

Notice of Funding Opportunity

Application due Monday, November 3, 2025

HRSA

Health Resources & Services Administration

HIV/AIDS Bureau

Division of State HIV/AIDS Programs

AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF)

Opportunity number: HRSA-26-012



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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 Monday, November 3, 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

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Basic information

Health Resources and Services Administration (HRSA)

HIV/AIDS Bureau

Division of State HIV/AIDS Programs

Summary

The purpose of the AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF) is to provide funding to states/territories to prevent, reduce, or eliminate ADAP waiting lists or to address shortfalls in ADAP funding for medications and/or the purchase of health care coverage. Recipients will use these funds along with the Ryan White HIV/AIDS Program (RWHAP) Part B ADAP base award.

Funding details

Application Types: Competing continuation, New

Expected total available funding in FY 2026: \$75,000,000

Expected number and type of awards: Up to 25 grants

Funding range per award: \$100,000 to \$10,000,000

- If you have a current ADAP waiting list, you may apply for up to \$10,000,000. If you do not have a waiting list, you may apply for up to \$7,000,000. The minimum award amount is \$100,000.

We plan to fund awards in one 12-month budget period from April 1, 2026, to March 31, 2027.

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



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name: AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF)

Opportunity number: HRSA-26-012

Announcement version: New

Federal assistance listing: 93.917

Key dates

NOFO issue date: October 2, 2025

Informational webinar: October 15, 2025

Application deadline: November 3, 2025

Expected award date is by: April 1, 2026

Expected start date: April 1, 2026

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

Eligibility

Who can apply

You can only apply if you are a state/territory that receives RWHAP Part B funding and needs additional funding to:

- Reduce or eliminate an existing ADAP waiting list.
- Actively prevent an ADAP waiting list.
- Address a reduction in available resources to fund ADAP.
- Address a current or projected increase in treatment needs to end the HIV epidemic in the U.S.
- Address other increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.

Types of eligible organizations

These types of domestic* organizations may apply:

- State governments, including the District of Columbia, domestic territories, and freely associated states.

* “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.

Tribes and tribal organizations are not eligible for this funding. Individuals are not eligible for this funding.

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

Post-award requirements

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

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

Program description

Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) Part B AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF).

ADAP ERF awards are intended for states/territories that need additional resources to prevent, reduce, or eliminate ADAP waiting lists or to address shortfalls in ADAP funding for medications or health care coverage. HRSA will base ADAP ERF awards upon your ability to successfully demonstrate the need for additional funding.

At the time of this NOFO publication, there are no ADAP waiting lists. States/territories that establish a waiting list after this NOFO is published must report the waiting list to HRSA immediately and use funding awarded under this NOFO to remove clients from the waiting list.

HRSA anticipates increases in clients who need ADAP services due to reductions in program income or rebates, loss of health care coverage among people with HIV, and increased case finding. States/territories may use ERF funds to address current or projected increases in treatment needs aligned with ending the HIV epidemic in the U.S. or other increases in the number of clients in their ADAP.

Background

ADAPs ensure access to medication to treat HIV for eligible clients by directly purchasing medication and covering the costs of health care coverage premiums, deductibles, co-payments, and co-insurance. The state/territory determines client eligibility and ADAPs are expected to confirm client eligibility on a timely basis. Eligibility criteria include documented diagnosis of HIV, financial eligibility, and residence eligibility.

The Ryan White HIV/AIDS Program

The HRSA Ryan White HIV/AIDS Program has five statutory [funding parts](#) that provide a comprehensive system of medical care, support, and medications for low-income people with HIV. The goal is to improve health outcomes and to prevent HIV transmission.

The HIV care continuum is a key strategy to meet the goals of the program. It shows the journey of someone with HIV from diagnosis to effective treatment, leading to viral

suppression. Achieving viral suppression boosts the individual's quality of life and prevents HIV transmission.

This continuum also helps programs and planners measure progress and use resources effectively. We require you to assess your outcomes and work with your community and public health partners to improve outcomes across the HIV care continuum. To assess your program, review HRSA's Performance Measure Portfolio.

Expanding the effort

There have been significant accomplishments:

- From 2010 to 2023, HIV viral suppression among RWHAP clients improved from 87.1% to 90.6%. For more, see the 2023 Ryan White Services Report (RSR).
- In 2020, the [Ending the HIV Epidemic in the U.S. \(EHE\)](#) initiative launched to further expand federal efforts to reduce HIV transmission. For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients, specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed, to the essential HIV care, treatment, and support services needed to help them reach viral suppression.

Program requirements and expectations

The steady growth in the number of eligible clients combined with rising costs of complex HIV treatments can result in states/territories experiencing greater demand for ADAP services than available resources can cover. As a last resort, a state/territory may implement an ADAP waiting list when available funding cannot provide medications to all eligible people requesting enrollment in their ADAP and after they have used all other feasible cost-containment strategies.

