

Notice of Funding Opportunity  
**Application due 07/13/2026**

# HRSA

## Health Resources & Services Administration

HIV/AIDS Bureau

National HIV Clinical Training for Residents Program

HRSA-26-108



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## Before You Begin

Health Resources and Services Administration

HIV/AIDS Bureau

Office of Program Support

National HIV Clinical Training for Residents Program

HRSA-26-108

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

### Basic information

Tagline: Expanding the HIV clinical workforce by training the next generation of providers to prevent, diagnose, and treat HIV.

### Summary

The purpose of the National HIV Clinical Training for Residents Program is to expand the HIV workforce by training residents from clinical disciplines to prevent, diagnose, treat, and link individuals with HIV to care. The funds will go to one recipient who will partner with up to eight (8) geographically dispersed residency programs to provide education, training, and technical assistance to residents to enhance their capacity to provide HIV care and treatment within the health care delivery system.

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

Key facts

Opportunity name:

National HIV Clinical Training for Residents Program

Opportunity number:

HRSA-26-108

Announcement version:

initial

Federal assistance listing:

93.145

Key dates

NOFO issue date:

06/11/2026

Informational webinar:

See [Join the Webinar](#)

Application deadline:

07/13/2026

Expected award date is by:

09/30/2026

Expected start date:

09/30/2026

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

**Funding details**

Application Types:

New

Expected total available funding in FY:

2026: \$3,500,000

Expected number and type of awards:

1 CA (Cooperative Agreement)

Funding range per award:

\$0 - \$3,500,000

The program and awards depend on the approval of funds from the U.S. Department of Health and Human Services' Minority HIV/AIDS Fund (MHAFF) and are subject to change based on the availability and amount of the award.

We plan to fund awards in four 12-month budget periods for a total 4- year period of performance from 09/30/2026 to 09/29/2030.

**Eligibility**

You can apply if you are eligible for funding under [Ryan White HIV/AIDS Program Parts A – F of Title XXVI of the Public Health Service \(PHS\) Act](#).

**Types of eligible organizations**

These types of domestic organizations may apply:

State governments

County governments  
City or township governments  
Special district governments  
Independent school districts  
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  
Faith-based organizations  
Private institutions of higher education

**Additional information on eligibility**

**Individuals are not eligible applicants under this NOFO.**

Other eligibility criteria  
Organizations are allowed to apply for this opportunity in partnership with other organizations (s) that meet the eligibility criteria stated above.

**Completeness and responsiveness criteria**

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

We will not consider an application that:

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

**Application limits**

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

**Cost sharing**

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. 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

According to the HRSA 2024 [State of the U.S. Health Workforce Report](#), there is a projected shortage of 187,130 full-time equivalent (FTE) physicians in 2037 across all physician specialties. Non-metropolitan areas will experience greater shortages of physicians than metro areas.

Now that HIV treatment strategies are more simplified and accessible, increasing the expertise and confidence of primary care providers who can deliver HIV diagnosis, care, and treatment is an important strategy to increase the number of health professionals who can provide medical care to people with HIV.

The National HIV Clinical Training for Residents Program will expand the HIV workforce by training residents from various medical disciplines to diagnose, treat, and link people with HIV to care. The awarded recipient will fund and collaborate with at least eight (8) geographically dispersed residency programs located in EHE jurisdictions or areas with high incidence of HIV diagnosis<sup>1</sup> to provide education, training, and technical assistance to enhance the capacity of health care delivery systems to reduce the number of HIV infections in the United States.

Residency settings can include the following:

- Internal medicine,
- Family medicine,
- Emergency medicine,
- Obstetrics-gynecology,
- Pediatrics,
- Psychiatry,
- Preventive medicine,
- Hospital medicine,
- Nurse practitioner and physician associate programs, and
- Other specialties that serve communities disproportionately affected by HIV.

The objectives of this program are to:

- Increase the number of providers in clinical settings who have the expertise to deliver patient-centered care for individuals with HIV.
- Provide didactic, experiential, and blended training to residents to develop expertise in HIV care and treatment, equipping them with the knowledge and experience to train other health care providers.

