Notice of Funding Opportunity

Application due 07/13/2026

HRSA

Health Resources & Services Administration

HIV/AIDS Bureau

Division of Community HIV/AIDS Programs

Ryan White HIV/AIDS Program Part D Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Existing Geographic Service Areas

Opportunity number: HRSA-26-067

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 007/13/2026.

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

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

Step 1: Review the Opportunity

In this step

Basic information

Health Resources Services Administration

HIV/AIDS Bureau

Division of Community HIV/AIDS Programs

Funding family-centered HIV medical care and support services for low-income women, infants, children, youth with HIV, and their affected families.

Summary

The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV care that improves health outcomes and supports viral suppression. Through its Part D program, RWHAP funds local, community-based organizations to provide family-centered medical and specialty care for low-income women, infants, children, and youth with HIV (WICY). Overall, the RWHAP's goal is to improve health outcomes and reduce HIV transmission, especially for people not yet in regular medical care.

Funding details

Application Types: Competing continuation, New

Expected total available funding in FY 2026: $69,000,000

Expected number and type of awards: 111 Grants

Funding range per award: $115,000 to $2,000,000

We plan to fund awards in four 12-month budget periods for a total four-year period of performance from 08/01/2026 to 07/31/2030.

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

Have questions?
Go to Contacts and Support.

Key facts

Opportunity name:
Ryan White HIV/AIDS Program Part D Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Existing Geographic Service Areas

Opportunity number:
HRSA-26-067

Announcement version:
Initial

Federal assistance listing:
93.153

Key dates

NOFO issue date:
06/11/2026

Application deadline:
07/13/2026

Expected award date is by:
08/01/2026

Expected start date:
08/01/2026

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

RWHAP Part D funding methodology

In fiscal year (FY) 2022, the Health Resources and Services Administration (HRSA) initiated the first phase of a Ryan White HIV/AIDS Program (RWHAP) funding methodology for Part D to strategically target RWHAP Part D resources to maximize national impact. The process included an analysis of the Ryan White Services Report (RSR), allocation, and Centers for Disease Control and Prevention (CDC) surveillance data. It also included a review of evidence-informed interventions for women, infants, children, and youth (WICY) and stakeholder input.

To minimize service disruptions and burden on recipients, HRSA implemented an incremental approach, beginning with 22% in 2022. In FY 2026, HRSA will increase implementation to 50%.

The methodology includes:

- **Base funding:** A minimum award of $115,000 per service area to support program operations.
- **WICY clients served:** Additional funding based on the number of eligible Part D clients reported in the most recent RSR data (2023 for this competition).
    - Approximately 85% of funding was allocated through base funding and client volume.
- **Absence of RWHAP Part A resources:** Additional funding for service areas outside Part A jurisdictions, primarily rural areas.
    - Approximately 15% of funding was based on this factor.

The methodology ensured baseline operational support, minimized funding disruptions by limiting decreases (approximately 20%) and increases (approximately 25%) compared to FY 2025 levels, and maintained continuity of care. HRSA used this approach to establish funding ceilings under the NOFO, which remained a competitive, discretionary opportunity.

Eligibility

You can apply if you are a public or nonprofit private entity (including a health facility operated by or pursuant to a contract with the Indian Health Service, Tribal governments and organizations, and faith based organizations) that provides family-centered care involving outpatient or ambulatory care (directly or through contracts or memoranda of understanding) for women, infants, children and youth (WICY) with HIV/AIDS.

Types of eligible organizations

These types of domestic* organizations may apply:

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- Public and State controlled institutions of higher education.
- Native American tribal governments (Federally recognized).
- Native American tribal organizations (other than Federally recognized tribal governments).
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education.
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education.
- Private institutions of higher education.
- For profit organizations other than small businesses.
- Small businesses.
- Faith-based organizations.

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

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

- All applicants must meet the basic requirements of a RWHAP Part D Program as outlined in this NOFO and as established in section 2671 of the Public Health Service (PHS) Act.
- This competition is open to current RWHAP Part D recipients and to new organizations proposing to provide RWHAP Part D–funded services, and your application must cover the **entire** geographic service area specified in Appendix B.
- If you apply for more than one service area listed in Appendix B, you must submit a separate application for each. Applications that propose to serve more than one service area in a single application will be deemed ineligible.

Completeness and responsiveness criteria

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

We will not consider an application that:

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

Application limits

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

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

Post-award requirements

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

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

Program description

Purpose

This program funds family-centered HIV care and support services in outpatient or ambulatory settings. It serves low-income women, infants, children and youth with HIV, and their affected family members.

Types of services

- HIV family-centered care includes outpatient or ambulatory care such as:
  - Behavioral health.
  - Nutrition services.
  - Oral health services.
- Specialty care includes, but is not limited to:
  - HIV specialty care.
  - Obstetrics and gynecology.
  - Hepatology.
  - Neurology.
- Support services may include, but are not limited to the following:
  - Family-centered care services such as non-medical case management, child care, housing and other services described in Policy Clarification Notice (PCN) 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds [PDF] that address the health care needs of people with HIV to achieve optimal health outcomes.
  - Referrals for:
    - Inpatient hospital services.
    - Other social and support services, as needed.
  - Activities for participation such as:
    - Helping people with HIV and affected individuals participate in the established program, including activities designed to retain youth with HIV.
  - Lastly, information and education about opportunities to participate in HIV/AIDS-related clinical research.

For additional information, please refer to PCN 16-02 [PDF] for a list of RWHAP allowable services and use of funds.

For more details, see program requirements and expectations.

Background

The Ryan White HIV/AIDS Program

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

For nearly four decades, the RWHAP has funded services to provide HIV primary health care, medication, and essential support services, including mental health care, transportation, case management, nutrition, and housing. These services support clients to enter and remain in care, access medications, and reach viral suppression, reducing transmission and lowering health care costs.

Ending the HIV epidemic

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

Making America Healthy Again

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

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

Key accomplishments

- **Nearly 602,000 people with HIV** in the U.S. received life-saving care, medication, and essential support services through the RWHAP, representing over half of all diagnosed with HIV in the U.S. This is an increase of nearly 26,000 clients.
- **More than 91%** of Ryan White HIV/AIDS Program patients receiving HIV medical care were virally suppressed in 2024. This is up from 69.5% of patients virally suppressed in 2010 and significantly higher than the 67.2% virally suppressed nationally among all people with diagnosed HIV.
- **More than 47%** of Ryan White HIV/AIDS Program clients are aged 50 years and older, demonstrating the program's success in supporting older clients and its commitment to addressing the unique needs of people aging with HIV.

Program requirements and expectations

You must provide or coordinate services for **all** the following populations to meet the program's requirements and expectations:

- Family-centered outpatient or ambulatory care and support services for:
  - Low-income women with HIV.
  - Infants (up to two years old) exposed to or with HIV.
  - Children (ages 2 to 12) with HIV.
  - Youth (ages 13 to 24) with HIV.
- Affected individuals in limited situations per PCN 16-02 [PDF].

Family-centered outpatient ambulatory health services may be delivered directly, or through contracts or memoranda of understandings (MOUs).

RWHAP Part D recipients must create a comprehensive and coordinated system of family-centered care and support services for low-income WICY with HIV in their entire service area as listed in Appendix B. Programs should:

- Focus on populations who have the greatest unmet need.
- Improve health outcomes related to:
  - Testing and linkage to care.
  - Retention in medical care.
  - Viral suppression.
  - Reducing new HIV infections in the community.

Ryan White Program 2030

Ryan White Program 2030 (RWP 2030) builds on the foundation of the RWHAP and innovative, low-barrier strategies employed in the *Ending the HIV Epidemic in the U.S.* initiative. This framework is designed to sustain high-quality care and treatment for people currently receiving services through the RWHAP while expanding efforts to identify and engage individuals with HIV who are undiagnosed or out-of-care. Achieving this goal requires a comprehensive, collaborative approach that builds upon existing successes and resources while fostering innovation.

In alignment with RWP 2030, recipients are expected to implement interventions that are evidence-based, evidence-informed, or emerging strategies that are grounded in data and responsive to the lived experiences of the communities they serve. These approaches are critical for improving health outcomes, reducing HIV-related deaths, and preventing new HIV transmissions. RWHAP Part D programs are expected to select and implement interventions that meet the needs of WICY and WICY populations with greatest need while advancing the goals of RWP 2030.

Minority AIDS Initiative (MAI)

Under section 2693 of the PHS Act, the Minority AIDS Initiative (MAI) addresses the challenges in access, treatment, care, and outcomes for racial and ethnic minorities, including African Americans, Alaska Natives, Hispanic/Latinos, American Indians, Asian Americans, and Native Hawaiians or Pacific Islanders.

MAI funds are granted to health care organizations that provide patient-centered care and services tailored to the needs of racial and ethnic minorities.

HRSA assigns MAI funds to RWHAP Part D WICY recipients based on the percentage of the RWHAP Part D WICY populations served from racial and ethnic minority communities as reported in the most recent *Ryan White HIV/AIDS Program Services Report (RSR)*.

Clinical requirements

Prevention of HIV transmission

Programs are required to follow the HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.

Providers should share information that reflects recent advances in HIV prevention, including:

- Viral suppression.
- Pre-exposure Prophylaxis (PrEP).

    - RWHAP funds cannot be used for PrEP medications or related medical services, such as clinician visits and laboratory costs. However, RWHAP recipients must refer people who could benefit from PrEP to appropriate HIV prevention service providers in their area.
- Non-occupational Post-Exposure Prophylaxis (nPEP).
    - RWHAP funds cannot be used to pay for nPEP medications or related medical services. However, RWHAP recipients may educate and counsel clients on health and HIV prevention issues, including nPEP. See Updated guidelines for antiretroviral post-exposure prophylaxis after sexual, injection drug use, or other non-occupational exposure to HIV [PDF].

Medical services

- You must develop a comprehensive and coordinated system of family-centered care and support services in an outpatient or ambulatory care setting.
    - This should happen either directly or through contracts or MOUs throughout their entire designated service area (see Appendix B).

Clinical guidelines

- All clinical care must be provided in accordance with HHS Clinical Practice Guidelines for HIV/AIDS.
- You are strongly encouraged to require continuing education, as updates are made available. This ensures that staff remain knowledgeable of advances in the treatment of HIV and are familiar with the most recent HHS Clinical Practice Guidelines.

Referral systems

- Programs must have a referral process for allowable services, as outlined in PCN 16-02 [PDF], that are not directly supported by your RWHAP Part D funding, such as:
    - Oral health.
    - Specialty care.
    - Medical case management.
- Referrals, including referral outcomes, should be tracked and monitored in the patient's medical record so follow-up can happen.

Linkage to clinical trials

Section 2671 of the PHS Act requires RWHAP Part D recipients to have a plan to refer patients to biomedical research facilities or community-based organizations that conduct HIV-related clinical trials.