HRSA HAB defines a waiting list as a register of individuals who have applied for and been deemed eligible for a state's/territory's ADAP, but whom the state cannot immediately serve due to insufficient resources. If an ADAP is proposing to implement a waiting list, the ADAP must be able to clearly demonstrate to HRSA HAB the need for the list before they establish one.

An ADAP must have written policies and procedures for managing a waiting list that include:

- Fair and equitable criteria.
- Compliance with relevant state/territory laws and regulations.
- A means for public input and communication to the public.

- Methods for monitoring the waiting list to make sure that policies and procedures are consistently followed across the state/territory.
- A revisions and appeals process.

An ADAP must assess each applicant for ADAP eligibility before putting them on the waiting list. The ADAP must confirm eligibility according to a pre-established schedule outlined in a waiting list policy and procedure. An ADAP must prioritize individuals by predetermined criteria and bring clients into the program as soon as funding becomes available. Clients on waiting lists should be given information about:

- Why a waiting list is necessary.
- Waiting list criteria.
- The estimated length of time they might remain on the waiting list.
- Options for getting their medications in the meantime, including:
 - Recommendations or requirements for clients to work with a case manager.
 - Patient Assistance Programs (PAPs) applications and help applying.
 - Other available options, such as the RWHAP Part A Local Pharmacy Assistance Program (LPAP).
 - Continuous assistance applying and re-applying for other programs, as needed.

We strongly discourage the use of a waiting list to contain costs, unless absolutely necessary. If you establish a waiting list, the DSHAP project officer will monitor the RWHAP Part B grant more closely, and you will need to report waiting list data to us. Statutory authority

Statutory authority:

42 U.S.C. §§ 243(c) and 300ff-26 (§§ 311(c) and 2616 of the Public Health Service Act)

Award information

Funding policies and limitations

Changes in HHS regulations

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

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 your award on your showing the need for funding to:
 - Reduce or eliminate an existing ADAP waiting list.
 - Actively prevent implementing an ADAP waiting list.
 - Address a reduction in available resources to fund ADAP.
 - Address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S.
 - Address other increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.
- HRSA will base funding decisions on review by an external merit review panel (MRP) review and scoring of the criteria listed in the [merit review section](#) of this notice.
- HRSA places significant importance on eliminating waiting lists, so:
 - We will use the MRP scores to establish the rank order for awarding funds.
 - If sufficient funding is available, we will make awards to all applicants that request funds to address an existing waiting list, as long as the MRP recommends them for an award based on their MRP score. See the [funding preference](#) section.
 - After we provide funds to address existing waiting lists, we will award funds to remaining applicants that the MRP recommends for an award based on their MRP scores.

ADAPs are required to secure the best price available for all products on their ADAP formularies to achieve maximum results with these funds. As covered entities, ADAPs are eligible to participate in the 340B Drug Pricing Program under Section 340B of the PHS Act. Rebates and program income generated from these funds must be applied to the RWHAP Part B program, with priority given to ADAP (see Policy Clarification Notices [15-03](#) and [15-04](#) for more information).

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 [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost ..
- You cannot earn profit from the federal award. See [2 CFR 200.400\(g\)](#)..
- 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. You may pay salaries at a rate higher than Executive Level II if the amount beyond the salary rate limit is paid with non-HHS funds not associated with the HHS awarded project.

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:

- Any costs unallowable under the ADAP service category (as defined in [PCN 16-02: RWHAP Services Eligible Individuals and Allowable Uses of Funds](#)).
- 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).
- Planning and evaluation activities as defined by the RWHAP Part B.
- Cash payments to intended recipients of RWHAP services.
- Clinical quality management.
- 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 is not eligible for RWHAP-funded medication.

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

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

Program income and rebates

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 allowable project-related activities. Find more about program income at [2 CFR 200.307](#). 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 2 CFR 200.305(b)(5), to the extent available, you must disburse funds available from program income and rebates before requesting grant funds. Please see HAB PCNs [15-03: Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income](#) and [15-04: Utilization and Reporting of Pharmaceutical Rebates](#) for more information.



Step 2:

Get Ready to Apply

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Get registered

SAM.gov

You must have an active account with SAM.gov to apply. 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-26-012.

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

For more information about this opportunity, join the webinar on Wednesday, October 15, 2025 at 2 PM ET.

Join on: [Microsoft Teams](#)

If you are not able to join through your computer, you can call in:

- Phone number: 240-800-7959
- Meeting ID: 264 408 003#

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



Step 3:

Build Your Application

In this step

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Application checklist

Make sure that you have everything you need to apply:

Narratives

Component		Included in page limit*?
☐ 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.