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<sup>1</sup> Ending the HIV Epidemic in the U.S. initiative focuses federal resources in the geographic areas where HIV transmission occurs most frequently; see HRSA: Ending the HIV Epidemic in the U.S., <https://www.hrsa.gov/ending-hiv-epidemic> (accessed March 4, 2026).

- Establish and maintain an online collaborative learning community of HIV providers for residents and faculty.
- Develop training(s) to incorporate the necessary knowledge, skills, and competencies to manage HIV as a chronic disease and prevent its spread in the U.S., directly supporting and promoting the HHS strategic priorities.
- Increase the clinical competency of residents to practice in EHE jurisdictions or communities with high incidence of HIV diagnosis.
- Use the [National HIV Curriculum \(NHC\)](#) as part of the training modality for the eight (8) geographically dispersed residency programs.

### **Funding Opportunity Goals**

- Reduce the new HIV infections in the U.S. by focusing on HIV care and treatment strategies so that people with HIV reach viral suppression and therefore do not sexually transmit HIV.
- Reach people with HIV who are out of care by leveraging partnerships, focusing interventions, and engaging communities.

### **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 in 2024 through the RWHAP, representing over half of all diagnosed with HIV in the U.S. This is an increase of nearly 26,000 clients since 2023.
- **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**

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

#### **Residency Program Partnerships and Recruitment**

The recipient should:

- Develop recruitment processes and selection criteria of residency programs in various residency programs from various medical disciplines.
- Establish and maintain partnerships with at least eight (8) geographically dispersed residency programs located in or near EHE jurisdictions to provide education, training, and technical assistance to enhance the capacity of health care delivery systems.

#### **Training Curriculum**

The recipient should:

- Use the National HIV Curriculum (NHC) as part of the training modality for the eight (8) geographically dispersed residency programs.

#### **Workforce Expansion**

The recipient should:

- Implement structured mentorship and career development pathways to encourage residents to pursue HIV-centered practice.

- Increase the clinical competency of residents to practice in EHE jurisdictions or in communities with a high incidence of HIV diagnosis.
- Develop strategies to increase the number of residency graduates who practice in HIV primary care or related specialties in EHE jurisdictions or in communities with a high incidence of HIV diagnosis

### **Technical Assistance and Capacity Building**

The recipient should:

- Provide education, training, and technical assistance to residency programs to establish referral pathways or provide HIV care.
- Develop and sustain an online learning collaborative to train and mentor residents interested in providing HIV care and treatment.

### **Performance and Evaluation**

The recipient should develop and implement an evaluation plan that will include but not be limited to the following:

- Document the number of residency programs participating in the initiative.
- Track and report the total number of residents enrolled across participating programs.
- Track enrollment by resident discipline to assess program reach and representation.
- Report the number of didactic, experiential, and blended training sessions delivered to residents.
- Measure and report participant training completion rates.
- Assess and document improvements in resident clinical competency in HIV prevention and treatment.
- Track the number of program graduates practicing in the EHE jurisdictions.

### **Statutory authority**

Consolidated Appropriations Act, 2026, Pub. L. 119-75, Division B, title II.

## **Award information**

### **Cooperative agreement terms**

Our responsibilities

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

- Collaborate with federally funded and academic training programs throughout the program.
- Provide information resources, including technical assistance resource centers and other entities of relevance to the program.
- Review activities, procedures, measures, and tools to be implemented for accomplishing the overall goals and objectives of this program on an on-going basis.
- Participate in the design and implementation of evaluation tools, evaluation plans, and curriculum.

- Review and disseminate program activities, products, findings, best practices, evaluation data, and other information developed as part of this program to AIDS Education and Training Center (AETC) recipients, federal partners, stakeholders, and the broader health care community.

#### Your responsibilities

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

- Collaborate with assigned HRSA project officers and other HRSA staff as necessary to plan, execute, and evaluate program activities.
- Participate in site visits as requested by HAB during the period of performance.
- Provide data through OMB approved AETC evaluation collection tools.
- Provide a briefing to HRSA staff and leadership on the data, findings, accomplishments, and recommendations on the feasibility and sustainability of the program.
- Follow HRSA clearance and approval requirements for all dissemination materials (i.e., manuscripts/papers, concept proposals, conference abstracts, conference presentations, technical assistance resources, toolkits, and other public-facing materials).
- Participate in the biennial National Ryan White HIV/AIDS Conference on Care and Treatment during program's period of performance.

