recipient providers may provide prevention counseling and information to eligible clients' partners – see RWHAP and PrEP Program Letter, November 16, 2021); and/or
- International travel.

See Manage Your Grant for other information on costs and financial management.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To charge indirect costs you can select one of two methods:

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

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

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

Program income

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

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

You must have an active account with SAM.gov to apply. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to SAM.gov Entity Registration and select Get Started. From the same page, you can also select the Entity Registration Checklist to find out what you'll need to register.

When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations. You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with Grants.gov. You can see step-by-step instructions at the Grants.gov Quick Start Guide for Applicants.

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number HRSA-25-060.

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

More information on this NOFO's webinar will be posted at a later date to the related documents tab here.

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

The Webinar will be recorded.

Have questions? Go to Contacts and Support.

Step 3:
Prepare Your Application

In this step

Application contents and format

Applications include five main components. This section includes guidance on each.

Application page limit: 60 pages.

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

Make sure you include each of these:

Components	Submission format
Project abstract	Use the Project Abstract Summary form.
Project narrative	Use the Project Narrative Attachment form.
Budget narrative	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Attachments form.
Other required forms	Upload using each required form.

Required format

You must format your narratives and attachments using our required formats for fonts, size, color, format, and margins. See the formatting guidelines in Section 3.2 of the Application Guide.

Project abstract

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

Project narrative

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

Use the section headers and the order listed.

Introduction

See merit review criterion 1: Need

- Briefly describe the purpose of your project.
- Provide a clear and succinct description of your ability to successfully meet and carry out program requirements and expectations.
- Briefly summarize the following areas of your proposal:
  - Anti-stigma training evaluation plan;
  - Multi-site evaluation plan;
  - Cost analysis plan;
  - Your plan for supporting dissemination activities and replication; and
  - TA services that you will provide to the demonstration sites.

Need

See merit review criterion 1: Need

- Describe the problem you will address with your proposed activities.
- Describe how you'll assess the unique needs of the people who live in the communities your project will serve.
- Describe any unmet stigma training needs among HIV care, treatment, and prevention organizations.
- Tell us how you will select the specific locations where the project will be implemented and what needs will be addressed for those communities.
- Use and cite demographic data whenever possible.

Approach

See merit review criterion 2: Response

- Tell us how you'll address your stated needs and meet each of the program objectives, requirements, and expectations described in this NOFO. Include any innovative methods you will use to address the stated needs.
- Describe your plan to disseminate reports, products, or project outputs to partner audiences.

Anti-stigma training

- Share which components of existing anti-stigma trainings you plan to use to develop the training curriculum. What process will you take to select the most relevant components to include?

- Tell us how you will collaborate with individuals from organizations that could receive the training to finalize the content and select appropriate training locations and training dates.
- How will you determine regional training locations to ensure trainings are offered in service areas where there is maximum potential to increase the participation of people who have yet to be successfully maintained in HIV care and those who experience higher rates of HIV in the U.S.?
- Describe how you will recruit, select, and prioritize who will participate in the trainings.
- Tell us how you will recruit, select, and train individuals who will serve as training facilitators.
- Share your plan to provide logistical support, as needed, to people with lived experience who need special financial considerations to attend in-person trainings.

Anti-stigma interventions

- Tell us how you will develop and follow your intervention selection protocol and how you will prioritize those interventions that are appropriate for implementation within the U.S. and those that demonstrate successful integration of service delivery and research.
- How will you create an intervention inventory or resources to support implementation of the selected intervention(s)?
- Describe what you will do to adapt the selected intervention(s), as necessary for use by the demonstration sites.
- Share your plan to conduct a cost analysis of the selected intervention(s).

Demonstration site support

- Describe how you will develop and implement a process to request proposals and award successful applications.
- Describe how you identify and select subrecipients, making sure there is diverse representation among the subrecipients (geographic, facility type, urban/rural, provider type, model of care, population(s) served, etc.). How will you ensure sites have the organizational capacity and ability to adapt and implement the selected intervention(s)?
- How will you conduct all fiscal, administrative, and programmatic monitoring to ensure sites remain on track with implementation and evaluation activities, and ensure sites remain compliant with federal regulations and program expectations?
- Tell us how about the site visit protocol you plan to use to guide the content and focus of annual site visits to demonstration sites.