Component		Included in page limit*?
☐ 1. Work plan		Yes
☐ 2. Agreement Compliance Assurances		Yes
☐ 3. ADAP Organizational Chart		Yes
☐ 4. ADAP Funding Utilization Summary for FY 2024		Yes

Other required forms

Upload using each required form in Grants.gov.

Component		Included in page limit*?
☐ Application for Federal Assistance (SF-424)		No

☐ Budget Information for Non-Construction Programs (SF-424A)	No
☐ Project Abstract Summary Form	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.

Application contents and format

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

Application page limit: 40 pages.

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

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 narrative

In this section, you will describe all aspects of your project.

Use the section headers and the order listed.

Introduction

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

Briefly describe the purpose of your project.

Need

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

The purpose of this section is to show that you need additional resources to meet the projected ADAP client service needs for FY 2026. Provide the following information to show that you are eligible for this award and explain the structure, functions, and operational processes of the ADAP and its clients.

State/territory's ADAP profile

ADAP funding and utilization summary for FY 2024

In table format, please list:

- All the following sources of funding for ADAP (1 through 12),
- The amount received.
- The amount expended.
- The amount of unspent funds and unobligated balances during the FY 2024 period of performance (April 1, 2024 through March 31, 2025)
- The estimated number of unduplicated clients served with each funding source.

If you did not receive funding from one or more of the categories listed below, please list the source and enter zero. Please include the table as [Attachment 4](#). A sample table format is provided in [Appendix B](#).

The funding sources are:

1. ADAP base
2. ADAP supplemental
3. RWHAP Part B Base Contribution to ADAP
4. RWHAP Part B Supplemental Contribution to ADAP
5. ADAP ERF Award
6. RWHAP Part A Contribution to ADAP
7. State funds
8. Pharmaceutical rebates
9. Carryover

10. Program income
11. Other sources (describe)
12. Total ADAP funding

Cost-cutting measures for FY 2024 and FY 2025

Please identify which, if any, of the following cost-cutting measures you were using or began using in FY 2024 and FY 2025 for your ADAP:

- Enrollment cap—specify the maximum number of enrollees.
- Capped number of prescriptions per month—specify the cap.
- Capped expenditure—specify the amount and timeframe.
- Drug-specific enrollment caps for antiretroviral medication—specify the cap.
- Reduction in formulary—specify the reduction.
- Decrease in financial eligibility criteria—specify the decrease.
- Other—please specify.

Cost-Saving Measures for FY 2024 and FY 2025

Please identify which, if any, of the following cost-saving measures you were using or began using in FY 2024 and FY 2025 for your ADAP:

- Expansion of health care coverage assistance—specify the services you currently offer.
- Enrolling eligible clients in health care coverage—specify how many were enrolled and how they were enrolled.
- Enrolling eligible clients into Medicaid.
- Improved client eligibility confirmation processes—specify improvements.
- Decrease in administrative expenditures—specify decreases.
- Other—please specify.

Factors affecting state/territory ADAP capacity to meet need

Provide a detailed description of any key factors affecting the ADAP's need for additional resources for the [approved purposes](#). Describe:

- Why the ADAP cannot meet the need with existing resources.
- Any anticipated funding shortfalls for ADAP.
- The cost-cutting measures you would take if your ADAP was not awarded additional funding.

If you reported any unspent funds or unobligated balances in the ADAP Funding Summary for FY 2024, please explain why you need emergency funds, given these other available resources.

Examples of factors that could create need for additional resources include, but are not limited to:

- Trends or changes in the HIV disease prevalence over the past two calendar years (January 1, 2023, through December 31, 2024) have affected the ADAP.
- Increases in clients engaged in care.
- Changes to the state/territory's service delivery system may increase client need or administrative burden as a result of the changing health care landscape.
- Changes in client population or demographics over the last two calendar years, including:
 - More eligible clients.
 - Higher percentage of eligible clients below 100% of the FPL.
 - High unemployment rates.
 - Increased co-morbidities, such as substance use disorder.
 - Increased number of out-of-care clients seeking treatment.
- Increased program costs, including the cost of ADAP medications or cost to ADAP for health care coverage premiums, deductibles, or cost sharing.
- Decreased or level funding from state or RWHAP resources for ADAP and/or HIV services.
- Decreased program income or pharmaceutical rebates.

You should include data sources when discussing trends and changes (including environmental changes) that have resulted in this need.

Approach

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

ADAP average annual client costs and forecasting

Calculate the projected average cost per client for medication assistance and/or health care coverage for the FY 2026 ADAP ERF period of performance (April 1, 2026, to March 31, 2027). Important note: You only need to provide average costs for clients for the types of assistance you are requesting funding for.

Determine the average cost per client through your own calculations, or through the formula in [Appendix A](#). Whichever method you use, provide the step-by-step calculations you used to find the average cost per client. Use this calculation to develop the [proposed budget](#) for the ADAP ERF funds. Show how you multiplied the average cost per client by the projected number of clients to be served to determine the budget request for medication assistance and/or health care coverage assistance.