See the NIH HIV Clinical Trials Network website for protocol details.

Clinical Quality Management (CQM)

Section 2671 of the PHS Act requires RWHAP Part D recipients to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with HHS Guidelines for the treatment of HIV and related opportunistic infections.
- Develop strategies for ensuring such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

Please see PCN 15-02 : Clinical Quality Management [PDF] for information on CQM program requirements.

Coordination/linkages to other programs

Required activities

- Recipients must coordinate with all available and accessible community resources, including federally-funded and non-federally-funded programs.
- Recipients must also coordinate with other health care services under the Title V of the Social Security Act, including programs that promote the reduction and elimination of risk of HIV for youth.
- Recipients must participate in the development of the statewide coordinated statement of need required under the RWHAP Part B.
- Recipients must submit audits every two years to the lead state agency under RWHAP Part B regarding funds spent under RWHAP Part D.

Examples of programs to coordinate with:

- Support service programs such as substance use disorder treatment and housing services.
- Mental health services.

Medicaid provider status and clinic licensure

All applicants, including proposed subrecipients and MOU funded organizations, must:

- Have Medicaid provider status for all primary medical care providers and case management agencies.
- Be fully licensed to provide clinical and case management services, as required by state and local jurisdiction (see Attachment 12).

Administrative and fiscal requirements

Rapid service delivery

- To comply with PCN 21-02 : Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program [PDF], RWHAP recipients and subrecipients must develop protocols to facilitate the rapid delivery of RWHAP services.
    - This includes providing antiretrovirals to people who are newly diagnosed or re-engaged in care.
- If services begin before formal eligibility or payer source verification, recipients must determine eligibility within a reasonable timeframe.
    - Recipients must also reconcile RWHAP funds to ensure they were only used for allowable costs for eligible people.

Confirming RWHAP eligibility

RWHAP recipients and subrecipients must establish, implement, and monitor policies and procedures to determine eligibility for each client based on:

- HIV status.
- Low income.
- Residency.

We do not require documentation to be provided in-person nor be notarized.

See eligibility requirements (PCN 21-02 [PDF]).

Information systems

Recipients must have an information system that manages and reports, at a minimum, the following administrative, fiscal, and clinical data:

- Client demographic/clinical data and service provision data as required by the Ryan White HIV/AIDS Program Services Report (RSR).
    - See the most recent Annual RSR Instruction Manual [PDF].
- Source and use of program income.
- Services according to funding source.
- Time and effort supported by grant funds.
- Number of people with HIV served.

Service availability

HIV medical services should be available to clients **no later than 90 days** from the RWHAP D award issuance date.

The ability to provide family-centered HIV care includes hiring clinical staff and having the ability to bill for services.

When services are provided through contracts or through an MOU, subawards (contracts or MOU signed by both parties) must be finalized **within 60 days of the award**.

Subawarded services

In addition to the information included in 2 CFR 200.332, subrecipient agreements must include:

- The total number of WICY to be served.
- Eligibility for Medicaid certification of the medical providers and ambulatory care facilities.
- Details of the services to be provided.
- Assurance that providers will comply with RWHAP Part D legislative and program requirements, including:
  - Data sharing.
  - Submission of the RSR.
  - Participation in the CQM program.

Per 2 CFR 200.331–.333, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is:

- Used for authorized purposes.
- In compliance with federal statutes, RWHAP legislative and programmatic requirements, regulations, and the terms and conditions of the subaward.

Recipients must also track that subaward performance goals are achieved.

- Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward.
- Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.

Medication discounts

- HRSA expects RWHAP grant recipients that purchase, are reimbursed for, or provide reimbursement to other entities for outpatient prescription drugs to secure the best prices available for such products.
- They should also maximize results for their organization and patients (see 42 CFR part 50, subpart E).
- Eligible health care organizations and covered entities that enroll in the 340B Drug Pricing Program must comply with all 340B Program requirements.
  - They will also be subject to audit regarding 340B Program compliance.
- See more details regarding program requirements and eligibility.

Program income

All program income generated from awarded funds is additive and must be added to the grant amount and used for otherwise allowable costs. This means it should further the objectives of the RWHAP Part D grant program.

Please see PCN 15-03: Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income [PDF] for more information on the RWHAP and program income.

Financial tracking

Programs must have internal financial controls to:

- Safeguard assets.
- Ensure stewardship of federal funds.
- Manage cash flow to meet daily operations.
- Maximize revenue from non-federal sources.

If patients who need medications are eligible for state drug reimbursement programs funded under RWHAP Part B or other pharmaceutical programs, Part D program recipients should assist them in accessing these resources prior to using RWHAP Part D grant funds for such purposes.

RWHAP Part D funds also may be used to support co-pays and deductibles in cases where other RWHAP funds (Part A, B, or C) are not available.

Statutory authority

42 U.S.C. §§ 300ff-71 and 300ff-121 (§§ 2671 and 2693 of the Public Health Service Act)

Award information

Funding policies and limitations

Changes in HHS regulations

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

Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.
  - Your satisfactory progress in meeting the project's objectives.
  - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see:
  - Project Budget Information in the Application Guide [PDF].
  - 2 CFR Part 200 Subpart E — General Provisions for Selected Items of Cost.
  - Allowable and Unallowable Costs and Activities in the HHS Grants Policy Statement.
- All costs must be reasonable, necessary, allocable to the award, and adequately documented (2 CFR 200.403).
- You cannot earn profit from the federal award. See 2 CFR § 200.400(g).
- To promote objectivity in research, you cannot have a financial conflict of interest. See 42 CFR 50.
- Current appropriations law includes a salary limit of $228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds. For

help calculating salaries under this limit, read more at “salary rate limitation” in the Application Guide [PDF] .

Program-specific statutory or regulatory limitations

You cannot use funds under this notice for the following unallowable costs (this list is not exhaustive):

- Funding restrictions included in PCN 16-02 [PDF].
- Services that must be paid for by other sources, when available, consistent with the RWHAP payor of last resort requirement in PCN 21-02 [PDF].
- Payments for clinical research.
- Payments for inpatient hospitals, nursing homes, and other long-term care facilities.
- Cash payments to intended clients of RWHAP services.
- Purchase of, or improvement to land.
- Purchase, construction, or major alterations or renovations on any building or other facility (see 2 CFR 200 – subpart A Definitions).
- PrEP or nPEP medications or the related medical services. As outlined in the updated November 16, 2021 RWHAP and PrEP program letter [PDF].
- Purchase of sterile needles and syringes for the purpose of hypodermic injection of any illegal drug use. Some aspects of syringe services programs are allowable with HRSA’s prior approval and in compliance with HHS and HRSA policy. See Syringe Services Programs.
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.
- Research.
- Foreign travel.

RWHAP Part D funds cannot be used to:

- Supplement the maximum cost allowance for services reimbursed by third party payers such as Medicaid, Medicare, or other insurance programs.
    - Please note that recipients cannot use direct or indirect federal funds such as RWHAP Parts A, B, C, and F-Dental to duplicate reimbursement for services funded under Part D.
- Bill services reimbursed by RWHAP Part D to RWHAP Parts A, B, C, or F-Dental.

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

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

Payor of last resort

With the exception of programs administered by or providing the services of the Indian Health Service, the RWHAP is the payor of last resort.

Funds may not be used for services already paid for, or that could reasonably be paid for by:

- A state compensation program.
- An insurance policy.
- A federal or state health care program.
- An entity that provides health services on a pre-paid basis.

To comply with PCN 21-02 [PDF], recipients and subrecipients must:

- Establish, implement, and monitor written policies and procedures to identify any other payer sources.
- Vigorously pursue enrollment into health care coverage for which clients may be eligible, starting with, and in the order of employer-sponsored coverage, other private insurance, marketplace insurance, Medicare, and Medicaid.
- Maintain clear documentation of those efforts.

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 don't have a current indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

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

Consider your indirect costs when developing your budget.

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at 2 CFR 200.307.

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

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

To register:

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

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

If you need additional information about user roles in SAM.gov, see "Get registered: SAM.gov user roles" in the Application Guide [PDF].

Grants.gov

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number HRSA-26-067.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit HHS Tips for Preparing Grant Proposals.

Visit HRSA's How to Prepare Your Application page for more guidance.

See Apply for a Grant for other help and resources.

FAQs will be posted on our TA webpage after the webinar.

Join the webinar

Webinar information will be posted to the Related Documents tab on Grants.gov. We recommend you "Subscribe" to the NOFO on Grants.gov to receive updates when documents are posted.

Have questions? Go to Contacts and Support.

Step 3:
Build Your Application

In this step

Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

Narratives

Component	Grants.gov form	Included in page limit*?
☐ Project narrative	Project Narrative Attachment form.	Yes
☐ Budget narrative	Budget Narrative Attachment form.	Yes

Attachments

Insert each in the Attachments Form in this order.

Component	Included in page limit*?
☐ 1. Proof of nonprofit status	No
☐ 2. Program-specific line-item budget	Yes
☐ 3. Federally negotiated indirect cost rate	No
☐ 4. Staffing plan and biographical sketches	Yes
☐ 5. Job descriptions for key vacant positions	Yes
☐ 6. Project organizational chart	Yes
☐ 7. Work plan	Yes
☐ 8. Signed and scanned RWHAP Part D additional agreements and assurances	Yes
☐ 9. Map of service area	Yes
☐ 10. List of provider organizations with contracts and/or MOUs	Yes
☐ 11. Letter(s) from RWHAP Part A and/or Part B recipient of record	Yes

Component	Included in page limit*?
☐ 12. Table of provider Medicaid and Medicare numbers (National Provider Identifiers) and clinic licensure status	Yes
☐ 13. – 15. Other relevant documents	Yes

Other required forms

Upload using each required form in Grants.gov.

Component	Included in page limit*?
Application for Federal Assistance (SF-424)	No
Project Abstract Summary form	No
Budget Information for Non-Construction Programs (SF-424A)	No
Disclosure of Lobbying Activities (SF-LLL)	No
Budget Narrative Attachment form	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

This section includes guidance on each component found in the application checklist.

Application page limit: 80 pages

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

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

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

File format: We only accept the following document formats:

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

Size: 12-point font
Footnotes, charts, graphics, and budget tables may be 10-point or higher.

Ink color: Black

Spacing: Single-spaced, including all text and tables

Alignment: Left

Headings: Bold all headings and align left.

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

Margins: 1-inch on all sides

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

Page numbering:

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

File names: You can find guidance for naming our files in the Application Guide [PDF].

Project narrative

Introduction

In this section, you will describe all aspects of your project. Use the section headers and the order listed.

See merit review criterion 1: Need

- Clearly state the **entire** service area you plan to serve, as designated in Appendix B, and, if applicable, specify the current recipient for that service area whom you are proposing to replace.
    - Be specific about the geographic boundaries.