- What actions will you take to ensure fidelity to the core elements of the selected intervention(s)?
- Explain your plan to assess the TA and training needs of sites and deliver TA and trainings that are tailored to the selected intervention(s) and the sites' needs and ensure fidelity to the core elements of the selected intervention(s).
- Describe your plan to host and deliver all-site convenings for your project. Explain the purpose of each convening, who is expected to attend, and where the convening will occur (*i.e.*, in-person or virtual).
- Tell us your plan for assuring sites can maintain the capacity to implement the core elements of the selected intervention(s), and ensure a process is in place to train new staff on implementing the selected intervention(s).
- Describe how you will assist sites with developing sustainability plans, including budget projections for continued program integration and ongoing activities after the funding period ends. Include ways you will work with the sites to identify risks to sustainability and mitigation strategies to address the risks, if materialized.

Communications and dissemination

- Describe how you will identify and incorporate existing education and training materials, tools, clinical guidelines, and resources from federal agencies, national medical and professional associations, and partners.
- Tell us of your plan to form and lead a dissemination committee. Who will be invited? What will be their purpose, how often will they meet, and what will be key decisions they will make?
- Share your communications and dissemination plan to include the dissemination work plan and timeline, an outline of methods and processes you will use, priority audiences, and plans to present with demonstration sites.
- Explain steps you will take to create user-friendly, multimedia dissemination materials that appeal to various audiences.
- Tell us what you will do to disseminate reports, products, and implementation materials according to your plan, and make sure materials are disseminated in real-time, throughout the project lifecycle.
- How will you collaborate with HRSA to develop and maintain project-specific webpages on TargetHIV.org?
- Describe how you will collaborate with national and regional AETC and CDC-funded capacity and training programs to optimize the potential for replication of these anti-stigma interventions.

Community-centered activities

- Describe how you will ensure the demonstration sites will include collaborations with community members, people with lived experience, and any other partners.
- Tell us how you will recruit individuals with lived experience, service providers who will use the materials or support the anti-stigma activities, evaluators, researchers, and other stigma subject matter experts to guide and support the goals of your proposed project.
- Describe how these individuals will be involved at all stages of the project to include planning, implementation, and evaluation. How will this group interact with the dissemination committee?

High-level work plan

See merit review criteria 2: Response and 4: Impact

- Describe how you'll achieve each of this program's objectives during the period of performance.
- Describe how your project results will be national in scope and have potential for replication.
- Provide a timeline that includes each activity and identifies who is responsible for each.
- Identify how key partners will help plan, design, and carry out all activities, including the application.
- You will also include a more detailed work plan as **Attachment 1.** Your attached work plan should include objectives that are specific, measurable, attainable, relevant, and time-bound (SMART).

Please note that goals for the work plan are to be written for the entire proposed four-year period of performance, but objectives and action steps are required only for the goals set for year one. At a minimum, first-year objectives should describe key action steps or activities that you will undertake to:

- Conduct at least one anti-stigma training.
- Select the project's anti-stigma intervention(s).
- Identify and fund the demonstration sites.
- Identify TA and training needs for demonstration sites.
- Finalize the anti-stigma training evaluation plan and the multi-site evaluation plan, including establish quality control mechanisms, IRB plans, and HIPAA requirements.

You will also include this work plan in your attachments.

Resolving challenges

See merit review criterion 2: Response

- Discuss challenges you are likely to have with completing your work plan and evaluation activities.
- Explain approaches you'll use to resolve the challenges described above and actions you will take to mitigate risks to completing the project.

Performance reporting and evaluation

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

Framework. Tell us about the implementation science framework you have chosen for your project. Explain why you chose this framework.

Outcomes and indicators. Share which client demographics, biomedical and behavioral health indicators, barriers, and facilitators to access and retention in HIV medical care or prevention services, indicators of stigma reduction, and other measures proposed that you will evaluate.

Anti-stigma training evaluation.

- Explain how you will evaluate training barriers and facilitators within multiple (*e.g.*, social/structural, organizational, and individual) domains.
- How will you evaluate participant comprehension, efficacy, skill acquisition, behavior changes, and motivational intent to utilize training in their professional capacity?

Multi-site evaluation.