ADAP average annual client costs

- If you are requesting funding for **medication costs**, please provide current projected annual average medication cost per client and all calculations used to determine the cost.
- If you are requesting funding for **health care coverage**, please provide current projected annual average health care coverage assistance cost per client and all calculations used to determine the cost.

Forecasting

- If you have an existing ADAP waiting list, provide the current number of people on the list.
- Describe the projected impact of ADAP ERF and any other [projected resources](#) in addressing any of these:
 - Your projected/potential ADAP waiting list.
 - Your current waiting list.
 - Your other increases in the number of clients in the program.

High-level work plan

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

Work plan

Provide a workplan, uploaded as [Attachment 1](#), that lists each planned ADAP ERF service—for example, purchase of ADAP medications, purchase of health care coverage premiums, or payment of medication co-payments, deductibles, or co-insurance. Only costs allowed under the ADAP service category (as defined in [PCN 16-02 RWHAP Services Eligible Individuals and Allowables Uses of Funds](#)) can be funded through ADAP ERF. If you have any unallowable costs in your proposed budget, we will deduct them before award.

HRSA encourages you to use a table format with the following sections:

- **Planned Expenditures Summary** listing the amount budgeted by service category and recipient administrative costs.
- **Planned Expenditures by Service Category** with columns for Planned Service, Service Unit Description, Number of Service Units, Number of Clients, and amount budgeted for each service.
- **Service Unit Description** with the definition of the unit of service for the planned service category.

Work plan narrative

Provide a narrative that describes the following for each planned service and recipient administrative cost identified in the work plan:

- How you will ensure that you will spend funds allocated for each service/activity within the 12-month period of performance.
- If you have an existing ADAP waiting list, how the services/activities will reduce the number of people on the waiting list.
- If you do not have an existing waiting list, how the services/activities will prevent an ADAP waiting list in FY 2026, address a reduction in available resources to fund ADAP, or address a current or projected increase in treatment needs or in the number of clients in the program.

Anticipated impact of ADAP ERF

Briefly describe the anticipated impact of the proposed ADAP ERF-funded planned service(s).

- Describe how you'll monitor progress toward meeting the goals and objectives of the proposed project.
- Describe how these activities will support the continued function of the ADAP.
- Describe the anticipated outcomes resulting from ADAP ERF supported activities.

Monitoring

Briefly describe your methods to monitor and assess the effectiveness of the activities proposed on the ADAP ERF work plan. Describe how the ADAP will measure and monitor progress on outcomes and address problems identified through monitoring.

Important note: We expect you to use your current RWHAP Part B clinical quality management program when implementing services funded through the ADAP ERF award.

Resolving challenges

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

State/territory actions to address ADAP challenges

Please describe for each of the following sections how the program has addressed the specific challenges and barriers facing the ADAP through cost-cutting and/or cost-saving strategies in FY 2024 and FY 2025. Support each section with data showing how these strategies benefit the ADAP.

Program efficiencies:

Please describe any challenges regarding program efficiencies and how your program has addressed challenges, including by using ADAP ERF funding or improving operations to reduce costs and improve efficiency. Support your decision with data showing how the improved operational efficiencies will benefit ADAP.

Ability to enroll clients in other payor sources

Please describe any challenges enrolling clients in other payor sources, and how your program has addressed challenges by improving systems to increase enrollment in Medicare Part D, Medicaid, and other health care coverage options. Be sure to support your decision with data showing how improved enrollment in other payor sources will benefit your ADAP.

Reallocation of ADAP resources

Please describe any challenges or limits with ADAP resources, and whether or how you have reallocated funds to address ADAP challenges. Be sure to indicate whether this reallocation is a one-time augmentation to the program or an expected long-term, sustainable reallocation of funds.

Generation and collection of rebates and program income

Please describe any challenges generating or collecting rebates and program income. Include how your ADAP has modified its processes or monitoring of processes to ensure that you purchase drugs at the best possible cost and/or that you fully collect rebates or program income and apply them back to the RWHAP Part B program, with priority given to ADAP.

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.

- Highlight key elements of your projects. Examples include training methods or strategies that have been effective in improving practices.
- Describe the actions you'll take to obtain future sources of funding.
- Determine the timing to become self-sufficient.
- 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](#)

ADAP oversight and administration

Provide a brief narrative that describes the organizational structure and resources that help the ADAP maintain compliance with legislative requirements and program expectations, including those of ADAP ERF funding. Include an organizational chart for the ADAP as [Attachment 3](#).

Compliance with reporting requirements

Describe how you will meet [reporting requirements](#) by tracking and reporting ADAP ERF specific expenditures and client utilization.

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](#).