#### **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](#).
  - [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.

- Allowable and Unallowable Costs and Activities in the [HHS Grants Policy Statement](#).
- All costs must be [reasonable](#), necessary, [allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
- You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).
- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds.

### **Program-specific statutory or regulatory limitations**

You cannot use funds under this notice for the following:

- Funding restrictions included in [PCN 16-02](#).
- Services that must be paid for by other sources, when available, consistent with the RWHAP payor of last resort requirement in [PCN 21-02](#).
- Payments for clinical research.
- Payment 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 related medical services. As outlined in the updated [November 16, 2021 RWHAP and PrEP program letter](#).
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.
- Research.
- Foreign travel.

See [Manage Your Grant](#) for other information on costs and financial management.

### Indirect costs

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

To incur indirect costs, you can select one of two methods:

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

**Method 2 – *De minimis* rate.** Per [2 CFR § 200.414\(f\)](#), if you do not have a current negotiated indirect cost rate, you may elect to charge a **de minimis rate**. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

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

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

#### Program income

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

- 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.

## Step 2: Get Ready to Apply

### Get registered

#### SAM.gov

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

To register:

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

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

Once you register:

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

If you need additional information about user roles in SAM.gov, see “Get registered: SAM.gov user roles” in the [Application Guide](#).

#### 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-26-108.

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

### Application checklist

There are two types of forms in Grants.gov.

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

Make sure that you have everything you need to apply.

### Narratives

Component	Grants.gov form	Included in page limit* ?
<input type="checkbox"/> <a href="#">Project narrative</a> Use the Project Narrative Attachment form.	Project Narrative Attachment form.	Yes
<input type="checkbox"/> <a href="#">Budget narrative</a> Use the Budget Narrative Attachment form.	Budget Narrative Attachment form.	Yes

### Attachments

Insert each in the Attachments Form in this order.

Component	Included in page limit* ?
<input type="checkbox"/> 1. Work plan	Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions	Yes
<input type="checkbox"/> 3. Biographical sketches	No

<input type="checkbox"/> 4. Agreements with other entities	Yes
<input type="checkbox"/> 5. Project organizational chart	Yes
<input type="checkbox"/> 6. Tables and charts	Yes
<input type="checkbox"/> 7. Other relevant document	Yes
<input type="checkbox"/> 8. Other relevant document	Yes
<input type="checkbox"/> 9. Other relevant document	Yes
<input type="checkbox"/> 10. Other relevant document	Yes
<input type="checkbox"/> 11. Other relevant document	Yes
<input type="checkbox"/> 12. Other relevant document	Yes
<input type="checkbox"/> 13. Other relevant document	Yes
<input type="checkbox"/> 14. Other relevant document	Yes
<input type="checkbox"/> 15. Other relevant document	Yes

### Other required forms

Upload using each required form in Grants.gov.

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary Form	With application.
Grants.gov Lobbying Form	With application.
Disclosure of Lobbying Activities (SF-LLL), optional	With application.
Project/Performance Site Location(s)	With application.
Budget Information for Non-Construction Programs (SF 424A)	With application.
Key Contacts	With application.

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

### Application contents and format

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

#### Application page limit: 60

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

#### Required format

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

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

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

- .PDF - Adobe Portable Document Format

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

**Size:** 12-point font

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

**Ink color:** Black

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

**Alignment:** Left

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

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

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

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

**Page numbering:**

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

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

## **Project narrative**

Introduction

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

- Briefly describe the plan to meet the objectives of the program as outlined in the purpose.
- Provide a clear description of your ability to successfully meet and carry out program requirements and expectations.
- Summarize how you plan to establish, fund and collaborate with at least eight (8) geographically dispersed residency programs in EHE jurisdictions or areas with high incidence of HIV diagnosis to provide education, training, and technical assistance to enhance the capacity of health care delivery systems.

Need

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

- Describe the needs assessment process for determining proposed residency programs.
- Discuss any relevant barriers you hope to overcome in the service area.
- Use and cite demographic data whenever possible.