- What steps will you take to receive the appropriate ethics approval for conducting your evaluation?
- Tell us about the qualitative and quantitative components of your evaluation. Describe the expected outcomes (desired results) of the funded activities, to include implementation, service, and client outcomes and program outputs. Provide the evaluation questions, methods, data to be collected, and timeline for implementation.
- Describe how you will assess replicability and sustainability of the intervention(s).
- How will you evaluate if your project activities are creating a better understanding of the following:
    - How stigma and discrimination affect the realities of people who have yet to be successfully maintained in HIV care and those who experience higher rates of HIV; how anti-stigma intervention improve their health outcomes;

- Adaptations to make anti-stigma interventions easier for uptake and effective in changing outcomes;
- Barriers, facilitators, and costs associated with implementing anti-stigma interventions; and
- TA needed to help sites implement anti-stigma interventions?

- Describe how you will receive, securely store, and maintain de-identified client-level data collected and reported by demonstration sites. How will you support sites in establishing data sharing or business use agreements?
- Tell us how you will support all demonstration sites to develop, review, and refine their logic models.
- How will you provide training and ongoing evaluation support to demonstration sites, to include assistance with IRB and other approvals needed to collect and report evaluation data to you.

Program evaluation. The evaluation should examine processes and progress towards your project's goals, program objectives, and expected outcomes. Evaluations must follow the HHS Evaluation Policy, as well as the standards and best practices described in OMB Memorandum M-20-12. Describe your plan to evaluate the project. Include:

- The evaluation capacity of your organization and staff. Include experience, skills, and knowledge.
- How you will address and submit accurate and timely reports on the **program-specific measures** listed in this NOFO.
- How you will monitor and analyze performance data to support continuous quality improvement.
- How you will disseminate evaluation results, how you will assess whether your dissemination plan is effective, whether the results are national in scope, and the extent of potential replication.

See the reporting section for more information.

Sustainability

See merit review criterion 4: Impact

- Describe how you will promote integration and sustainability of the selected anti-stigma intervention(s) throughout the entire period of performance.
- Tell us what you will do to promote capacity-building for similar HIV care, treatment, and prevention organizations (not engaged in this project) who are interested in implementing the selected anti-stigma intervention(s).

Organizational information

See merit review criterion 5: Resources and capabilities

- Briefly describe your mission, structure, and the scope of your current activities. Explain how they support your ability to carry out the program requirements.
- Include a project organization chart that clearly shows how your organization is structured, as **Attachment 5**.
- Discuss how you will follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
- Describe the experience, skills, and knowledge of current project personnel and partners. Also, include documentation describing the roles and responsibilities of all parties and key organizations/people who will support your project in **Attachment 4**.
- Describe your organization's relationship with the HIV community and how people with HIV are meaningfully involved in informing your programs or services.
- Describe your organization's capacity, expertise, and past work with similar projects, to include work in the following areas:
    - Providing training on sensitive topics to HIV care, treatment, and prevention organizations.
    - Researching and selecting anti-stigma interventions.
    - Selecting, funding, and monitoring subrecipient awards.
    - Providing TA to HIV care, treatment, and prevention organizations.
    - Evaluating implementation science or other multi-site projects.
    - Developing and disseminating implementation products.
    - Collaborating with HIV partners, including people with lived experience.
    - Managing a federal award.
- Describe any other resources and infrastructure (*e.g.*, trainings, data collection and reporting systems, protocols, and tools) you will use to adopt your implementation science approach and adapt, implement, and evaluate interventions that address causes of stigma and discrimination among people who have yet to be successfully maintained in HIV care and those who experience higher rates of HIV in the U.S.
- Explain how you will manage communication with any partners and subrecipients.
- Include a staffing plan for proposed project staff and brief job descriptions to include the roles and responsibilities, and qualifications, including who will manage/oversee the various project activities, and include it as Attachment 2. See also Section 4.1. of HRSA's SF-424 Application Guide for additional information. Include short biographical sketches of key project staff as Attachment 3. See also

Section 4.1. of HRSA's SF-424 Application Guide for information on the content for the sketches.

Budget and budget narrative

See merit review criterion 6: Support requested

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

HHS now uses the definitions for equipment and 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. See other required forms. 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 and consistent with your project's purpose and activities.
- The restrictions on spending funds. See funding policies and limitations.
- Travel for up to two project staff to the NRWC.

To create your budget narrative, see detailed instructions in Section 3.1.5 of 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.

