HRSA
Health Resources & Services Administration

HIV/AIDS Bureau (HAB)

Division of State HIV/AIDS Programs (DSHAP)

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

Opportunity number: HRSA-25-048

Modified on 1/24/25: 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 State HIV/AIDS Programs (DSHAP)

Summary

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2025 Ryan White HIV/AIDS Program Part B States/Territories Supplemental Grant Program. The purpose of this program is to supplement formula-based funding provided through the HIV Care Grant Program – RWHAP Part B States/Territories Formula and AIDS Drug Assistance Program (ADAP) Formula and ADAP Supplemental Awards Notice of Funding Opportunity (HRSA-22-033).

Funding detail

Application Types: Limited Competition, New, Competing Continuation

Expected total available funding in FY 2025: $48,000,000

Expected number and type of awards: Up to 30 grants

Funding range per award: Up to $9,000,000 per year

We plan to fund awards in one 12-month budget period for a total of one year – September 30, 2025, to September 29, 2026.

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

Key facts

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

Opportunity number: HRSA-25-048

Announcement version: Modification #1

Federal assistance listing: 93.917

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

Key dates

NOFO issue date: January 14, 2025

Informational webinar: See Webinar Section

Application deadline: March 18, 2025

Expected award date is by: September 30, 2025

Expected start date: September 30, 2025

See other submissions for other time frames that may apply to this NOFO.

Eligibility

Who can apply

Types of eligible organizations

These types of domestic* organizations may apply:

- State governments, including the District of Columbia, domestic territories, and the Freely Associated States unless any such state/territory had an unobligated balance (UOB) of more than five (5) percent of a prior year's formula funds.

* "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, or 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.

Program description

Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) Part B States/Territories Supplemental Grant Program, which includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Republic of Palau, and the Federated States of Micronesia. The purpose of this program is to supplement formula-based funding provided through the HIV Care Grant Program – RWHAP Part B States/Territories Formula and AIDS Drug Assistance Program (ADAP) Formula and ADAP Supplemental Awards Notice of Funding Opportunity (HRSA-22-033).

States/territories use RWHAP Part B Supplemental Grant Program funding in conjunction with RWHAP Part B HIV Care Grant Program funding to develop and/or enhance access to a comprehensive continuum of high-quality care and treatment services for low-income people with HIV. To obtain funding, states/territories must demonstrate that RWHAP Part B supplemental funding is necessary to provide comprehensive HIV care and treatment services for people with HIV in the state/territory. Proposed activities should include the provision of core medical and/or support services, as defined in HAB Policy Clarification Notice (PCN) 16-02: RWHAP Services: Eligible Individuals and Allowable Uses of Funds, and other activities to ensure responsiveness to unmet needs. States/territories must describe how proposed activities will address unmet needs and improve client-level health outcomes across the HIV care continuum, including viral suppression.

Eligible RWHAP Part B states/territories that are focus areas, or have counties that are focus areas, for the Ending the HIV Epidemic in the U.S. (EHE) initiative should consider if there is a demonstrated need for RWHAP Part B supplemental funding due to the EHE initiative efforts using criteria below.

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

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

- Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area.

- The impact of co-morbid factors, including co-occurring conditions, determined relevant by the Secretary.

- The prevalence of homelessness.

- The prevalence of individuals who were released from federal, state, or local prisons during the preceding three (3) years and had HIV/AIDS on the date of their release.

- The relevant factors that limit access to health care, including geographic variation, adequacy of health insurance coverage, and language barriers.

- The impact of a decline in the amount of RWHAP Part B funding received on services available to all individuals with HIV/AIDS identified and eligible under this title.

Pursuant to section 2620(c) of the PHS Act, the Secretary prioritizes funds to states/ territories to address the reduction or disruption of services related to a decline in the amount of formula funding. Such a decline in funding is determined by comparing the amount of formula funding received in the current fiscal year (FY) to the amount received in FY 2006.