ADAP ERF applicants must also consider the following:

- **Caps on expenses:** Administrative costs for ADAP ERF funding recipients may not exceed 10% of the total grant award. For further guidance, see [PCN 15-01: Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Part A, B, C, and D](#).
- **Staffing:** Due to the emergent nature of this award, if you need any additional personnel to administer this award, their salaries must fit within the

administrative cost cap. Usual and ordinary expenses for salaries associated with RWHAP awards must be allocated to the RWHAP Part B award and therefore cannot be allocated to this award.

- **Payor of last resort:** Charges that are billable to third-party payors are unallowable. Third-party payors 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: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program](#)). 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 people.

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

Attachments

See Section [3.2.6 of the Application Guide](#).

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 [work plan section of the project narrative](#).

Attachment 2: Agreement and compliance assurances

Please complete and include [Appendix D: Agreements and compliance assurances](#).

Attachment 3: ADAP organizational chart

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

Attachment 4: ADAP funding and utilization summary for FY 2024

In table format, please provide all information requested in the [Need section of the project narrative](#). A sample table format is provided in [Appendix B](#).

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](#).

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

Form instructions

Follow the instructions for Application for Federal Assistance in section 3.1 of the Application Guide and any additional instructions provided here.

Project abstract summary form instructions. Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. In addition, provide brief up-to-date information, in this order:

- Brief description of the state ADAP and key environmental factors impacting the program.
- Description of the need for additional resources to:
 - Prevent, reduce, or eliminate an ADAP waiting list.
 - Address a reduction in available resources to fund ADAP.
 - Address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S.
 - Address other increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.
- Description of how you plan to use the ADAP ERF, if awarded.

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

Important: public information

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

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

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

[See instructions and examples.](#)



Step 4:

Understand Review, Selection, and Award Application review

In this step

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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	50 points
2. Response	25 points
3. Impact	10 points
4. Resources and capabilities	5 points
5. Support requested	10 points

Criterion 1: Need

50 points

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

The panel will review your application for how well it:

- Demonstrates the need for additional resources to prevent, reduce, or eliminate a waiting list, to address a reduction in available resources to fund ADAP, or to address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.

Introduction (5 points)

- Describes a feasible plan for how the state/territory will use RWHAP ADAP ERF to prevent, reduce, or eliminate a waiting list, address a reduction in available resources to fund ADAP, or address a current or projected increase in treatment needs or the number of clients in the program.

State/territory's ADAP profile (20 points)

- Provides a strong, complete, and clear ADAP profile.
- Provides a strong, clear demonstration of need for additional resources by presenting data, including the complete use of available resources, the implementation of cost-cutting and/or cost-saving measures, and/or an increase in clients utilizing the ADAP.

Factors affecting the state/territory ADAP capacity to meet need (25 points)

- Provides a strong, clear narrative (and supporting data) describing the demonstrated need for additional resources to prevent, reduce, or eliminate a waiting list, address a reduction in available resources to fund ADAP, or address a current or projected increase in treatment needs or the number of clients in the program. **(10 points)**
- Provides a strong, clear description of why the ADAP cannot meet the need with existing resources (especially if you report any unobligated or unspent funds), any anticipated funding shortfalls for ADAP, and the cost-cutting measures you would need to implement if you do not receive additional funding. **(15 points)**

Criterion 2: Response

25 points

See the project narrative [Approach](#), [High-level work plan](#), and [Resolving challenges](#) sections.

ADAP average annual client costs and forecasting (5 points)

The panel will review your application for the extent to which it provides clear, complete, and compelling descriptions of the following:

- A step-by-step methodology for calculating average cost per client for medication assistance and/or health care coverage assistance, depending on the type of assistance requested.
- Accurate calculations of annual client costs, reflected in your plan and budget.
- The impact of the requested funding on preventing, reducing, or eliminating a waiting list or addressing a current or projected increase in treatment needs or in the number of clients in the program.

Note: If the calculations are incorrect, we will note the error along with its impact on your average client cost calculations and budget request.

Work plan and work plan narrative (10 points)

The panel will review your application for the extent to which it provides strong and feasible descriptions of:

- The proposed services and projected expenditures to address the problem and align with the [project objectives](#)
- Evidence that funds allocated for each service/activity will be spent within the 12-month period of performance.
- For applicants with an ADAP waiting list, proposed services/activities to reduce the number of persons on the waiting list:
 - Proposed services/activities to improve ADAP operations and maximize ADAP resources.
 - Proposed services/activities to prevent a waiting list in FY 2026.

State/territory actions to address ADAP challenges (10 points)

The panel will review your application for the extent to which it provides:

- A strong, clear description of the challenges facing the ADAP in the following areas:
 - Program efficiencies.
 - The ability to enroll clients in other payor sources.
 - Reallocation of ADAP resources.
 - Generation or collection of rebates and program income.
- A strong, clear description of the cost-cutting or cost-saving strategies you have taken in response to these challenges and the extent to which they could achieve program objectives.
- Data demonstrating how these strategies benefit the ADAP.