Please note:

- All applicants must demonstrate the capacity and readiness to provide comprehensive, family-centered HIV primary care and support services consistent with RWHAP Part D requirements to ensure continuity of care for WICY.
- New applicants are not expected to replicate the current recipient's exact service model.

In your response, include the following:

- Your organization's experience with health care delivery.
- Your organization's experience with the administration of federal funds.
- Your organization's mission statement, a description of your organization's model of care and how you will address access barriers across the entire service areas for WICY with HIV.
- Provide a list of the services you propose to provide for all of the WICY populations with HIV either directly or through referrals, contracts, or memoranda of understanding (MOUs) across the entire service area.

- A description of your organization's readiness to deliver the proposed services across the entire service area, including the infrastructure in place to begin or continue service delivery with minimal disruption.

Need

See merit review criterion 1: Need

This section must include the following **three components**:

- Overview of epidemiologic and socio-demographic data.
- Unmet needs.
- Description of the local HIV service delivery system and any recent changes.

Use clear, quantifiable data to show why RWHAP Part D funding is needed in your community.

- Focus specifically on the needs of women, infants, children, and youth (WICY) with HIV.

Component 1: Overview of epidemiologic and socio-demographic data

Present and explain the latest epidemiologic and socio-demographic data that shows the burden of HIV on WICY populations, and any significant changes to these populations **in your service area**.

- This section should use the most recent three years of HIV surveillance data for the full service area from your organization's patient population:
  - Calendar year (CY) data for:
    - **2022** (January 1 – December 31, 2022).
    - **2023** (January 1 – December 31, 2023).
    - **2024** (January 1 – December 31, 2024).
- For **each** of the three most recent years, provide the following data for the WICY populations, showing the total number of WICY with HIV and numbers for each population separately:
  - Women.
  - Infants (under 2 years old).
  - Children (ages 2–12).
  - Youth (ages 13–24).

- Where applicable, break down the data further (disaggregate) to highlight gaps in health outcomes based on factors such as:
  - Race and ethnicity.
  - Age.
  - Sex.
  - HIV transmission category.
  - Income level (as a percentage of the federal poverty level).
  - Housing status.
  - Health insurance coverage.
  - Education level.
- Use both tables and narrative explanations to present the data and clearly cite all sources.
  - Official data from reliable sources (e.g., state health departments or the CDC) should be used and referenced. Your data must include:
    - The number of newly diagnosed WICY with HIV.
    - The total number of WICY with HIV (prevalence).
    - WICY-specific rates of diseases such as syphilis, gonorrhea, tuberculosis, and Hepatitis C, which may indicate high-risk behaviors associated with HIV transmission.

Note: In this section, give both baseline numbers and percent change (e.g., "From 2022 to 2024, the number of women with HIV increased by 50%, from 100 to 150").

Component 2: Unmet needs

- Describe the unmet needs by analyzing gaps at each stage of the HIV care continuum for WICY populations with HIV **served by your organization**.
- Use data to show where individuals have been diagnosed with HIV, but are not actively in care or not receiving necessary services.
- Include estimates from RWHAP Part A or Part B for the entire service area (as defined in Appendix B), specifically:
  - The number of WICY who are unaware of their HIV status.
  - The number of WICY who are aware of their status but not receiving HIV care.
- Clearly define both the numerator and the denominator for each stage of the continuum.
  - Use the same definitions as those outlined in the HHS Common HIV Core Indicators, including:
    - The HAB Performance Measure Portfolio.

- It is recommended that you present this information in a table format. The left-hand column of the table should list each stage of the care continuum:
  - Total number of WICY with HIV in care.
  - Number of WICY newly diagnosed with HIV (HIV diagnosis).
  - Number of WICY linked to HIV care within 90 days of diagnosis (linkage to care).
  - Number of WICY retained in HIV medical care (retention in care).
  - Number of WICY prescribed antiretroviral therapy (use of ART).
  - Number of WICY who are virally suppressed.
- Across the top row of the table, include separate columns for each calendar year of data you are reporting (e.g., CY 2022, CY 2023, CY 2024).

Sample table: HIV care continuum and related outcomes for WICY, by calendar year

HIV care continuum stage	CY 2022 January 1 – December 31, 2022	CY 2023 January 1 – December 31, 2023	CY 2024 January 1 – December 31, 2024
Total number of WICY with HIV in care			
Number of WICY newly diagnosed with HIV			
Number linked to HIV care within 90 days of diagnosis			
Number retained in HIV medical care			
Number prescribed antiretroviral therapy (ART)			
Number virally suppressed			

Component 3: Description of the local HIV service delivery system and any recent changes

Describe the HIV care and prevention services available to WICY populations throughout the entire service area. Also include any recent changes in the local service delivery system.

Your description should address the following four areas:

1. HIV service providers in the entire service area as listed in Appendix B

- List all public and private organizations that provide HIV services to WICY populations in the target area, including your own organization.
- For each provider, describe:
  - The specific services offered.
  - People and communities disproportionately impacted by HIV served.
  - If available, the annual number of unduplicated WICY clients or patients served.
- RWHAP Part A and Part B Programs may serve as resources for this section.
- You may present this information in a table format.

Sample table: HIV service providers in the entire service area

Organization	Services provided	Populations served	Annual number of unduplicated WICY clients/patients served

If you are a current RWHAP Part D or a new applicant applying for a service area designated as being "statewide" in Appendix B, please describe the following:

- Your model of care, specifying whether services are delivered:
  - Through a network of satellite clinics, or
  - Via contracts or memoranda of understanding (MOUs) with other providers across the state.
- Any access to care challenges, such as:
  - Transportation barriers for patients or staff
  - Difficulty reaching rural or remote regions
- How your organization provides consultative and telehealth services across the statewide service area for WICY with HIV.

2. Public funding in support of HIV services in the service area

- Identify all federal, state, and local funding sources that support HIV prevention and care services for WICY populations across your entire service area.
- You can include this information in a table for clarity.
  - Additional information about HHS awards is available on the HHS website, Tracking Accountability in Government Grants System.
- In your description, you must state all RWHAP funding sources for your organization, including whether it receives both RWHAP Part C and Part D funding (i.e., you are dually funded), and whether it is a subrecipient of RWHAP Part A and/or Part B.
  - If you receive funding from both Part C and Part D, explain whether the two programs are either:
    - Integrated (for example, sharing resources, leadership, staffing, or service agreements), or
    - Separate (using different leadership, staff, or service agreements).

3. Gaps in local services and barriers to care

- Describe any services that are essential for achieving good HIV health outcomes but are not available in your entire service area for WICY populations.
- Explain the major barriers that prevent WICY clients from getting the services they need.

Approach

See merit review criterion 2: Response

- Describe the family-centered care and support services you will provide.
  - Include details to help HRSA reviewers understand how these services are delivered and the policies and procedures that ensure they meet professional standards of care.
  - Explain how you will address the unmet needs and gaps identified in your Needs Assessment.
  - Explain how your proposed activities will improve outcomes along the HIV care continuum.
    - For example, if your service area lacks oral health care, explain how you will meet that need.
- Describe the scope of work for each of the services as described, whether delivered directly, through contracts, or memorandum of understanding (MOU).
  - Services must be consistent with PCN 16-02 [PDF] and must address each WICY group (women, infants, children, and youth) to ensure no populations

are excluded.

Note: Your approach should prioritize identifying and serving WICY populations who:

- Are unaware of their HIV status.
- Have been diagnosed with HIV but are not actively in care .
- Are not virally suppressed.

All proposed activities should be designed to support:

- Linkage to care.
- Re-engagement.
- Retention in care.
- Adherence to treatment to reach HIV viral suppression.

Linkage to care

- Describe your organization's current HIV counseling and testing services for all WICY, including services for pregnant women.
    - If you plan to use RWHAP Part D funds for counseling and testing, explain how these services will target high-risk WICY populations and avoid duplicating activities funded by RWHAP, CDC, Substance Abuse and Mental Health Services Administration (SAMHSA), or the state.
- Explain how all WICY who test positive for HIV will be linked to primary medical care and how you will monitor successful linkage rates.
    - Describe your collaboration with other RWHAP programs to enroll and retain clients in care.
    - Describe efforts to provide access to innovative primary care models that support self-sufficiency, such as direct primary care.
- Describe how you will identify WICY with HIV who are no longer engaged in care or are not virally suppressed.
    - Explain the specific outreach, follow-up, and re-engagement strategies you will use, including collaboration with surveillance data to locate and re-link clients.
    - Discuss how you will track re-engagement outcomes over time.

Comprehensive, coordinated systems of care

- Explain how you will deliver comprehensive and coordinated services that meet the HHS guidelines for each WICY population of focus using RWHAP Part D funds to improve outcomes across the HIV care continuum.
- Discuss strategic partnerships with community organizations, public health departments and providers under Title V of the Social Security Act to share data (consistent with privacy laws) and coordinate efforts to reduce barriers to care.
- Describe how your organization will coordinate services for WICY with other HIV provider organizations within the service area (listed in Appendix B) to maximize services and avoid duplication with other RWHAP Parts A, B, C, and F-Dental.
- List these partner organizations in Attachment 10.

Medical services

Outpatient/ambulatory health services

- Describe the HIV diagnostic and treatment services you will offer to prevent and manage HIV infection and related conditions. Include:
    - Onsite clinical protocols for new and ongoing patients.
    - Frequency of medical evaluations.

    - Provision of medications for HIV and opportunistic infections (both prevention and treatment).
- Describe how you will tailor adherence education and counseling to clients who are not virally suppressed, including intensified support or peer navigation, if appropriate.
- Explain how you will intervene early when clients show signs of falling out of care.
- Discuss the availability of lab services for CD4 counts, viral load testing, and other diagnostic tests.
    - Explain how you will remove financial barriers to accessing these services.
- Describe how you will refer clients to specialty medical care, other health services, and social services to address unmet needs.
    - Explain how you will track whether referrals are completed and what the results are.

Other medical services

- Describe how the services below will be provided to all WICY populations with HIV:
    - Medical case management (MCM).
    - Medical nutritional therapy services.
    - Mental health services.
    - Oral Health Care (diagnostic, preventive, and therapeutic services).
    - Substance abuse outpatient care.
- Explain the availability of the state AIDS Drug Assistance Program (ADAP) or other pharmacy assistance programs.
    - If there is an ADAP waiting list, describe how you will ensure all eligible patients can access necessary HIV medications, vaccines, and related treatments.
- Explain your policies and procedures for after-hours and weekend coverage for urgent or emergency HIV-related medical and dental care.
- Describe how you will coordinate with hospital staff to ensure patients discharged from inpatient care are referred to and retained in outpatient medical care.
- Describe plans to educate WICY about, refer them to, and help them enroll in HIV clinical research trials.
- Describe your planning activities that support youth as they bridge to adult medical care.
    - Include information about the success rates of these care bridges.