If you are a state/territory with current or potential shortfalls in AIDS Drug Assistance Program (ADAP) resources, we strongly encourage you to prioritize use of RWHAP Part B supplemental funds to augment ADAP resources.

Background

The RWHAP Part B States/Territories Supplemental Grant Program is authorized by 42 U.S.C. § 300ff-29a (Title XXVI, § 2620 of the Public Health Service Act).

The Ryan White HIV/AIDS Program

The HRSA RWHAP provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among priority populations.

The RWHAP has five statutorily defined Parts (Parts A, B, C, D, and F) that provide funding for core medical, support services, and medications; technical assistance (TA); clinical training; and the development of innovative interventions and strategies for HIV care and treatment to respond to emerging needs of RWHAP clients.

An important framework in the RWHAP is the HIV care continuum, which is comprised of the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication to achieve viral suppression. Supporting people with HIV to reach viral suppression not only increases their own quality of life and lifespan – it also prevents sexual transmission to an HIV-negative partner.

The HIV care continuum framework allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are required to assess the outcomes of their programs and should work with their community and public health partners to improve outcomes across the HIV care continuum. We encourage recipients to use the performance measures developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

Strategic frameworks and national objectives

To address health challenges faced by low-income people with HIV, using national objectives and strategic frameworks is crucial. These frameworks include:

- Healthy People 2030
- National HIV/AIDS Strategy (NHAS) (2022–2025)
- Sexually Transmitted Infections National Strategic Plan for the United States (2021–2025)
- Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025)

These strategies offer guidance on the main principles, priorities, and steps for our national health response. They serve as a blueprint for collective action.

Expanding the effort: Ending the HIV Epidemic in the United States

There have been significant accomplishments:

- From 2018 to 2022, HIV viral suppression among Ryan White program patients improved from 87.1% to 89.6%. For more, see the 2022 Ryan White Services Report.
- Racial, ethnic, age-based, and regional disparities in viral suppression rates have been significantly reduced. For more, see the Annual Client-Level Data Report 2022.
- The Ending the HIV Epidemic in the U.S (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. 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.

Using data effectively: integrated data sharing and use

HRSA and CDC promote integrated data sharing and use for program planning, quality improvement, and public health action.

We encourage you to:

- Follow the [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs](#).
- Create data-sharing agreements between surveillance and HIV programs.
- Progress towards NHAS goals through integrated data sharing, analysis, and use of HIV data by health departments.
- Complete CD4, viral load, and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems. CDC mandates the reporting of all such data to the National HIV Surveillance System (NHSS).
- Use HRSA's interactive [RWHAP Compass Dashboard](#) to visualize reach, impact, and outcomes of the Ryan White program and to inform planning and decision making. The dashboard gives you a look at national, state, and metro area data and displays client demographics, services, outcomes, and viral suppression. It also includes data about clients using the AIDS Drug Assistance Program (ADAP).
- Develop data-sharing strategies with others to reduce administrative burden.
- Use electronic data sources to verify client eligibility when you can. See [HAB PCN 21-02, Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program](#).

Program resources and innovative models

HRSA offers multiple projects and resources to help you. A full list of resources is available on [TargetHIV](#). We urge you to learn about them and use them in your project.

Award information

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.

- Award amounts are subject to demonstrated need and the availability of funds. Total cost includes both direct and indirect costs per year.

- HAB will base the amount of each award on your ability to demonstrate the need for funding using quantifiable data in one or more of the following areas:

    1. The unmet need for such services, as determined under section 2617(b) of the PHS Act.

    2. An increasing need for HIV/AIDS-related services, including relative rates of increase in the number of cases of HIV/AIDS.

    3. The relative rates of increase in the number of cases of HIV/AIDS within new or emerging subpopulations.

    4. The current prevalence of HIV/AIDS.

    5. Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area.

    6. The impact of co-morbid factors, including co-occurring conditions, determined relevant by the Secretary.

    7. The prevalence of homelessness.

    8. The prevalence of individuals who were released from federal, state, or local prisons during the preceding three (3) years and had HIV/AIDS on the date of their release.