Attachment 1: Work plan

Attach the project's work plan. 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 full project's organizational structure.

Attachment 6: Tables & charts

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

Attachment 7: Indirect cost rate agreement

If applicable, include a copy of your most recent federally negotiated indirect cost rate agreement.

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.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.
Budget Narrative Attachment Form	With application
Project/Performance Site Location(s)	With application
Grants.gov Lobbying Form	With application
Key Contacts	With application

Step 4: Learn About Review and Award

In this step

Application review

Initial review

We will review your application to make sure that it meets eligibility criteria, including the completeness and responsiveness criteria. If your application does not meet these criteria, it will not be funded.

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

Merit review

A panel reviews all applications that pass the initial review. The members use these criteria.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	30 points
3. Performance reporting and evaluation	25 points
4. Impact	15 points
5. Resources and capabilities	15 points
6. Support requested	5 points

Criterion 1: Need (10 points)

See the project narrative Introduction and Need sections.

The panel will review your application for how well it:

- Describes the problem, its contributing factors, and ways the proposed project will address the problem.
- Describes the unmet stigma education needs among HIV care, treatment, and prevention providers.
- How reasonable and feasible the plan is to assess the unique needs of the people who live in the communities the project will serve.
- How reasonable the plans are to select specific locations where the project will be implemented and determine what needs will be addressed for those communities.

Criterion 2: Response (30 points)

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

The panel will review your application for:

Approach and High-level Work Plan (25 points)

- How well the applicant's proposed project includes innovative methods to address the stated needs.
- How well the activities described will address the stated needs and meet each of the program objectives, requirements, and expectations described in this NOFO.
- The strength of the proposed goals and objectives and how well they relate to the project.
- How strong the proposed outreach and collaboration strategies are to involve clients, families, and communities.
- How feasible and appropriate the plan is to distribute reports, products, or project outputs to partner audiences.
- How feasible, relevant, and/or strong the plans are to achieve each of the following program activities described in the Program Requirements and Expectations during the period of performance:
    - Anti-stigma training
    - Anti-stigma interventions
    - Demonstration site support
    - Communications and dissemination
    - Community-centered activities

Resolving Challenges (5 points)

- How well the approaches to resolve challenges and mitigate risks will lead to completing the project.

Criterion 3: Performance reporting and evaluation (25 points)

See the project narrative Performance reporting and evaluation section.

The panel will review your application for:

Evaluation (20 points)

- **Framework.** How appropriate the chosen implementation science framework is for the proposed project.
- **Outcomes and indicators.** How well the application describes the demographics, health indicators (biomedical, behavioral health, and stigma reduction) indicators, barriers, facilitators, and other measures the project will evaluate.
- **Anti-stigma training evaluation.**
  - How feasible are the plans to evaluate training barriers and facilitators within multiple (*e.g.*, social/structural, organizational, and individual) domains.
  - How reasonable and feasible the plans are to evaluate participant comprehension, efficacy, skill acquisition, behavior changes, and motivational intent to utilize training in their professional capacity.
- **Multi-site evaluation.**
  - How logical the steps are to receive the appropriate ethics approval for conducting the evaluation.
  - The strength of the proposed qualitative and quantitative components of the proposed evaluation. The degree to which the components have been validated.
  - How well the application describes the expected outcomes (desired results) of the funded activities and how relevant those outcomes are to the proposed activities.
  - How strong the evaluation questions, methods, and data are; and how feasible the timeline is for implementation.
  - How well the proposed evaluation will be able to assess replicability and sustainability of the proposed intervention(s).
  - How likely the evaluation plan will create a better understanding of how stigma and discrimination affect the realities of people who have yet to be successfully maintained in HIV care and those who experience higher rates of HIV; how anti-stigma intervention improve their health outcomes; adaptations to make anti-stigma interventions easier for uptake and effective in changing outcomes; barriers, facilitators, and costs associated with implementing anti-stigma interventions; and TA needed to help sites implement anti-stigma interventions.
  - How strong the plans are to support all demonstrations sites to develop, review, and refine their logic models.
  - How feasible the plans are to provide training and ongoing evaluation support to demonstration sites, to include assistance with IRB and other approvals needed to collect and report evaluation data.