Criterion 3: Impact

10 points

See the project narrative [High-level work plan](#) and [Sustainability](#) sections.

The panel will review your application for the extent to which the application provides strong and feasible descriptions of:

- The methods in place to monitor and assess the effectiveness of the activities proposed on the ADAP ERF work plan.
- How the applicant will monitor progress toward meeting the proposed goals and objectives.

- How the proposed activities support the continued function of the ADAP.
- The anticipated outcomes of the ADAP ERF.

Criterion 4: Resources and capabilities

5 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 it provides a strong and complete description of your ability to implement the ADAP ERF, as evidenced by:

- The organizational structure and resources that administer the ADAP to maintain compliance with legislative requirements and program expectations, including those of ADAP ERF funding.
- The organizational chart for the ADAP in **Attachment 3**.

Criterion 5: Support requested

10 points

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

The panel will review your application to determine:

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

We do not consider **voluntary** cost sharing during merit review.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

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

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

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, project types and geographic distribution.
- The funding preference listed.

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.

Funding preferences

This program includes an ADAP waiting list funding preferences if you demonstrate within the application that you have a current ADAP waiting list, or if you notify the director of DSHAP in writing via EHBs that you have started a waiting list by January 15, 2026. If DSHAP determines that your application meets these criteria, we will move it up in our ranking of fundable applications. Qualifying for a funding preference does not guarantee that you will receive funding.

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

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Application submission and deadlines

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

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.

Application Deadlines

You must submit your application by November 3, 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

Click or tap here to enter text.

Intergovernmental review

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



Step 6:

Learn What Happens After Award

In this step

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Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [2 CFR 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, modifications at 2 CFR 300, and any superseding regulations.
- The HHS [Grants Policy Statement \(GPS\) \[PDF\]](#). 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](#) (before October 1, 2025: [45 CFR 75.301](#)).
- HRSA reminds States that therapeutics funded under the ADAP may only be provided “to treat HIV/AIDS or prevent the serious deterioration of health arising from HIV/AIDS in eligible individuals, including measures for the prevention and treatment of opportunistic infections.” Section 2616(a) of the Public Health Service (PHS) Act (42 U.S.C. § 300ff–26 (a)). For example, if an ADAP provides sex hormones, it may only allow such hormones to be dispensed to treat HIV/AIDS or prevent the serious deterioration of health arising from HIV/AIDS, rather than for non-statutory purposes such as specified sex-trait modification procedures. HRSA will prioritize funding to States that require clinical documentation and the use of a prior authorization process before sex hormones, are approved for dispensing to ADAP clients.
- HRSA also reminds States that the RWHAP legislation states: “A State shall ensure that any drug rebates received on drugs purchased from funds provided pursuant to this section [ADAP] are applied to activities supported under this subpart [RWHAP Part B], with priority given to activities described under this section [ADAP].” Section 2616(g) of the PHS Act (42 U.S.C. § 300ff–26(g)). As such, all 340B rebates directly generated by a federal dollar are subject to HRSA HAB’s rebate policies and rules for expenditure. All rebates generated through ADAP must be

used for RWHAP Part B activities, with priority given to ADAP, rather than diverted for unsupported activities that exceed the RWHAP's limited statutory purpose, such as for specified sex-trait modification procedures.

Cybersecurity

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

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 semi-annually.
- Other required reports and/or products.
 - **ADAP Data Report (ADR).** If you accept this award, you are indicating that you will comply with data requirements of the ADR and will require that your contractors and subcontractors also comply. The ADR captures information necessary to demonstrate program performance and accountability. Further information will be available in the [NOA](#).
 - **Program Terms Report.** You must submit a Program Terms Report using the format provided in that system. Further information will be available in the NOA.



Contacts and Support

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Agency contacts

Program and eligibility

Glenn Clark

AIDS Drug Assistance Program (ADAP) Advisor

Attn: Division of State HIV/AIDS Programs

HIV/AIDS Bureau

Health Resources and Services Administration

glclark@hrsa.gov

301-443-6745

Financial and budget

Marie Mehaffey

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

mmehaffey@hrsa.gov

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 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](#)

Appendices

Appendix A: Model for calculating average client costs

Calculate your projected average cost per client for medication assistance and/or health care coverage assistance for the FY 2026 ADAP ERF period of performance (April 1, 2026, to March 31, 2027). **Important Note:** You only need to provide average costs for clients for the types of assistance you are requesting funding for.

Determine the average cost per client through your own calculations or through the cost calculation template here. Use this calculation to develop your proposed budget for the ADAP ERF funds and/or to project the impact of proposed cost-containment measures. **States/territories must provide the step-by-step calculations and clearly identify all data elements used to complete the calculations, not just the resulting average client cost.**

Due to the timing of this NOFO, the calculations in this model are based on client utilization and ADAP cost data for the January 1, 2025, to June 30, 2025, period. The calculations should include all clients who received at least one medication through ADAP during this period, including clients who were enrolled in ADAP temporarily or for part of the year (for example, because they experienced changes in their health care coverage, moved out of state, or died).