    9. The relevant factors that limit access to health care, including geographic variation, adequacy of health insurance coverage, and language barriers.

    10. The impact of a decline in the amount of RWHAP Part B funding received on services available to all individuals with HIV/AIDS identified and eligible under this title.

- Pursuant to section 2620(c) of the PHS Act, the Secretary prioritizes funds to states/territories to address the reduction or disruption of services related to a decline in the amount of formula funding. Such a decline in funding is determined by comparing the amount of formula funding received in the current fiscal year (FY) to the amount received in FY 2006.

- If you are a state/territory with current or potential shortfalls in ADAP resources, we strongly encourage you to prioritize use of RWHAP Part B supplemental funds to augment ADAP resources when the following conditions exist:

    1. Existing or anticipated ADAP waiting list,

    2. Capped enrollment,

    3. Reductions in ADAP formulary,

    4. Reduction in the percentage of federal poverty level (FPL) eligibility requirement, and/or

    5. Other ADAP restrictions within the state/territory.

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

- As outlined under applicable statute, regulation, or policy, you cannot use funds under this notice for the following purposes:

    - Payment for any item or service to the extent that payment has been made (or reasonably can be expected to be made), with respect to that item or service, under any state compensation program, insurance policy, federal or state benefits program, or any entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Service).

    - Cash payment to intended recipients of RWHAP services.

    - International travel.

    - Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).

    - Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy.

    - Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

- ◦ Pre-Exposure Prophylaxis (PrEP) medications and related medical services or Post-Exposure Prophylaxis (PEP), as the person using PrEP or PEP is not diagnosed with HIV and therefore not eligible for RWHAP funded medication.

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

Indirect costs

Indirect costs are costs incurred 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.

Indirect costs are determined using 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 because of your award-supported project activities. Find more about program income at 45 CFR 75.307. Rebates generated because of awarded funds must be used for the statutorily permitted purposes under the RWHAP Part B with a priority for ADAP.

Per 45 CFR § 75.305(b)(5), to the extent available, you must disburse funds available from program income and rebates before requesting grant funds. Please see HAB PCN 15-03: Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income and HAB PCN 15-04: Utilization and Reporting of Pharmaceutical Rebates for more information.

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 click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will 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-25-048.

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.

Join the webinar

More information on HRSA-25-048'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.

We will record the webinar. Visit the HRSA's open opportunities website to learn more about the resources available for this funding opportunity.

Have questions? Go to Contacts and Support.

Step 3:
Prepare Your Application

In this step

Application contents and format

Applications include 5 main components. This section includes guidance on each.

Application page limit: 60-pages for the overall application.

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.

Additionally in this same section, provide a brief paragraph addressing the information below:

- Why RWHAP Part B supplemental funding is necessary to ensure a comprehensive system of HIV care and treatment for people with HIV in your state/territory;
- How this supplemental funding will improve viral suppression and achieve positive client-level health outcomes across the HIV care continuum; and

- Describe the severity of the HIV epidemic in the state/territory, using quantifiable data on:
  - Epidemiology
  - Co-morbidities
  - Cost of care
  - Service needs of emerging populations
  - Unmet need for core medical services (as defined by [HAB PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Use of Funds](#)) and unique service delivery challenges

Project narrative

In this section, you will describe all aspects of your project. Project activities must comply with the [nondiscrimination requirements](#).

Use the section headers and the order listed.

Introduction

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

This introduction section should briefly describe how you will utilize RWHAP Part B supplemental funding in support of a comprehensive system of high-quality care and treatment for people with HIV.

- Provide an epidemiological data snapshot, no more than four (4) pages in length, describing the current prevalence of HIV/AIDS in your state/territory using data tables or figures as **Attachment 6**.
- Describe how the comprehensive system of care and treatment will improve outcomes across the HIV care continuum.