- The strength of the proposed steps that will be taken to receive, securely store, and maintain de-identified client-level data collected and reported by demonstration sites. Also, the strength of the plans to support sites in establishing data sharing or business use agreements.

Performance measurement (5 points)

- How strong the method is to address and report on all required **program-specific measures** listed in this NOFO.
- How strong the method is to monitor and analyze performance data to support continuous quality improvement.
- How reasonable the plans are to disseminate evaluation results and how strong the plan is to assess the effectiveness of the dissemination plan.

Criterion 4: Impact (15 points)

See the project narrative High-level work plan and Sustainability sections.

The panel will review your application for:

- How effective the proposed project is likely to be given the proposed timeline.
- How well the proposed work plan is specific and relevant, and how likely it is measurable and attainable in the timelines listed.
- How effective and reasonable the proposed plans are for conducting all project activities to include:
  - Conduct at least one anti-stigma training.
  - Select the project's anti-stigma intervention(s).
  - Identify and fund the demonstration sites.
  - Identify TA and training needs for demonstration sites.
  - Finalize the anti-stigma training evaluation plan and multi-site evaluation plan, including establish quality control mechanisms, IRB plans, and HIPAA requirements.
- How strong of a public health impact the proposed project is likely to have.
- The potential for the project results to be national in scope.
- The potential of project activities being replicable.
- How strong are the plans for promoting integration and sustainability of effective anti-stigma intervention(s) throughout the period of performance?
- How feasible the recommendations are to continue capacity-building within similar HIV care, treatment, and prevention organizations (not engaged in this project).

Criterion 5: Resources and capabilities (15 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:

- The proposed project is a good match with the organization's mission, structure, and scope of current activities.
- The organization has a favorable relationship with the HIV community and clearly demonstrates how they meaningfully involve people with HIV in informing the organization's programs or services.
- Staff have the training or experience to carry out the project.
- The staffing plan **(Attachment 2),** staff experience **(Attachment 3),** and contribution from partners **(Attachment 4)** demonstrates the needed expertise and is consistent with the proposed project activities.
- Collaborative efforts with other organizations/people willing to support the project will enhance the proposed project, and such partnerships are relevant as described.
- The applicant organization has adequate capacity and experience with similar projects to implement the project and achieve outcomes, including:
    - Providing training on sensitive topics to HIV care, treatment, and prevention organizations.
    - Researching and selecting anti-stigma interventions.
    - Selecting, funding, and monitoring subrecipient awards.
    - Providing TA to HIV care, treatment, and prevention organizations.
    - Evaluating implementation science or other multi-site projects.
    - Developing and disseminating implementation products, guides, etc.
    - Collaborating with HIV partners, including people with lived experience.
    - Managing a federal award.
- The applicant organization has sufficient resources to adopt the selected implementation science approach and adapt, implement, and evaluate interventions that address causes of stigma and discrimination among people who have yet to be successfully maintained in HIV care and those who experience higher rates of HIV in the U.S.
- The applicant organization has adequate facilities and systems to fulfill the needs of the proposed project, to include those that will help the organization effectively:

- Follow the approved project plan, account for federal funds, and record all costs to avoid audit findings.
- Manage communication with any partners and subrecipients.
- Collect, store, maintain, and report required project data accurately and on time.
- Manage and securely store data to assure quality, completeness, and confidentiality of data.

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 the period of performance.
- Whether costs, as outlined in the budget and required resources sections, are reasonable and align with the project's scope.
- Whether key staff have adequate time devoted to the project to achieve project objectives.
- The extent to which the budget narrative fully explains each line item and justifies the resources requested, including proposed staff.

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 45 CFR 75.205.

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 the diversity of project types and geographic distribution.

We may:

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

Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See Section 4 of the Application Guide for more information.

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

Step 5: Submit Your Application

In this step

Application submission and deadlines

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

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

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

Deadlines

Application

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

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

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.

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.