Women’s health

- Describe your efforts to raise awareness about STI prevention and access to treatment, including vaccinations, for example:
  - Preventing congenital syphilis.
  - Providing HPV vaccines when eligible.
  - Supporting partner notification efforts.
- Describe services for women, including:
  - Pre-pregnancy counseling.
  - Pregnancy care.
  - Chronic disease management.
  - Domestic violence awareness.
- Describe how you will provide or link women to perinatal and postnatal care and support their move back to HIV primary care after delivery.
- Explain how you will provide or refer infants (up to age two) exposed to or living with HIV to pediatric care.

Support services

- Describe how WICY clients will have access to support services that help them achieve positive HIV health outcomes.
  - Include services such as case management, medical transportation, and any other services included in your budget.
  - For each support service you plan to fund, explain how it will be provided and how it will help improve or maintain the health of WICY clients.
- Explain how you will help clients access financial support and services available through federal, state, or local programs that offer health care, mental health care, social services, or other assistance.
- Describe your plans for outreach, enrollment, and re-enrollment of RWHAP clients into health care coverage they are eligible for, including Direct Primary Care.

Involvement of WICY with HIV

- Describe how WICY with HIV are involved in the planning, implementation, and evaluation of your program.
- Explain how you will keep them informed about program activities and provide ways for them to share feedback and suggestions.
- Describe how they will be involved in developing interventions that support linkage to care, retention in care, treatment adherence, and viral suppression across the HIV care continuum.

High-level work plan

See merit review criteria 2: Response and 4: Impact

- You must submit a work plan that includes projected measurable objectives for the HIV core medical and support services you propose to provide, as defined by PCN 16-02 [PDF].
- These objectives should cover services to RWHAP-eligible clients described in your Approach section and should align with the line-item budget and budget narrative.
- You must establish the projected measurable objectives for each year of the four-year project period.
    - HRSA recommends presenting this information in a table with objective areas listed in the left column and columns across the top for each year of the performance period.
- Your work plan objectives are for all clients eligible to receive services funded by RWHAP Part D.
    - You must include objectives for the overall RWHAP Part D program and for each subrecipient, if applicable.
    - You are required to address HIV retention in care and HIV viral suppression in your work plan.
- Action steps, evaluation methods, and responsible staff should not be included here.
    - Do not include services funded by other sources since those should be described in your Approach section.
    - The work plan also should not include meetings, general outreach activities such as health fairs, or CDC-funded prevention efforts.
- You may choose to develop a more detailed internal work plan for your own use.

Submit the work plan as Attachment 7.

The work plan must cover four major areas:

- Access to care.
- Linkage to care.
- Comprehensive, coordinated systems of care.
- Other medical services (see other medical services section within Approach).

The performance period is August 1, 2026 to July 31, 2030.

- For each year of this period, provide the requested information under each area listed:
  - August 1, 2026, to July 31, 2027.
  - August 1, 2027, to July 31, 2028.
  - August 1, 2028, to July 31, 2029.
  - August 1, 2029, to July 31, 2030.

Access to care

List the following for each year:

- Total number of WICY clients with HIV enrolled.
- Number of new WICY clients with HIV to be enrolled in care.
- Total number of affected clients who received an HIV RWHAP support service.

Linkage to care

List the following for each year:

- Number of WICY to receive targeted HIV counseling and testing.
- Expected number of positive HIV test results.
- Number of newly diagnosed WICY clients enrolled in primary medical care within one month of diagnosis.
- WICY lost to care who will re-enroll within one month of contact or re-engagement

Comprehensive, coordinated systems of care

List the following for each year:

- Total number of WICY clients with HIV who will receive primary medical care services.
- Number of women (25 years and older) to be provided HIV primary medical care.
- Number of youth (ages 13–24) to be provided HIV primary medical care.
- Number of infants and children to be provided HIV primary medical care.
- Number of HIV-indeterminate infants (up to age 2) followed under surveillance.
- Number of pregnant women to receive perinatal services.

- Number of youth moving to adult medical care.
- Number of patients (specify which WICY populations) to receive treatment adherence services from a credentialed clinician.
- Number and types of specialty referrals.
- Number of strategic partnerships established.
- Number of new clients reached through strategic partnerships.
- Number of existing clients who received services because of a strategic partnership.

Other medical services

If you plan to provide any of the following services to low-income WICY clients with HIV, specify the number of each population (women, infants, children, youth) to be served each year:

- Mental health screening, assessment, and/or treatment.
- Substance use screening and/or treatment.
- Oral health care.
- Medical nutrition screening.
- Medical nutrition therapy provided by a registered dietitian or licensed nutritionist.
- The number of patients for each of the support services needed to help clients meet their HIV health outcomes (for example, non-medical case management, non-emergency medical transportation, translation services).

Resolving challenges

See merit review criterion 2: Response

In this section, describe:

- Any challenges you expect to face when designing and carrying out the activities in your work plan.
- How you plan to address or overcome these challenges.

Performance management

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

In this section, describe:

- The goals and objectives of your CQM program.
- How you will evaluate your program.

- Include your quality management activities and the information systems that support them.

CQM program infrastructure

- **Leadership:** Describe how the organization or program leadership is involved in your CQM activity.
- **CQM Committee:** Describe the CQM committee activities, frequency of meetings, and membership.
  - Describe how clinicians, subrecipients, contractors, other stakeholders, and people with lived experience contribute to the committee by developing, implementing and evaluating the RWHAP Part D.
- **CQM Plan:** Describe what your CQM plan will include, how it is approved, and how often.
  - Describe the associated work plan that will guide the CQM plan, include your goals, objectives, timeline, and responsible staff role.
- **Evaluation:** Describe how you will evaluate your CQM program.

CQM performance measures

- Describe your processes for selecting performance measures, including the frequency of data collection, data analysis, validation, and utilization.
- Describe your data sharing processes within your organization, to external stakeholders, and with those with lived experience.

Quality improvement (QI)

- Describe the QI methodology you are using or will use to identify priorities for quality improvement projects.
  - Describe the decision-making process for the development of a QI activity.
- Based on the epidemiological data you provided in the Need section, describe a QI activity you would plan.
  - You must include a project focused on people with HIV who are not virally suppressed and not medically retained in care and highlight any planned efforts for the WICY populations identified in your needs assessment.

Electronic Health Records (EHR) systems

Keeping accurate records of services provided and clients served is essential for HRSA to carry out the RWHAP legislation and manage grant funding responsibly.

HRSA requires all recipients to:

- Collect medical information at the client level using a unique identifier.

- Track data for all funded services.
- Submit data electronically through the Ryan White Services Report (RSR).

Describe the following:

- The system you currently use to track healthcare service data.
- Your experience and ability to manage, collect and report client-level data as required in the RSR Instruction Manual [PDF].

See the reporting section for more information.

Sustainability

See merit review criterion 4: Impact

We expect you to sustain key project elements that improve practices and outcomes for people and communities disproportionately impacted by HIV.

Propose a plan for project sustainability after the period of federal funding ends.

- Describe the organizational resources that you will use to sustain, without additional funds from the federal government, the project activities or enhancements supported by this award beyond the project period.
- 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

Administrative operations

- Describe the scope of your organization's overall activities and explain how the RWHAP Part D program fits within the scope of the organization's mission.
- You must clearly explain why your organization is the most optimal to serve the target WICY populations identified in previous sections.
- Describe how you train staff to deliver high-quality, family-centered HIV care for WICY populations, including regular training aligned with current HHS guidelines and training provided through regional or local AIDS Education and Training Centers (AETC).

Fiscal operations

- Describe the accounting system you use to track and report financial information.

- Describe the internal systems that are used to monitor grant expenditures and track, spend, and report program income generated by a Federal award.
- Describe how the organization will manage and monitor the performance and compliance of any subrecipients to ensure they meet RWHAP Part D requirements for WICY populations.
- Describe existing systems for maximizing collections and reimbursement for costs of providing medical care and other billable related services.
- Describe your discounted fee schedule and any policies regarding the annual cap on how much an individual patient is charged for HIV services.
    - Describe how you apply and monitor these policies.
- Describe the processes used to assess and recertify client eligibility for RWHAP supported services.

Budget and budget narrative

See merit review criterion 6: Support requested

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the Application Guide [PDF] and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for equipment and supply in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or $10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See funding policies and limitations.

Formatting your program-specific line-item budget

Convert or scan budgets into PDF format for submission.

- Do not submit Excel spreadsheets.
- Submit the program-specific line-item budget in table format, listing the program cost categories.
    - i.e., Medical Service Costs, CQM costs, Support Service Costs, and Administrative Costs across the top.
    - Object class categories (e.g., personnel, fringe Benefits, travel) should be in a column down the left-hand side.

Program-specific line-item budget

- To evaluate applicant adherence to RWHAP Part D legislative budget requirements, you must submit separate program-specific line-item budgets for each year of the four-year project period.
    - You must provide a line-item budget that reflects all costs for proposed activities, including those for subrecipients.
    - If there are no changes to each year of the budget, clearly include each year of the four-year project period at the top of the line-item budget.
    - These budgets should be uploaded as Attachment 2.
- The total amount requested on the SF-424A and the total amount listed on the program specific line-item budget must match.
    - The budget allocations must relate to the activities proposed in the project narrative and the work plan and must include the four allowable RWHAP Part D cost categories:
        - Medical Services.
        - Clinical Quality Management.
        - Support Services.
        - Administrative Costs.
- The Part D base budget requested for each year must not exceed the total award for the service area as listed in Appendix B.
- Personnel should be listed separately by position title and the name of the individual for each position title or note if vacant.

Contracts

- An itemized budget and a narrative justification for each subrecipient must be provided.
- Separate budgets must be established with all subrecipient providers and care must be taken to ensure there is no duplication of effort.
    - Provide a separate line-item budget for each subrecipient provider using the same format as that of the program-specific line-item budget for the applicant organization.
    - The total amount listed in each subrecipient budget should match the total amount listed for that agency on your program-specific line-item budget.

Allowable costs

- RWHAP Part D funds are for the purpose of providing outpatient or ambulatory medical care and support services which assist in the optimization of health outcomes for low-income WICY with HIV.
- HAB expects RWHAP Part D programs to be designed to meet the HIV medical needs of WICY populations before providing support services to affected family members.
    - Support services, such as transportation, childcare, support groups, and translation services, may be offered to affected family members when those services are for the benefit of, and being utilized by, the WICY with HIV at the same time.
- The RWHAP Part D Program divides the allowable costs among four cost categories.
    - These categories are medical service costs, Clinical Quality Management costs, support service costs, and administrative costs.
- Applicants should review the PCN 16-02 [PDF] for allowable uses of RWHAP funds.
    - **Medical service costs** are those costs associated with providing primary medical care and related core medical services for low-income WICY with HIV.
    - **Clinical quality management costs** are costs required to maintain a CQM program to ensure that medical services are consistent with the most recent HHS guidelines.
        - This covers access and quality improvements for HIV health services .
        - CQM expenses must be kept to a reasonable level.
    - **Support service costs** are those costs for services which are needed for individuals with HIV to achieve their HIV medical outcomes.