Need

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

- **Need for HIV-Related Services, Including Augmenting ADAP Services –**
  - Funds may be requested to address such issues as:
    - Unmet need,
    - An increased need due to an increase in relative rates or prevalence of HIV cases, or
    - A decline in available funding for HIV services, including ADAP.
  - If using funds to augment ADAP services, you must include information related to the following, if the condition exists:

▪ Existing or anticipated ADAP waiting list, or

▪ Other cost containment measures (e.g., capped enrollment, reduction of ADAP formulary, reduction in percentage of federal poverty level (FPL) eligibility requirement, etc.)

◦ If requesting funds for this area provide a narrative describing how funds will be used to address each factor that has been identified as contributing to the need.

• **Assessment of New or Emerging Populations with Special Needs**

◦ If requesting funding to address needs identified for new or emerging populations with limited access to existing HIV care and services, select no more than six (6) populations and address the following and explain how funds will be used to meet the need:

▪ Unique challenges for each population related to the service delivery system;

▪ Service gaps by population;

▪ Estimated costs of care associated with delivering service by population; and

▪ Current HIV viral suppression by population.

• **Impact of Co-Morbidities and Other Factors on the Cost and Complexity of Providing Care**

◦ If requesting funding to address the impact of co-morbidities and other factors on the cost and complexity of providing care, you must include a table as **Attachment 4** that provides quantitative evidence, including data sources, directly addressing the impact. You only need to include in the table information for co-morbidities and other factors for which you are applying for funding. Where applicable, include the following information in the table:

▪ Rates of sexually transmitted infections (STIs), including syphilis.

▪ Rates of hepatitis and tuberculosis.

▪ Rates of substance use and mental health disorders.

▪ Estimated number of people who are homeless.

▪ Estimated number of people with HIV who were released from federal, state, or local correctional facilities (i.e., prisons and jails) during the preceding three (3) years.

▪ The number and percent of people without insurance coverage (including those without Medicaid).

- The number and percent of people with HIV living at or below 138 percent and 400% of the 2025 FPL (see INSERT link). Also include information about your FPL requirements for RWHAP eligibility.

  ◦ An accompanying narrative is required explaining the data provided in the table and data source (i.e., program and surveillance) information must be included.

- **Access to Health Care**

  ◦ Funds may be used to improve access to HIV health care in your state/territory, including, but not limited to:

    - Geographic variation,

    - Deficiencies of health insurance coverage, or

    - Language barriers, etc.

  ◦ You should include a narrative discussing the factors impacting access to care, and how requested funds will be used to address each factor.

Approach

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

- Describe how you will implement the following actions to address demonstrated need(s):

  ◦ Use programmatic and fiscal forecasting tools to meet projected service needs;

  ◦ Develop new, maintain existing, streamline, and/or diversify service delivery models, service contracts, strategic partnerships, and/or collaborations;

  ◦ Sustain the project when funding ends; and

  ◦ Provide opportunities for involvement of clients, families, and communities with and affected by HIV, as appropriate.

High-level work plan

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

- In a narrative format –

  ◦ Describe how funded services will:

    - Promote access to high-quality HIV care;

    - Address significant health disparities; and

    - Maximize health outcomes along the HIV care continuum.

  ◦ Describe the implementation of each of the following (i.e., current or planned activities):

- ▪ Engaging various stakeholders (i.e., internal and external), including people with HIV, in planning programmatic activities;
- ▪ Using the HIV care continuum to respond to the needs of people with HIV; and
- ▪ Ensuring geographic parity.
- In a table or outline format –
  - ◦ Provide goals and objectives, that are specific, measurable, achievable, realistic, and time-framed (SMART) as well as address the following:
    - ▪ The relationship of the goals and objectives to the need(s) the requested funds are to address;
    - ▪ The core medical and support services you will provide;
    - ▪ The HIV care continuum stage(s) to which the goals and objectives tie; and
    - ▪ The anticipated outcome measures.