Average cost per client to provide medications

Step 1: Baseline average annual client medication cost

Determine the total amount spent to purchase prescription medications (not health care coverage) from January 1, 2025, to June 30, 2025, period. Divide this amount by the total number of ADAP clients who received at least one prescription medication in that period. Multiply that amount by two to determine the ADAP's baseline average annual medication cost per client.

$$\left(\frac{\text{Total amount spent on prescription medications from January 1 to June 30, 2025}}{\text{Number of ADAP clients who received at least 1 prescription medication}} \right) \times 2$$

Step 2: Average Annual Client Rebate Reduction:

Determine the total amount of rebate income received by the state/territory.

- If you operate a 340B Rebate State ADAP, this includes all 340B rebates and other negotiated rebates (e.g., ADAP Crisis Task Force rebates) you received in the January 1, 2025 to June 30, 2025 period.

- If you operate a 340B State Direct Purchase ADAP, this includes all negotiated rebates (e.g., ADAP Crisis Task Force rebates) you received in the January 1, 2025, to June 30, 2025, period.

Divide the total amount of rebate income by the total number of ADAP clients that received at least one prescription medication in the January 1, 2025, to June 30, 2025, period. Multiply that amount by two to determine the average rebate reduction per client.

Note: The health care coverage section below addresses the impact of rebates for health care coverage deductibles and co-payments.

Step 3: Adjusted Average Client Medication Cost:

Subtract the Average Annual Client Rebate Reduction amount determined in Step 2 from the Baseline Average Annual Client Medication Cost determined in Step 1.

Step 4: Average Annual Client Dispensing Fee:

Determine the total number of prescriptions filled in the January 1, 2025, to June 30, 2025, period. Multiply that number by the dispensing fee for a single pharmacy prescription in the January 1, 2025, to June 30, 2025, period. Divide the resulting product by the total number of ADAP clients that received at least one prescription in the same period. Multiply that amount by two for the average annual dispensing fee cost per client.

Step 5: Average Annual Medication Cost per Client:

Add the Average Annual Client Dispensing Fee cost determined in Step 4 to the Adjusted Average Annual Medication Cost calculated in Step 3. The sum of these two amounts will be your State's Average Medication Cost per Client.

Example:

Step	Description	Calculation	Result
Step 1	In the January 1, 2025, to June 30, 2025, period, the ADAP spent a total of \$7,410,000 for prescription drugs; a total of 1,000 clients received at least one prescription medication.	$\$7,410,000 \div 1,000 = \$7,410$ $\$7,410 \times 2 = \$14,820$	Baseline Average 6-Month Client Medication Cost Baseline Average Annual Client Medication Cost
Step 2	In that same period, the ADAP received \$555,000 in total 340B rebates and \$100,000 in negotiated rebates.	$\$555,000 + \$100,000 = \$655,000$ $\$655,000 \div 1,000 = \655 $\$655 \times 2 = \$1,310$	Total Rebates Received by the ADAP Average 6-Month Client Rebate Reduction

Step	Description	Calculation	Result
			Average Annual Client Rebate Reduction
Step 3	Adjusted Average Annual Cost per Client: Baseline Average Annual Client Medication Cost minus Average Annual Client Rebate Reduction	$\$14,820 - \$1,310 = \$13,510$	Adjusted Average Annual Cost per Client
Step 4	The ADAP filled 10,000 prescriptions in the January 1, 2025, to June 30, 2025, period of CY 2025 and the dispensing fee per prescription was \$10; 1,000 ADAP clients received at least 1 ADAP prescription.	$\$10 \times 10,000 = \$100,000$ $\$100,000 \div 1,000 = \100 $\$100 \times 2 = \200	Total Dispensing Fee Expenditures Average 6-Month Client Dispensing Fee Average Annual Client Dispensing Fee
Step 5	Add amount calculated in Step 3 to amount calculated in Step 4.	$\$13,510 + \$200 = \$13,710$	Average Annual Medication Cost per Client

Note: For States/Territories with Hybrid/Dual ADAPs:

Step 1: Determine the number and percentage of clients who received medications through the 340B Rebate model and the number and percentage who received medications through the 340B Direct Purchase model.

Step 2: For each cohort of clients, determine the total amount spent to provide medications for that cohort.

Step 3: Determine the average client costs for the rebate cohort, follow the instructions above in Steps 2 through 5. For the direct purchase cohort, follow the instructions above in Steps 2 through 5.