- **Administrative costs** are those costs to be used by recipients for grant management and monitoring activities, including costs related to any staff or activity unrelated to services, or indirect costs.
  - By law, no more than 10% of the RWHAP Part D award (including the RWHAP Part D supplemental award) can be used for administrative expenses.
  - All indirect costs count toward this 10% limit.
  - Please see PCN 15-01: Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Part A, B, C, and D [PDF] for additional information.

- For each class category, as listed below, the budget narrative must be divided according to the RWHAP Part D cost categories (Medical Services, Support Services, CQM, and Administrative Costs). Descriptions must be specific to the cost category.

Travel: List travel costs according to local and long-distance travel.

- For local travel, outline the mileage rate, number of miles, reason for travel and staff member/people with HIV completing the travel.
- The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.
- Clinical staff traveling to provide care is included under Medical Services, while patient transportation is included in Support Services.
- All other travel to workshops or conferences is included in CQM.
- Allowable travel costs also include attendance for approximately three staff members at the National Ryan White Conference on HIV Care and Treatment, as attendance is expected.
  - Be sure to include the costs in your budget.
  - HRSA expects your organization to support the travel and training for HIV related CME/CEU activities where appropriate and to use your local AETCs as a resource for training needs.

Contractual: Subrecipients providing services under this award must adhere to the same requirements as the recipient.

- The recipient is accountable for:
  - The subrecipient's performance of the project, program, or activity.
  - The appropriate expenditure of funds under the award;
  - Other obligations of the RWHAP Part D award.
- Recipients are required to annually monitor all subrecipients.

    - Assurance that subrecipients are computing and reporting program income is a RWHAP requirement.
    - Subrecipients must also report and validate program expenditures in accordance with budget categories to determine if legislative mandates are met.
- As a reminder, for subsequent years, the budget narrative should highlight only the changes from year one or clearly indicate that there are no substantive budget changes during the period of performance. Do not repeat the same information across years in the budget narrative.

To create your budget narrative, see budget narrative detailed instructions in the Application Guide [PDF].

Attachments

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

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

Attachment 1: Proof of nonprofit status (if applicable)

Include your proof of nonprofit status (not counted in the page limit). If your organization is a nonprofit, you **must** attach proof. We will accept any of the following:

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

Attachment 2: Program-specific line-item budget (required)

Submit a PDF document of the program-specific line-item budget for each year of the four-year project period. If your budget will stay the same across all years, you may submit one budget, but make sure each budget period is clearly labeled at the top of the document.

Make sure the budget includes all required items listed in the budget narrative section.

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

Submit a copy of the current agreement, if in your application you state that the federally negotiated indirect cost rate agreement is being used for your budget calculations.

Attachment 4: Staffing plan and biographical sketches (required)

Include biographical sketches for staff occupying the key positions. Keep each biographical sketch brief (one paragraph at most). Include the role, responsibilities, and qualifications of proposed project staff, including education, training, HIV experience and expertise.

The staffing plan should include all positions funded by the grant, as well as staff vital to program operations and the provision of RWHAP Part D-supported HIV services regardless of grant payor source. Key staff include, at a minimum, the program coordinator and the program medical director, all medical care providers funded directly or through a contract or covered by an MOU, and the quality management lead. For each staff, indicate the total FTE, all funding sources contributing to that FTE, and the corresponding time and effort. The RWHAP Part D FTE should align with both the line-item budget and the budget narrative. It may be helpful to supply this information in a table. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs. If a biographical sketch is included for an identified individual whom you have not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 5: Job descriptions for key vacant positions (if applicable)

Describe the roles and responsibilities for key personnel vacancies. Also describe the educational and experience qualifications needed to fill the positions and the FTE associated with the position(s). Limit each job description to one page in length. It may be helpful to supply this information in a table.

Attachment 6: Project organizational chart (required)

Include an organizational chart that clearly shows where the RWHAP Part D program fits within your organization. If the program is divided into departments, the chart should show the professional staff positions that administer those departments, and the reporting relationships for the management of the HIV program.

Attachment 7: Work plan (required)

Attach the work plan for the project that includes all information detailed in the High-level work plan section of the Project Narrative. You must establish measurable objectives and provide them in the four areas stated in the high-level work plan section of the project narrative for each year of the proposed period of performance (four years). Include objectives for the entire RWHAP Part D program and each subrecipient individually.

HRSA recommends providing this information in a table to outline the work plan.

Attachment 8: Signed and scanned RWHAP Part D additional agreements and assurances (required)

Review the RWHAP Part D Additional Agreements and Assurances located in Appendix A. This document must be signed by the Authorized Organization Representative (AOR), scanned, and uploaded.

Attachment 9: Map of service area (required)

Provide a map of the entire service area as defined in Appendix B, noting all location(s) where the applicant will provide Part D supported services, especially HIV primary medical care services. HAB recommends that you use an official state or local map showing jurisdictional boundaries (such as U.S. Census Bureau's QuickFacts, state public health websites) to display the entire service area.

Attachment 10: List of provider organizations with contracts and/or MOUs (if applicable)

If you propose to work with partners, include a list of all organizations for which signed contracts and letters/MOUs with your organization are available. Include a brief description of the activities/services to be provided by each identified provider organization and the location of the partner(s). Clearly outline the roles of partners, especially if specific WICY populations will not be served using the requested RWHAP Part D funds. HRSA recommends submitting this information in table format. Please be aware that HRSA may request copies of those agreements as part of the post-award administration process.

Attachment 11: Letter(s) from RWHAP Part A and/or Part B recipient of record (required)

Include a letter from the RWHAP Part A and/or Part B Recipient's AOR that documents whether your organization has participated in the RWHAP Part A and/or Part B planning activities, as applicable. Provide requested letter(s) that address why RWHAP Part D funds are necessary to support the needs described in your application, how the proposed services are not duplicative of other available services, and how the proposed services address the gaps in the local HIV care continuum. If this letter cannot be obtained, provide an explanation as to why for this attachment.

Attachment 12: Table of provider Medicaid and Medicare numbers (National Provider Identifiers) and clinic licensure status (required)

Use a table that identifies all providers' Medicaid and Medicare numbers and clinic licensure status. Include the Medicaid and Medicare provider number(s) for employed and contracted primary care and specialty care provider(s). If your jurisdiction does not require clinic licensure, describe how that can be confirmed in state regulation or other information. Official documentation may be required prior to an award being made or in the post-award period.

Attachments 13-15: Other relevant documents

You may use attachments 13 through 15 to add other relevant documents.

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO application package or review them and any available instructions at Grants.gov Forms.

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary form	With application.
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.

Form instructions

The Application Guide [PDF] has detailed instructions for:

- The Application for Federal Assistance (SF-424).
- The Budget Information for Non-Construction Programs (SF-424A).

Project abstract summary form instructions

Complete the information in the Project Abstract Summary form. Include the funding amount requested, and specify the proposed service area as listed in Appendix B. Also include a very brief description of your proposed project that includes 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 [PDF].

Important: Public Information

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

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

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

See instructions and examples [PDF] .

Step 4: Understand Review, Selection, 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, we will not fund it. If this is the case, we will notify your authorized official.

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

Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the Application Guide [PDF]. The members use these criteria.

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

Criterion 1: Need (10 points)

See the project narrative Introduction and Need sections.

The panel will review your application for how well it describes:

Introduction (4 points)

- The strength of the experience in health care delivery.
- The strength of the experience with the administration federal funds.
- The completeness of the list of the services proposed for women, infants, children, and youth with HIV.
- The completeness of the service area map (as listed in Appendix B), including:
  - Clear identification of the entire service area as designated in Appendix B.
  - Specific geographic boundaries.

    - A complete service area map (Attachment 9) that accurately shows where RWHAP Part D services will be delivered.
- The organization's readiness and infrastructure to deliver the proposed services across the entire service area with minimal disruption.
- Whether the applicant, if new, identifies the current recipient they propose to replace.
- The model of care and how they address access barriers across the entire service area for WICY with HIV.

Need (6 points)

- The completeness of the epidemiologic and socio-demographic data demonstrating an ongoing and increasing burden of HIV infection among WICY populations in the entire service area.
    - Includes three years of data, presented in tables and narrative form.
- How the narrative on unmet need demonstrates an understanding of service gaps affecting WICY populations.
    - Explains how these groups are highly impacted and require Part D-supported HIV-related health services.
- The description of the local HIV service delivery system, how the evolving healthcare landscape has affected family-centered HIV care and support services for WICY with HIV in the service area.
    - Includes how challenges resulting from these changes have been addressed.
- The identification of all federal, state, and local funding sources that support HIV prevention and care services for WICY in the service area.

Criterion 2: Response (35 points)

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

The panel will review your application for the following:

Approach (20 points)

- The completeness and strength of the description of family-centered care and support services, including:
    - How they are delivered.
    - Policies and procedures to ensure professional standards.
    - How the proposed activities address unmet needs and gaps to improve outcomes along the HIV care continuum.

    - How the proposed scope of work addresses each WICY group (women, infants, children, and youth) to ensure no populations are excluded.
- The completeness and strength of the linkage to care practices.
- The completeness and strength of the comprehensive, coordinated systems of care.
- The completeness and strength of the outpatient/ambulatory health services.
- The completeness and strength of the women's health services.
- The completeness and strength of the other medical services.
- The completeness and strength of the support services.
- The completeness and strength of the involvement of WICY with HIV in program planning, implementation, and evaluation.

High-level work plan (10 points)

- The clarity, completeness, and feasibility of the proposed work plan, including measurable objectives for each year of the performance period.
- Covers four required areas: Access to care, linkage to care, comprehensive, coordinated systems of care, and other medical services.
- The degree to which the proposed approach is responsive to the needs of disproportionately impacted WICY populations.

Resolving challenges (5 points)

- The extent to which likely challenges in designing and implementing work plan activities are discussed.
    - Includes clear approaches to resolve these challenges to ensure the RWHAP Part D program addresses priority WICY populations and gaps in the local HIV care continuum.

Criterion 3: Performance reporting and evaluation (15 points)

See the project narrative Performance management section.