Resolving challenges

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

- Discuss any challenges you anticipate encountering in planning and implementing the proposed project. Be sure to include in your discussion the following –
  - ◦ Specific challenges related to each identified need area(s) (e.g., access to health care, impact of co-morbidities, etc.) for which you are requesting funding; and
  - ◦ Specific activities or strategies you will use to identify risks and mitigate or resolve challenges related to each identified need area(s).

Performance reporting and evaluation

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

- Discuss your evaluation process and address the following areas in your narrative:
  - ◦ Information about the data you will capture and how it will be collected, analyzed, and used for continuous quality improvement;
  - ◦ Methodology to be used to determine if SMART objectives, as proposed in your work plan, have been achieved;
  - ◦ Information about responsible staff that will specifically implement your evaluation process for this project and what systems (e.g., software, tools, etc.) and other resources are available to support evaluation efforts; and

◦ Describe how evaluation results will be shared internally and externally with key stakeholders, inclusive of people with HIV, to improve program implementation and outcomes.

Sustainability

See merit review criterion 4: Impact

We expect you to sustain key project elements that improve practices and outcomes for the target population. Propose a plan for project sustainability after the period of federal funding ends.

- Describe the actions you'll take to obtain future sources of funding.
- Discuss challenges that you'll likely encounter in sustaining the program. Include how you will resolve these challenges.

Organizational information

See merit review criterion 5: Resources and capabilities

- Briefly describe your agency's mission, structure (e.g., personnel, facilities, etc.), and the scope of your current RWHAP activities. Explain how they (i.e., mission, structure, and scope of RWHAP activities) support your ability to carry out the program requirements of this project.
- If you plan to use funds to support personnel costs for this project, you must submit the following as attachments:
    ◦ A staffing plan and job description for key personnel as **Attachment 1**;
    ◦ Biographical sketches of key personnel as **Attachment 2**; and
    ◦ A project organizational chart as **Attachment 3**.

Budget and budget narrative

See merit review criterion 6: Support Requested

Your **budget** should follow the instructions in 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 requested costs. The merit review committee reviews both.

The budget narrative includes added detail and justifies the costs you ask for. 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.

In addition, the RWHAP States/Territories Part B Supplemental Grant Program requires the following:

You must submit a separate line-item budget using Section B Object Class Categories of the SF-424A. The program budget categories for the line-item budget include:

- Administration – This column must include all funds allocated to the following award activities: recipient administration, planning and evaluation, and clinical quality management;

- ADAP – This column must include all funds allocated to ADAP activities;

- Consortia – This column must include all funds allocated to consortia; and

- Direct Services – This column must include all funds allocated to the following award activities: State direct services, home and community-based care, and health insurance premium and cost sharing assistance.

RWHAP States/Territories Part B Supplemental Grant Program applicants must also consider the following:

- Caps on Expenses: Administrative costs may not exceed 10 percent of the total grant award.

- Planning and evaluation costs may not exceed 10 percent of the total grant award. Collectively, recipient administration and planning and evaluation may not exceed 15 percent of the total award. For further guidance on the treatment of costs under the 10 percent administrative limit, refer to HAB PCN 15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Part A, B, C, and D.

- Core Medical Services Requirement: RWHAP Part B supplemental funding is subject to Section 2612(b)(1) of the PHS Act, which requires that no less than 75 percent of the portion of the grant award remaining after reserving amounts for administration, planning and evaluation, and clinical quality management be used to provide core medical services that are needed in the state/territory for people with HIV who are identified and eligible under the RWHAP. The core medical and support service category definition effective for awards can be found

in [HRSA HAB Policy Clarification Notice (PCN) 16-02: RWHAP Services: Eligible Individuals and Allowable Use of Funds](#).

- If you are seeking a waiver of the core medical services requirement, you must submit a waiver request either in advance of the grant application, with this grant application, or up to four (4) months into the grant award budget period. Include a core medical services waiver request as **Attachment 5** if it is submitted with the grant application. Contact your project officer regarding submission procedures if submitting your request separate from this application. Submission must be in accordance with [HAB Policy Notice (PN) 21-01 Waiver of the RWHAP Core Medical Services Expenditures Requirement](#).