Application checklist

Make sure that you have everything you need to apply:

Component	How to upload	Included in page limit*?
☐ Project abstract	Use the Project Abstract Summary Form.	No
☐ Project narrative	Use the Project Narrative Attachment form.	Yes
☐ Budget narrative	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in the Attachments Form in this order.	
☐ 1. Work plan		Yes
☐ 2. Staffing plan and job descriptions		Yes
☐ 3. Biographical sketches		No
☐ 4. Agreements with other entities		Yes
☐ 5. Project organizational chart		Yes
☐ 6. Tables and charts		Yes
☐ 7. Indirect cost rate agreement		No
☐ 8. Other relevant document		Yes
☐ 9. Other relevant document		Yes
☐ 10. Other relevant document		Yes
☐ 11. Other relevant document		Yes
☐ 12. Other relevant document		Yes
☐ 13. Other relevant document		Yes
☐ 14. Other relevant document		Yes
☐ 15. Other relevant document		Yes
Other required forms*	Upload using each required form.	

Component	How to upload	Included in page limit*?
☐ Application for Federal Assistance (SF-424)		No
☐ Budget Information for Non-Construction Programs (SF-424A)		No
☐ Disclosure of Lobbying Activities (SF-LLL), optional		No
☐ Project/Performance Site Location(s)		No
☐ Grants.gov Lobbying Form		No
☐ Key Contacts		No

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

Step 6: Learn What Happens After Award

In this step

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 NOA. We incorporate this NOFO by reference.
- The regulations at 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, and any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
  - 2 CFR 200.1, Definitions, Modified Total Direct Cost.
  - 2 CFR 200.1, Definitions, Equipment.
  - 2 CFR 200.1, Definitions, Supply.
  - 2 CFR 200.313(e), Equipment, Disposition.
  - 2 CFR 200.314(a), Supplies.
  - 2 CFR 200.320, Methods of procurement to be followed.
  - 2 CFR 200.333, Fixed amount subawards.
  - 2 CFR 200.344, Closeout.
  - 2 CFR 200.414(f), Indirect (F&A) costs.
  - 2 CFR 200.501, Audit requirements.
- The HHS Grants Policy Statement (GPS). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.
- The requirements for performance management in 2 CFR 200.301.
- All research that was commenced or ongoing on or after December 13, 2016, and is within the scope of subsection 301(d) of the Public Health Service Act is deemed to be issued a Certificate of Confidentiality (Certificate) and awardees are therefore required to protect the privacy of individuals who are subjects of such research. As of March 31, 2022, HRSA will no longer issue Certificates as separate documents. More information about HRSA's policy about Certificates can be found via this link to HRSA's website.

Non-discrimination legal requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the Laws and Regulations Enforced by the HHS Office for Civil Rights.

Contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive order on worker organizing and empowerment

Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages worker organizing and collective bargaining and promotes equality of bargaining power between employers and employees.

You can support these goals by developing policies and practices that you could use to promote worker power.

Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan based on the NIST Cybersecurity Framework. Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

Protect:

- Limit access to only those who need it for award activities.

- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): Knowledge on Demand (hhs.gov).
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. See Incident-Response-Plan-Basics_508c.pdf (cisa.gov) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
  - Any unplanned interruption or reduction of quality, or
  - An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Reporting

If you are funded, you will have to follow the reporting requirements in Section 4 of the Application Guide. The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress reports each year
- Annual performance reports through Electronic Handbooks.
- You will submit a final report after the project ends.

Contacts and Support

In this step

Agency contacts

Program and eligibility

LaQuanta Smalley, MPH, BSN, RN
Senior Public Health Analyst

Attn: HRSA-25-060
HIV/AIDS Bureau
Health Resources and Services Administration
Email your questions to: SPNS@hrsa.gov (preferred contact method)
Please include the announcement number in the subject line of all emails.
Call: (301) 443-0995

Financial and budget

Beverly Smith
Grants Management Specialist

Division of Grants Management Operations, OFAAM
Health Resources and Services Administration
Email your questions to: bsmith@hrsa.gov (preferred contact method)
Call: (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

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

- HRSA Grants page
- HHS Tips for Preparing Grant Proposals
- HRSA's How to Prepare Your Application page
- HRSA Application Guide

Endnotes

1. CDC, 2022 ↑
2. Tran et al., 2019 ↑
3. Karver et al., 2022 ↑
4. Stangl et al., 2023 ↑
5. Kutner et al., 2023 ↑
6. Rodriguez et al., 2022 ↑
7. Gaist et al., 2022 ↑
8. https://www.nimh.nih.gov/about/organization/dar/stigma-and-discrimination-research-toolkit ↑
9. Refer to *Policy Clarification Notice #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds.* ↑
10. Kutner et al., 2023 ↑