The panel will review your application for the following:

Evaluation (10 points)

- The strength of the CQM program, including performance measurement and quality improvement activities focused on retention and viral suppression.
- The strength of the proposed CQM program infrastructure, including evidence of key leaders and the CQM plan development process.
- The strength of the narrative describing how people with lived experience are involved in developing, implementing, and evaluating the RWHAP Part D Program.
- The feasibility of the data collection plan and processes, including the frequency of data collection, key activities, and responsible staff.

Performance measurement (5 points)

- The organization's ability to carry out a quality improvement project focused on people with HIV who are not virally suppressed or not retained in care.

Criterion 4: Impact (10 points)

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

The panel will review your application for the following.

High-level work plan: Attachment 7 (7 points)

- The strength of the proposed work plan as evidenced by measurable and appropriate objectives that reflect:
  - Access to care and linkage to care.
  - Comprehensive, coordinated systems of care.
  - Other medical services.
  - A Clinical Quality Management program.
- The strength of the description of clinical quality management objectives for improving retention in care and viral suppression.
  - Includes WICY disproportionately impacted by HIV currently served by your organization.

Sustainability (3 points)

- The strength of the sustainability plan, including:
  - Available organizational resources.
  - Actions to secure future funding.
  - Strategies to address anticipated challenges.

Criterion 5: Resources and capabilities (20 points)

See the project narrative Organizational information and Performance management sections.

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

Organizational information (10 points)

- The applicant describes their organization's overall activities and explains how the RWHAP Part D program fits within the scope of the organization's mission.
- Staff are trained to deliver high-quality, family-centered HIV care for WICY populations,
  - Includes plans for ongoing training aligned with current HHS guidelines and training provided through regional or local AETCs.
- The completeness and adequacy of fiscal operations, including:
  - The accounting system.
  - Internal controls.
  - Processes for tracking, spending, and reporting federal funds, program income, and grant expenditures.

Performance reporting and evaluation (10 points)

- A clear plan is provided to evaluate the program, including quality management activities and the information systems that support them.
- You have the capacity to gather, manage, and use data from your electronic health record system.

Criterion 6: Support requested (10 points)

See the Budget and budget narrative section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable costs are and how well they align with the project's scope.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.
- How clearly the program-specific line-item budget presents the required cost categories and organizes the object class categories in the correct table format.
- How well the budget narrative justifies and aligns with costs in the line-item budget, including personnel, travel, subrecipients, and other allowable expenses.

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

We review your application based on its technical merit.

Risk review

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

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

We may ask you to submit additional information.

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

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

For more details, see 2 CFR 200.206.

Funding priorities

This program includes a funding priority based on an administrative priority. A funding priority adds points to merit review scores if we determine that the application meets the listed criteria. Qualifying for a funding priority does not guarantee that your application will be successful.

HRSA staff, not the merit review panel, will determine the funding priority.

Priority 1: Not currently funded by this opportunity (2 Points)

We will give you a funding priority if:

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

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

We will give you a funding priority if:

Your organization has never received an award under this opportunity.

Priority 3: Alignment with Ending the HIV Epidemic in the U.S. (EHE) initiative (2 points)

We will give you funding priority if the following is met:

Your proposal is in an EHE priority state.

There are priority points for the EHE states rather than all EHE jurisdictions because those states have a substantial share of the nation's HIV rural burden. They have fewer large Ryan White HIV/AIDS Program funded programs and persistent gaps in HIV infrastructure, making it difficult for residents in these states relative to other states with more robust HIV infrastructure. Priority points for EHE states are designed to ensure resources explicitly prioritize rural states to achieve nationwide HIV incidence reduction goals.

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Alignment with HRSA Mission and Strategic Priorities
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.

We may:

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

Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

You cannot appeal a denial, or the amount of funds awarded.

Award notices

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

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

Step 5: Submit Your Application

In this step

Application submission and deadlines

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

Application deadline

You must submit your application by 07/13/2026, at 11:59 p.m. ET.

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

If you need a deadline extension, see "requesting a waiver" in the Application Guide [PDF].

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see Applicant System-to-System.

For instructions on how to submit in Grants.gov, see the Quick Start Guide for Applicants. Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to the A panel reviews all applications that pass the initial review. You can find more about the merit review process in the Application Guide [PDF]. The members use these criteria.

Have questions? Go to Contacts and Support.

Other submissions

Intergovernmental review

If your state has a process, you will need to submit application information for intergovernmental review under Executive Order 12372. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the list of state single points of contact [PDF]. If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at 2 CFR Part 300, and any superseding regulations.
- The HHS Grants Policy Statement. Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.
- The requirements for performance management in 2 CFR 200.301.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

Required Alignment with HRSA Mission and Strategic Priorities

Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA vision, mission, core values, and strategic priorities, where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.
- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA's priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
    - Administer funds in accordance with all applicable federal statutes,

regulations, and award conditions.

    - Maintain strong internal controls.
    - Prevent waste, fraud, and abuse.

- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

Make America Healthy Again (MAHA): While ensuring access to high-quality, affordable physical and mental health care, HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease.

Child protections, biological integrity, parental rights, and lawful use of funds: HRSA prioritizes safeguarding children's health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds do not promote or support elective abortions, consistent with federal law and the Hyde Amendment.

Advancing evidence-based, merit-driven, and ethically grounded health care: HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes. HRSA will deprioritize organizations with:

- Conflicts of interest.
- "Harm reduction" models.
- Housing-first approaches.
- Activities that facilitate illegal drug use or unsafe medical practices.

Promoting public safety, lawful use of federal funds, and national health priorities: To the extent permitted by law, HRSA will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design,

implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at 2 CFR. part 200 and the terms and conditions of this award. This includes termination under CFR. 200.340(a)(4) if an award no longer effectuates the program goals or agency priorities.

Cybersecurity

- If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data.

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity. Visit to 45 CFR 170, Subpart B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity.

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

Reporting

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

You must also follow these program-specific reporting requirements:

- Progress reports each year
- Annual performance reports.
- The RWHAP Allocation due 60 days after the start of the budget period.
- The RWHAP Expenditure Report due 90 days after the end of the budget period.
- Ryan White Services report each year.
- Audits every two (2) years to the lead state agency for RWHAP Part B, consistent with Uniform Guidance 2 CFR 200 regarding funds expended in accordance with this title, and include necessary client-level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.
- Integrity and Performance Reporting – The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 2 CFR 200 Appendix XII.

Contacts and Support

In this step

Agency contacts

Program and eligibility

Division of Community HIV/AIDS Program
HIV/AIDS Bureau
Attn: Ryan White HIV/AIDS Program Part D Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Existing Geographic Service Areas
Health Resources and Services Administration
AskPartD@hrsa.gov
301-945-9638

Financial and budget

Kimberly Dews
Grants Management Specialist
Grants Management Specialist Division of Grants Management Operations Office of Financial Assistance and Acquisition Management (OFAAM) Health Resources and Services Administration
kdews@hrsa.gov
301-443-0655

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910

Electronic Handbooks Contact Center

Help with systems

Grants.gov

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

SAM.gov

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

Helpful websites

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

Appendices

Appendix A: Additional agreements and assurances

Ryan White HIV/AIDS Treatment Extension Act of 2009, RWHAP Part D WICY

The authorized representative of the applicant must include a signed and scanned original copy of the attached form with the grant application. This form lists the program assurances which must be satisfied in order to qualify for a Part D grant.

I, the authorized representative of _____in applying for a grant under Part D of Title XXVI, section 2671 of the Public Health Service Act (42 USC § 300ff- 71) and section 2693 of the Public Health Service Act, (42 U.S.C. § 300ff-121) as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P. L. 111-87), hereby certify that:

As required in section 2671 subsection (c) - Coordination With Other Entities:

1. The applicant will coordinate activities under the grant with other providers of health care services under this Act, and under Title V of the Social Security Act, including programs promoting the reduction and elimination of the risk of HIV/ AIDS for youth;
2. The applicant will participate in the statewide coordinated statement of need under Part B (where it has been initiated by the public health agency responsible for administering grants under part B) and in revisions of such statements;
3. The applicant will every 2 years submit to the lead State agency under section 2617(b)(4) of the PHS Act agency audits regarding funds expended in accordance with this Title and shall include necessary client-level data to complete unmet need calculations and statewide coordinated statements of need process.

As required in section 2671 subsection (d), the applicant will provide information regarding how the expected grant expenditures are related to RWHAP parts A and B planning processes. The applicant will also submit a specification of the expected expenditures and how those expenditures will improve overall patient outcomes as outlined as part of the State plan or through additional outcome measures.

As required in section 2671 subsection (f), the applicant will not use more than 10 percent of grant award for administrative expenses. The applicant will implement a clinical quality management program to assess the extent to which HIV health services

provided to patients under this grant are consistent with the most recent Public Health Service (HHS) guidelines for the treatment of HIV/AIDS and related opportunistic infection, and to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

As required under section 2681: Assure that services funded will be integrated with other such services, coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.

As required under section 2684: No funds will be used to fund AIDS programs or to develop materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.

I understand I can obtain a copy of the Title XXVI, PHS Act Part D at Congress.gov to gain full knowledge of its contents.

Name:_____Date:_____Title:_____

Appendix B: Service areas

These service areas have project periods ending July 31, 2026, and are up for competition for project periods beginning August 1, 2026. New applicants submitting proposals to provide services in an existing service area must identify the entire service area to be served and the current recipient you intend to replace. Each service area is listed separately.

The total funding available for each service area for the delivery of family-centered care services to the WICY population is identified in the "Funding Ceiling" column. Funding requests must not exceed the published funding ceiling amount.

Current RWHAP Part D recipients are encouraged to assess their history of expending Part D funds and to examine all resources available, including program income generated as a result of the RWHAP Part D award, when they consider the funding level for which to apply. Appendix B describes the ceiling amount for each service area; applicants can request a funding level that is less than the listed amount in light of their history of expending Part D funds and availability of other resources. In addition, HRSA reserves the right to fund less than the amount requested based on a history of current RWHAP Part D recipient's unobligated balances.

Reminder: if you are applying for more than one service area listed in Appendix B, you must submit a separate application for each service area. Each application must address the entire service area.