- Payor of Last Resort: Charges that are billable to third party payers are unallowable. Third party payers include Medicaid, Children's Health Insurance Programs (CHIP), Medicare (including Medicare Part D), basic health plans, and private insurance, including those purchased through the Health Insurance Marketplace. The RWHAP is the payor of last resort, and recipients must vigorously pursue alternate sources of payments. HRSA expects recipients to determine eligibility for all clients and to confirm eligibility on a timely basis (please see [HAB PCN 21-02](#)). Recipients are required to use effective strategies to coordinate with third party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons.

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: Staffing plan and job descriptions

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

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

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

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

Attachment 2: Biographical sketches

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

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

Limit each biographic sketch to one page.

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

Attachment 3: Project organizational chart

Provide a one-page diagram that shows the project's organizational structure.

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

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

Attachment 4: Tables and charts

Provide the cost and complexity co-morbidities table and narrative as Attachment 4.

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

Attachment 5: Core Medical Services Waiver, if applicable

If you are applying for a waiver at this time, you may provide a Core Medical Services Waiver request and supporting documents as Attachment 5.

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

Attachment 6: Epidemiological data snapshot

Required from all applicants and should be no more than four (4) pages in length.

Provide data tables or figures referenced in the Project Narrative Introduction using the most recent available epidemiological data as Attachment 6.

Attachment 7: Unmet need framework

If you are applying for RWHAP Part B supplemental funding due to unmet need, provide the Unmet Need Framework and narrative as Attachment 7.

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

Attachment 8-15: Other relevant documents

Fifteen (15) is the maximum number of attachments allowed.

Provide any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (e.g., in-kind services, dollars, staff, space, equipment).

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

Other required forms

You will need to complete some other forms. Upload the listed 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 the following criteria.

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

Criterion 1: Need (45 points)

See the project narrative Introduction and Need sections.

The panel will review your application for:

- **Comprehensive System of Care and Treatment (10 Points)** – The extent to which the application details how the state/territory will use RWHAP Part B supplemental funding in support of a comprehensive system of high-quality care and treatment for people with HIV and improve outcomes across the HIV care continuum.

- **Severity of Need (20 Points)** – The extent to which the application demonstrates need and the relative severity of that need for the specific area(s) for which the applicant is requesting funding.

- **Data Supporting Need (15 Points)** – The extent to which the data supports the described need.

Criterion 2: Response (20 points)

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

The panel will review your application for:

- How well the applicant's proposed project responds to the program's purpose.
- The strength and appropriateness of the proposed goals, objectives, outcome measures, and activities and how well they relate to the program's purpose.
- The extent to which the application shows how stakeholders, including people with HIV, are engaged in various parts of the programmatic planning, implementation, and continuous quality improvement.
- The extent to which the application details challenges likely to be encountered and the proposed approaches to resolve identified challenges and address possible risks.

Criterion 3: Performance reporting and evaluation (10 points)

See the project narrative **Performance reporting and evaluation** section.

The panel will review your application for:

Evaluation (8 Points)

- The appropriateness of the methods selected to collect, analyze, and utilize data for the development and implementation of the project.
- The effectiveness of available resources (e.g., staff, software, tools, etc.), as outlined, to execute the proposed evaluation plan for the project.
- The suitability of proposed plans to share project evaluation results with stakeholders (i.e., internal and external), inclusive of people with HIV.

Performance measurement (2 Points)

- Evidence that the measures selected will assess how project goals and objectives have been met and to what extent the results are directly attributable to the project.

Criterion 4: Impact (10 points)

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

The panel will review your application for:

- How effective the proposed project (i.e., goals, objectives, outcome measures, activities, etc.) is in potentially producing positive impacts on the stages of the HIV care continuum.