II. Average Cost per Client to Provide Health Care Coverage Assistance

All ADAPs providing access to prescription medications through health care coverage assistance must provide step-by-step calculations of average costs per client, making sure all required data elements for each calculation are clearly identified.

Step 1: Total Health Care Coverage Expenditures:

Add the total amount spent on health care coverage premiums, deductibles, and co-payments/co-insurance in the January 1, 2025, to June 30, 2025, period. This includes

amounts spent for ADAP eligible clients who are also eligible for Medicare Part D, including payments for Part D premiums, deductibles, and co-payments.

Step 2: Rebate Reduction:

Determine the total amount of manufacturer's rebates received in the January 1, 2025, to June 30, 2025, period on health care coverage deductibles and co-payments/co-insurance expenditures.

Step 3: Adjusted 6-Month Total Insurance Cost:

Subtract the total amount of manufacturers' rebates received from the Total Health Care Coverage Expenditures calculated in Step 1. This is your Adjusted 6-Month Total Health Care Coverage Cost.

Step 4: Average Annual Cost per Client for Health Care Coverage Assistance (including COBRA, High Risk Health Insurance Pools, private insurance, State-sponsored insurance, and Medicare Part D):

Divide results from Step 3 by the total number of clients on whose behalf the ADAP paid at least one premium, co-payment/co-insurance or deductible in the January 1, 2025, to June 30, 2025, period. Multiply by two for average annual cost per client for health care coverage assistance.

Example:

The ADAP spent \$1,500,000 in the January 1, 2025, to June 30, 2025, period to pay for health care coverage premiums and \$300,000 on co-payments/co-insurance and deductibles, providing assistance to 300 ADAP eligible clients.

Step	Description	Calculation	Result
Step 1	Add health care coverage premiums expenditures to expenditures for co-payments/co-insurance, and deductibles.	$\$1,500,000 + \$300,000 = \$1,800,000$	Total 6-Month Health Care Coverage Expenditures
Step 2	Determine the total amount of rebates received by adding the manufacturers rebates received from January 1, 2025 to June 30, 2025 on health care coverage co-payments/co-insurance/deductibles.	\$50,000	Total 6-Month Rebates Received
Step 3	Total 6-Month Health Care Coverage Expenditures minus Total 6-Month Rebates Received	$\$1,800,000 - \$50,000 = \$1,750,000$	Adjusted Total Health Care Coverage Cost

Step	Description	Calculation	Result
Step 4	Divide Adjusted Total Health Care Coverage Cost by total clients served. Multiply the Average 6-Month Cost per Client by two to calculate the Average Annual Cost per Client.	$\$1,750,000 / 300 = \$5,833$ $\$5,833 \times 2 = \mathbf{\$11,666}$	Average 6-Month Cost Per Client Health Care Coverage Assistance Average Annual Cost Per Client for Health Care Coverage Assistance

Appendix B: Sample format for ADAP funding and utilization summary for FY 2024

Funding source	Amount received	Amount expended	Amount of unspent funds	Number of undupl. clients served
ADAP base				
ADAP supplemental				
RWHAP Part B base				
RWHAP Part B supplemental				
ADAP ERF				
Part A				
State funds				
Pharmaceutical rebates				
Carryover				
Program oncome				
Other sources (describe)				
Totals for each column				

Appendix C: Sample format for FY 2026 ADAP Emergency Relief Funds work plan

Section A. Identifying information

Recipient name:	
Person preparing this report:	
Preparer's phone number:	

Section B. Planned expenditure summary

Expenditure type	Amount budgeted
1. Planned expenditures by service category (Section C)	\$0
2. Recipient administrative costs (capped at 10%)	
Total amount requested:	\$0

Section C. Planned expenditures by service category

Services	Service unit description	Number of service units	Number of clients	Amount budgeted
1. Purchase of ADAP medications	1 prescription			
2. Purchase of health insurance premiums	1 coverage month			
3. Payment of medication co-payments, deductibles, or co-insurance	1 payment			

Total Planned Expenditures by Service Category (Reported in Section B): \$0

Appendix D: Agreements and compliance assurances

FY 2026 Ryan White HIV/AIDS Program ADAP Emergency Relief Funds Awards agreements and compliance assurances

I, the Governor of the State or Territory or his/her official designee for the Ryan White HIV/AIDS Part B Program Grant, _____, pursuant to Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, hereby certify that:

Pursuant to §§ 2616 and 311 of the PHS Act, these funds will be used specifically for the provision of medications and the purchase of health care coverage to prevent, reduce, or eliminate an ADAP waiting list or to address shortfalls in ADAP funding for medications and/or the purchase of health care coverage in the State or Territory.

These funds and services will be allocated and administered in accordance with the *FY 2026 Part B Ryan White HIV/AIDS Program Agreements and Compliance Assurances* submitted to the Health Resources and Services Administration.

SIGNED: _____ **Title:** _____

Governor or Official Designee

Date: _____