Current recipient name	City	State	Funding ceiling	Service area
Health Services Center, Inc.	Anniston	AL	$523,889	Counties in AL: Blount, Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, DeKalb, Etowah, Marshall, Randolph, Shelby, St. Clair, Talladega, Tallapoosa
University of Alabama at Birmingham	Birmingham	AL	$877,535	Counties in AL: Autauga, Barbour, Bibb, Blount, Bullock, Butler, Chilton, Choctaw, Clarke, Coffee, Colbert, Conecuh, Covington, Crenshaw, Cullman, Dale, Dallas, Elmore, Escambia, Fayette, Franklin, Geneva, Greene, Hale, Henry, Houston, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marengo, Marion, Marshall, Monroe, Montgomery, Morgan, Perry, Pickens, Pike, Russell, Shelby, St. Clair, Sumter, Tuscaloosa, Walker, Washington, Wilcox, Winston

Current recipient name	City	State	Funding ceiling	Service area
University of South Alabama	Mobile	AL	$462,889	Counties in AL: Baldwin, Mobile
ARCARE	Augusta	AR	$584,341	Counties in AR: Baxter, Benton, Boone, Calhoun, Carroll, Clark, Clay, Cleburne, Columbia, Conway, Craighead, Crawford, Cross, Dallas, Faulkner, Franklin, Fulton, Garland, Grant, Greene, Hempstead, Hot Springs, Howard, Independence, Izard, Jackson, Johnson, Lafayette, Lawrence, Lee, Little River, Logan, Lonoke, Madison, Marion, Miller, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Pointsett, Polk, Pope, Prairie, Pulaski, Randolph, St. Francis, Saline, Scott, Searcy, Sebastian, Sevier, Sharp, Stone, Union, Van Buren, Washington, White, Woodruff, Yell
Jefferson Comprehensive Care System, Inc.	Pine Bluff	AR	$366,159	Counties in AR: Arkansas, Ashley, Bradley, Calhoun , Chicot, Clark, Cleveland, Columbia, Crittenden, Cross, Dallas, Desha, Drew, Garland, Grant, Hempstead, Hot Springs, Howard , Jefferson, Lafayette, Lee, Lincoln, Little River, Lonoke, Miller, Mississippi, Monroe, Montgomery, Nevada, Ouachita, Phillips, Pike, Poinsett, Polk, Prairie, Pulaski, Saline, Sevier, St Francis, Union, Woodruff
Maricopa County Special Health Care District D.B.A Valleywise Health	Phoenix	AZ	$740,584	County in AZ: Maricopa
Alta Med Health Services Corporation	Commerce	CA	$217,572	County in CA: Orange
Cares Community Health	Sacramento	CA	$552,831	Counties in CA: Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Fresno, Glenn, Madera, Mariposa, Merced, Nevada, Placer,

Current recipient name	City	State	Funding ceiling	Service area
				Plumas, Sacramento, San Joaquin, Sierra, Stanislaus, Sutter, Tuolumne, Yolo, Yuba
Children's Hospital & Research Center	Oakland	CA	$733,020	Counties in CA: Alameda, Contra Costa
Clinica Sierra Vista	Bakersfield	CA	$215,482	Counties in CA: Kern, Tulare
Fresno Community Hospital & Medical Center	Fresno	CA	$537,045	County in CA: Fresno
Santa Rosa Community Health Centers	Santa Rosa	CA	$291,743	County in CA: Sonoma
The Regents of The Univ. of Calif., U.C. San Diego	La Jolla	CA	$851,689	County in CA: San Diego
The Regents of The University of California	San Francisco	CA	$423,372	City and County in CA: San Francisco
University of California, Los Angeles	Los Angeles	CA	$633,291	County in CA: Los Angeles
University of Southern California	Los Angeles	CA	$630,166	County in CA: Los Angeles– Service Planning Areas 4 and 6
Regents of The University of Colorado	Aurora	CO	$699,374	Counties in CO: Adams, Arapahoe, Boulder, Denver, El Paso, Jefferson, Larimer, Pueblo, Weld
Community Health Center Assoc. of	Cheshire	CT	$718,859	Cities in CT: Bridgeport, Hartford, New Haven, Torrington, Waterbury, Willimantic

Current recipient name	City	State	Funding ceiling	Service area
Connecticut, Inc.				
Connecticut Childrens Specialty Group, Inc.	Hartford	CT	$324,797	State of Connecticut
Christiana Care Health Services, Inc.	Wilmington	DE	$635,973	State of Delaware
Bond Community Health Center, Inc.	Tallahassee	FL	$432,874	Counties in FL: Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakull
Florida Department of Health	Orlando	FL	$756,816	Counties in FL: Brevard, Lake, Orange, Osceola, St. Lucie, Seminole
North Broward Hospital District	Fort Lauderdale	FL	$1,451,304	County in FL: Broward
University of Florida	Gainesville	FL	$607,817	Counties in FL: Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia; Counties in GA: Camden, Charlton, Glynn
University of Miami	Miami	FL	$1,399,470	County in FL: Miami-Dade
University of South Florida	Tampa	FL	$1,087,917	Counties in FL: Hillsborough, Pinellas
Chatham County Board of Health	Savannah	GA	$693,752	Counties in GA: Bryan, Camden, Chatham, Effingham, Glynn, Liberty, Long, McIntosh
Georgia Dept of Public Health	Waycross	GA	$656,538	Counties in GA: Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Pierce, Tatnall, Tombs, Ware, Wayne

Current recipient name	City	State	Funding ceiling	Service area
Grady Memorial Hospital Corporation D.B.A. Grady Health System	Atlanta	GA	$917,421	Counties in GA: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton
Access Community Health Network	Chicago	IL	$403,793	City in IL: Chicago– Zip codes of 60406, 60411, 60615, 60621, 60636, 60637, 60649, 60653
Cook County Health Bureau	Chicago	IL	$1,075,789	Counties in IL: Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, Will
Howard Brown Health Center	Chicago	IL	$523,430	City in IL: Chicago
Near North Health Service Corporation	Chicago	IL	$174,523	City in IL: Chicago zip codes of 60610, 60613, 60615, 60640, 60651, 60653
University of Illinois	Chicago	IL	$447,566	Counties in IL: Fulton, Hancock, Henderson, Knox, LaSalle, Marshall, Mason, McLean, McDonough, Peoria, Putnam, Stark, Tazewell, Warren, Woodford
University of Kansas School of Medicine-Wichita Medical Practice Association	Wichita	KS	$550,504	State of Kansas excluding the Counties of Johnson, Leavenworth, Miami, Wyandotte
Matthew 25 AIDS Services, Inc.	Henderson	KY	$398,643	Counties in IN: Davies, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick; Counties in KY: Allen, Barren, Breckinridge, Butler, Daviess, Edmonson, Grayson, Hancock, Hardin, Hart, Henderson, Larue, Logan, Marion, McLean, Meade, Metcalfe, Monroe, Nelson, Ohio, Simpson, Union, Warren, Washington, Webster

Current recipient name	City	State	Funding ceiling	Service area
University of Kentucky Research Foundation	Lexington	KY	$597,257	Counties in KY: Adair, Anderson, Bath, Bell, Bourbon, Boyd, Boyle, Bracken, Breathitt, Carter, Casey, Clark, Clay, Clinton, Cumberland, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Garrard, Green, Greenup, Harlan, Harrison, Jackson, Jessamine, Johnson, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Madison, Magoffin, Martin, Mason, McCreary, Menifee, Mercer, Montgomery, Morgan, Nicholas, Owsley, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Taylor, Wayne, Whitley, Wolfe, Woodford
University of Louisville	Louisville	KY	$682,232	Counties in IN: Clark, Crawford, Floyd, Harrison, Jackson, Jefferson, Jennings, Ohio, Orange, Perry, Scott, Spencer, Switzerland, Washington; Counties in KY: Allen, Barren, Breckinridge, Bullitt, Butler, Edmonson, Grayson, Hardin, Hart, Henry, Hopkins, Jefferson, Larue, Logan, Marion, Meade, Monroe, Muhlenberg, Nelson, Oldham, Shelby, Spencer, Trimble, Warren, Washington
Acadiana Cares, Inc.	Lafayette	LA	$238,157	Parishes in LA: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
LSU Health System Health Care Services Division	Baton Rouge	LA	$400,001	Parishes in LA: Livingston, St. Helena, St. Tammany, Tangipanoa, Washington
New Orleans AIDS Task Force	New Orleans	LA	$945,181	Parishes in LA: Caldwell, East Carroll, Franklin, Jackson, Jefferson, Lincoln, Madison, Morehouse, Orleans, Ouachita, Plaquemines, Richland, St. Bernard, Tensas, Union, West Carroll
Our Lady of The Lake Hospital, Inc.	Baton Rouge	LA	$571,708	Parishes in LA: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, West Baton Rouge, West Feliciana
Southwest Louisiana AIDS Council	Lake Charles	LA	$512,726	Parishes in LA: Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis

Current recipient name	City	State	Funding ceiling	Service area
Boston Medical Center	Boston	MA	$537,877	Counties in MA: Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Worcester; Counties in NH: Hillsborough, Rockingham, Stratford
Dimock Community Health Center, Inc.	Roxbury	MA	$654,509	City in MA: Boston zip codes of 02115, 02119, 02120, 02124, 02143; City of Cambridge
Greater New Bedford Community Health Center, Inc.	New Bedford	MA	$254,250	City in MA: New Bedford
Public Health, Massachusetts Dept. of	Boston	MA	$559,522	Cities in MA: Brockton, Lowell, Worcester
Johns Hopkins University, The	Baltimore	MD	$770,533	City in MD: Baltimore; Counties in MD: Anne Arundel, Baltimore, Carroll, Harford, Howard, Queen Anne's
Med Star Health Research Institute	Hyattsville	MD	$482,594	District of Columbia
Ingham, County of	Lansing	MI	$356,061	County in MI: Ingham County
Michigan Department of Community Health	Lansing	MI	$1,066,774	State of Michigan
Children's Health Care	Minneapolis	MN	$673,987	State of Minnesota; Counties in WI: Pierce, St. Croix
Kansas City CARE Clinic	Kansas City	MO	$672,174	Counties in KS: Johnson, Leavenworth, Miami, Wyandotte; Counties in MO: Andrews, Atchison, Barry, Barton, Bates, Benton, Buchanan, Caldwell, Carroll, Cass, Cates, Cedar, Christian, Clay, Clinton, Dade, Dallas, Daviess, DeKalb,

Current recipient name	City	State	Funding ceiling	Service area
				Dent, Douglas, Greene, Grundy, Harrison, Henry, Hickory, Holt, Howell, Jackson, Jasper, Johnson, Laclede, Lafayette, Lawrence, Livingston, McDonald, Mercer, Newton, Nodaway, Oregon, Ozark, Phelps, Platte, Polk, Pulaski, Ray, Shannon, St. Clair, Stone, Taney, Texas, Vernon, Webster, Worth, Wright
Washington University, The	Saint Louis	MO	$982,484	City in MO: St. Louis; Counties in IL: Clinton, Jersey, Madison, Monroe, St. Clair; Counties in MO: Franklin, Jefferson, Lincoln, St. Charles, St. Louis, Warren
Southeast Mississippi Rural Health Initiative, Inc.	Hattiesburg	MS	$477,397	Counties in MS: Adams, Amite, Clark, Copiah, Covington, Forrest, Franklin, George, Greene, Hancock, Harrison, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Lamar, Lauderdale, Lawrence, Lincoln, Marion, Newton, Pearl River, Perry, Pike, Simpson, Smith, Stone, Walthall, Wayne, Wilkinson
University of Mississippi Medical Center	Jackson	MS	$256,641	State of Mississippi
C.W. Williams Community Health Center, The Inc.	Charlotte	NC	$140,250	Counties in NC: Anson, Cabarrus, Gaston, Iredell, Mecklenburg, Rowan, Stanly, Union; County in SC: York
Central Carolina Health Network	Greensboro	NC	$613,988	Counties in NC: Alamance, Caswell, Guilford, Montgomery, Randolph, Rockingham, Stanly
Duke University	Durham	NC	$768,701	Counties in NC: Chatham, Durham, Franklin, Lee, Orange, Wake
East Carolina University	Greenville	NC	$810,199	Counties in NC: Beaufort, Bertie, Camden, Cartaret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrell, Washington, Wayne, Wilson