- How strong of a public health impact the project is likely to have in successfully addressing unmet needs identified due to lack of funds, eradicating health disparities, reducing the number of persons out of care, and working towards ending the HIV epidemic by 2030.

- The strength of the proposed work plan narrative in ensuring the sustainability of key elements of the project beyond the performance period.

Criterion 5: Resources and capabilities (5 points)

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

The panel will review your application for:

- Whether the applicant's agency has capabilities to fulfill the needs of the proposed project.

- If using funds to support staff costs (i.e., salary and fringe) directly, whether the funded project staff have the experience necessary to carry out the project.

Criterion 6: Support requested (10 points)

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

The panel will review your application to determine:

- Whether costs, as outlined in the budget, are reasonable and align with the project's scope.

- Whether proposed costs support the objectives described in the application.

- If using funds to support staff costs (i.e., salary and fringe) directly, whether funded staff have adequate time devoted to the project to achieve the project's goals and 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 [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.
- The funding priorities, funding preferences, and special considerations listed.

Funding priorities

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

You will be granted priority funding if you received greater than a 10 percent loss in your RWHAP Part B base formula award when comparing your FY 2006 award to your FY 2025 award and apply for RWHAP Part B supplemental funding. If determined eligible for priority funding, we will calculate the amount to be awarded, and that amount will be included in the final award.

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

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 the 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.	Yes
☐ **Project narrative**	Use the Project Narrative Attachment form.	Yes
☐ **Budget narrative**	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in a single Attachments form.	
☐ 1. Staffing plan and job descriptions		No
☐ 2. Biographical sketches		No
☐ 3. Project Organizational Chart		Yes
☐ 4. Tables and charts		No
☐ 5. Core Medical Services Waiver		No
☐ 6. Epidemiological Data Snapshot		Yes
☐ 7. Unmet Need Framework and Narrative		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)		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   [39](#)

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 [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]().

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:
  - **Progress Report(s).** The recipient must submit a progress report to us at the end of the period of performance. The NOA will provide more detail.
- Annual performance reports through Electronic Handbooks.
- NOFO-specific reporting requirements:
  - **Federal Financial Report.** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit Reporting Requirements | HRSA. More specific information will be included in the NOA.
  - **Program Terms Report(s).** The recipient must submit a program terms report as indicated on the NOA. We will provide further information regarding the program terms report in the NOA.
  - **RWHAP Services Report (RSR).** The recipient must comply with data requirements of the RSR and mandate compliance by each of its subrecipients. The RSR captures information necessary to demonstrate program performance and accountability. All RWHAP core service and support service providers are required to submit client-level data as instructed in the RSR manual. Please refer to the HIV/AIDS Program Client-

Level Data website for additional information. We will provide further information in the NOA.

- ○ **ADAP Data Report (ADR).** If the recipient expends any of the RWHAP Part B supplemental award on ADAP, it must comply with data reporting requirements of the ADR for those funds, and the recipient must mandate compliance by each of its subrecipients. Please refer to the HIV/AIDS Program ADAP Data Report website for additional information. HRSA will provide further information in the NOA.

Contacts and Support

In this step

Agency contacts

Program and eligibility

Kibibi Matthews-Brown
Senior Program Advisor

Attn: Division of State HIV/AIDS Programs (DSHAP)
HIV/AIDS Bureau
Health Resources and Services Administration (HRSA)
Email your questions to: KMatthews-Brown@hrsa.gov
Call: 301-443-1035

Financial and budget

Marie Mehaffey
Grants Management Specialist

Division of Grants Management Operations, OFAAM
Health Resources and Services Administration
Email your questions to: MMehaffey@hrsa.gov
Call: 301-945-3934

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 1-800-518-4726, 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's How to Prepare Your Application page](#)

- [HRSA Application Guide](#)

- [HRSA Grants page](#)

- [HHS Tips for Preparing Grant Proposals](#)

- [Access, Care, and Engagement Technical Assistance Center (ACE TA)](#)

- [Best Practices Compilation](#)