Current recipient name	City	State	Funding ceiling	Service area
Novant Health, Inc.	Winsten Salem	NC	$504,033	Counties in NC: Brunswick, Columbus, New Hanover, Onslow, Pender
Tri County Community Health Council, Inc.	Newton Grove	NC	$525,843	Counties in NC: Cumberland, Harnett, Hoke, Johnston, Moore, Richmond, Robeson, Sampson, Scotland
Wake Forest University	Winston Salem	NC	$623,017	Cities in NC: High Point, Winston-Salem; Counties in NC: Davidson, Davie, Forsyth, Guilford, Iredell, Rowan, Stokes, Surry, Yadkin
Western NC Community Health Services, Inc.	Asheville	NC	$452,512	Counties in NC: Avery, Buncombe, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey
University of Nebraska	Omaha	NE	$525,262	Counties in IA: Adams, Audubon, Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie, Shelby, Taylor; State of Nebraska, excluding the counties of Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, Sioux
Mary Hitchcock Memorial Hospital	Lebanon	NH	$507,227	State of New Hampshire, State of Vermont
New Jersey Department of Health & Senior Services	Trenton	NJ	$1,600,514	State of New Jersey
University of New Mexico Health Sciences Center	Albuquerque	NM	$556,215	Counties in NM: Bernalillo, Cibola, McKinley, Sandoval, San Juan, Valencia
Northern Nevada HIV Outpatient Program,	Reno	NV	$428,394	Counties in VA: Churchill, Douglas, Elko, Eureka, Humboldt, Lander, Lyon, Mineral, Pershing, Storey, Washoe, White Pine

Current recipient name	City	State	Funding ceiling	Service area
Education and Services				
University of Nevada-Las Vegas	Las Vegas	NV	$151,429	County in AZ: Mojave; Counties in NV: Clark, Nye
Albany Medical College	Albany	NY	$1,012,875	Counties in NY: Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Orange, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington
Community Health Project, Inc.	New York	NY	$352,341	City in NY: New York
Elmhurst Hospital Center/NYC Health & Hospital Corp.	Elmhurst	NY	$530,360	County in NY: Queens County zip codes of 11004, 11101, 11102, 11103, 11104, 11105, 11106, 11368, 11369, 11370, 11372, 11373, 11374, 11375, 11377, 11378, 11379, 11385, 11411, 11412, 11413, 11422, 11423, 11426, 11427, 11428, 11429, 11432, 11433, 11434, 11435, 11436, 11691, 11692, 11693, 11694, 11697
Montefiore Medical Center	Bronx	NY	$1,417,592	County in NY: Bronx
New York City Health & Hospitals Corporation	New York	NY	$405,897	County in NY: New York zip codes of 10026, 10027, 10030, 10037, 10039
New York University (Inc.)	New York	NY	$515,191	Counties in NY: New York, Richmond
North Shore University Hospital	Manhasset	NY	$679,892	Counties in NY: Nassau, Queens
St. Luke's Roosevelt Institute for	New York	NY	$991,842	County in NY: New York zip Codes of 10001, 10011, 10012, 10013, 10014, 10018, 10019, 10020, 10023, 10024, 10025, 10026, 10027,

Current recipient name	City	State	Funding ceiling	Service area
Health Sciences				10029, 10030, 10031, 10032, 10033, 10034, 10035, 10036, 10037, 10039, 10040
The New York and Presbyterian Hospital	New York	NY	$540,693	County in NY: Bronx County zip codes of 10451, 10452, 10453, 10454, 10456, 10457, 10458, 10460, 10463, 10468; New York County– Zip codes of 10024, 10025, 10026, 10027, 10030, 10031, 10032, 10033, 10034, 10035, 10037, 10039, 10040
The Research Foundation of State University of New York	Brooklyn	NY	$275,488	County in NY: Kings
The Research Foundation of State University of New York	Stony Brook	NY	$587,181	County in NY: Suffolk
The University of Toledo Health Science Campus	Toledo	OH	$581,230	Counties in OH: Defiance, Fulton, Henry, Lucas, Ottawa, Sandusky, Williams, Wood
University Hospitals of Cleveland	Cleveland	OH	$423,766	Counties in OH: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina
University of Oklahoma	Oklahoma City	OK	$668,233	Counties in OK: Alfalfa, Atoka, Beaver, Beckham, Blaine, Bryan, Caddo, Canadian, Carter, Choctaw, Cimarron, Cleveland, Coal, Comanche, Cotton, Custer, Dewey, Ellis, Garfield, Garvin, Grady, Grant, Greer, Harmon, Harper, Hughes, Jackson, Jefferson, Johnston, Kay, Kingfisher, Kiowa, Lincoln, Logan, Love, McClain, McCurtain, Major, Marshall, Murray, Noble, Oklahoma, Payne, Pontotoc, Pottowatomie, Pushmataha, Roger Mills, Seminole, Stephens, Texas, Tilman, Washita, Woods, Woodward

Current recipient name	City	State	Funding ceiling	Service area
County of Multnomah	Portland	OR	$391,293	Counties in OR: Clackamas, Columbia, Multnomah, Washington, Yamhill; County in WA: Clark
Accessmatters	Philadelphia	PA	$993,294	City in PA: Philadelphia
AIDS Care Group	Chester	PA	$486,645	Counties in PA: Berks, Bucks, Chester, Dauphin, Delaware, Montgomery
City of Philadelphia	Philadelphia	PA	$493,314	City in PA: Philadelphia zip codes of 19111, 19114, 19115, 19116, 19120, 19121, 19124, 19129, 19132, 19135, 19136, 19140, 19149, 19152
Drexel University	Philadelphia	PA	$515,916	City in PA: Philadelphia zip codes of 19120, 19122, 19124, 19126, 19133, 19134, 19138, 19140, 19191, 19144
Philadelphia Fight	Philadelphia	PA	$474,498	City in PA: Philadelphia– Zip codes of 19102, 19103, 19104, 19107, 19108, 19109, 19123, 19125, 19130, 19131, 19139, 19142, 19143, 19145, 19146, 19147, 19148, 19152
UPMC Presbyterian Shadyside	Pittsburgh	PA	$707,968	Counties in PA: Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland
Puerto Rico Community Network For Clinical Services, Research and Health Advancement, (PRCONCRA) Inc.	San Juan	PR	$389,176	Municipalities in PR: Aguas Buenas, Barceloneta, Bayamón, Canóvanas, Carolina, Cataño, Ceiba, Corozal, Dorado, Fajardo, Florida, Guaynabo, Gurabo, Humacao, Juncos, Las Marías, Las Piedras, Loíza, Luquillo, Manatí, Morovis, Naguabo, Naranjito, Río Grande, San Juan, Toa Alta, Toa Baja, Trujillo Alto, Vega Alta, Vega Baja, Yabucoa
University of Puerto Rico	San Juan	PR	$529,971	Territory of Puerto Rico
AIDS Care Ocean State, Inc.	Providence	RI	$795,880	State of Rhode Island

Current recipient name	City	State	Funding ceiling	Service area
Eau Claire Cooperative Health Center	Columbia	SC	$1,206,193	State of South Carolina
Le Bonheur Community Health and Well-Being	Memphis	TN	$574,724	County in AR: Crittenden; Counties in MS: DeSoto, Marshall, Tate, Tunica; Counties in TN: Fayette, Shelby, Tipton
Vanderbilt University Medical Center	Nashville	TN	$685,556	Counties in TN: Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, De Kalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson
Bexar County Hospital District	San Antonio	TX	$920,581	Counties in TX: Atascosa, Bandera, Bexar, Calhoun, Comal, Dewitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, and Zavala
Dallas County Hospital District	Dallas	TX	$817,831	Counties in TX: Callahan, Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Henderson, Hunt, Kaufman, Navarro, Rockwall
Harris County Hospital District	Houston	TX	$581,017	County in TX: Harris
Houston Regional HIV/ AIDS Resource Group, Inc.	Houston	TX	$771,037	Counties in TX: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton
Tarrant County Health Department	Fort Worth	TX	$559,302	Counties in TX: Hood, Johnson, Parker, Tarrant

Current recipient name	City	State	Funding ceiling	Service area
University of Texas Southwestern Medical Center at Dallas	Dallas	TX	$920,641	Counties in TX: Collin, Dallas, Denton, Ellis, Henderson, Hunt, Kaufman, Navarro, Rockwall
Valley AIDS Counsel	Harlingen	TX	$556,367	Counties in TX: Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata
Your Health Clinic	Sherman	TX	$247,947	Counties in TX: Cooke, Fannin, Grayson
University of Utah	Salt Lake City	UT	$505,573	State of Utah
Inova Health Care Services	Springfield	VA	$589,859	Cities in VA: Alexandria, Fairfax, Falls Church, Manassas, Manassas Park; Counties in VA: Arlington, Fairfax, Loudon, Prince William
Rector & Visitors of The University of Virginia	Charlottesville	VA	$406,251	Cities in VA: Buena Vista, Charlottesville, Fredericksburg, Harrisonburg, Lexington, Staunton, Waynesboro, and Winchester; Counties in VA: Albemarle, Augusta, Bath, Caroline, Clarke, Culpeper, Fauquier, Fluvanna, Frederick, Greene, Highland, King George, Louisa, Madison, Nelson, Orange, Page, Rappahannock, Rockbridge, Shenandoah, Spotsylvania, Stafford, Warren
Harborview Medical Center	Seattle	WA	$536,037	County in WA: King
Medical College of Wisconsin	Milwaukee	WI	$1,077,889	State of Wisconsin
West Virginia University	Morgantown	WV	$250,761	Counties in WV: Barbour, Berkeley, Brooke, Calhoun, Doddridge, Gilmer, Grant, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Lewis, Marion, Marshall, Mineral, Monongalia, Morgan, Ohio, Pendleton, Pleasants, Preston, Randolph, Ritchie, Roane, Taylor, Tucker, Tyler, Upshur, Wetzel, Wirt, Wood