## Approach

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

- Explain how your program will address the needs and meet all requirements in this NOFO.
- Briefly outline your proposed collaboration with eight (8) geographically dispersed residency programs, including:
  - Criteria for selecting residency programs, including process for ensuring geographic distribution across EHE jurisdictions or areas with high incidence of HIV diagnosis.
  - Estimated budget amounts for each program.
- Describe how you plan to implement didactic, hands-on clinical, and blended training to prepare residents to provide optimal HIV care and treatment.
- Describe your plans to train or implement activities that result in the training of health professionals who will provide treatment for individuals who are at high risk of contracting such disease.
- Describe your plans to train or implement activities that result in the training of health professionals and allied health professionals to provide treatment for hepatitis B or C co-infected individuals.
- Summarize strategies to increase the number of graduates who go on to practice HIV care.
- Describe how you will implement structured mentorship and career development pathways to encourage residents to pursue HIV-centered practice.
- Describe how you will develop and sustain an online learning collaborative to train and mentor residents interested in providing HIV care and treatment.
- Provide a brief plan for distributing reports, products, outputs, and information to all stakeholder groups.

## High-level work plan

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

- Describe the plan to achieve each of the objectives during the period of performance.
- Provide an activity timeline and responsible staff that will help plan, design, and carry out these activities.
- You will also include a more detailed work plan in your [attachments](#).

## Resolving challenges

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

- Discuss possible challenges you may face in designing and carrying out the activities in the workplan during the period of performance.
- Explain the approaches you will use to resolve the challenges described above and actions you will take to mitigate risks to complete the program activities.

## Performance management

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

- **Outcomes.** Describe the expected outcomes (desired results) of the funded activities.
- **Performance measurement and reporting.**
  - Describe how you will collect and report required performance data accurately and on time.
  - Describe how you will manage and securely store data, including how you will protect data against cybersecurity threats, breaches, or other loss of data integrity.
  - Describe how you will monitor and analyze performance data to continually improve your program.
- **Program evaluation.** If applicable:
  - Describe how you will evaluate your residency programs. The evaluation should examine processes and progress towards goals, program objectives, and expected outcomes. Evaluations must follow the [HHS Evaluation Policy](#), as well as the standards and best practices described in [OMB Memorandum M-20-12](#). In the description of your evaluation, include:
    - The evaluation questions, methods, data you will collect, and timeline for evaluating the program.
    - Challenges in evaluating your program and how you will address them.
    - How you will share results, assess the effectiveness of those efforts, determine if your results are national in scope, and evaluate if your program can be replicated by other organizations.

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

Sustainability

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

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

- Highlight key elements of your activities. Examples include training methods or strategies that have been effective in improving practices.
- Describe the actions taken to obtain future sources of funding.
- Determine the timing to become self-sufficient.
- Discuss challenges that you'll likely encounter in sustaining the program. Include how you will resolve these challenges.

Organizational information

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

Briefly describe your mission, structure, and the scope of your current activities. Explain how they will help you carry out the program requirements. You'll include a [project organizational chart](#) in your attachments.

- Discuss how you will follow the approved program, keep track of all federal funds, and record all costs to avoid issues during the program audit.
- Describe your organization's experience with developing relationships with residency programs.

- Describe your experience with HIV workforce development and capacity building.
- Describe your organizational profile, budget, partners, key processes, and your key staff's experience, skills, and knowledge.
- Describe the capacity of your organization and staff to evaluate the program.
- Include staffing plan and job descriptions that clearly show how your organization is structured, as **Attachment 2**.
- Include a project organizational chart as **Attachment 5**. The chart should be a one-page figure that depicts the program structure of the program.

### **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 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](#).
- In addition to the instructions above, you must include the following:
  - A separate line-item budget for each year of the four-year period of performance, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs as appropriate.
  - The National HIV Clinical Training for Residents Program will be responsible for a collaborative learning community of HIV providers for residents and faculty and may travel to participating residency programs. Please include the costs for these activities in the budget, including travel.
  - Key personnel include the Principal Investigator, Project Director, and Evaluator. List each of these positions on the budget.
  - For all staff listed on the budget identify what percentage of the FTE you will allocate to this award, the full salary amount, and all other funding sources leverages to account for the full salary. For subsequent budget years, the

justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period.

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

### **Attachments**

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

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

#### Attachment 1: Work Plan

Attach the program's work plan. Make sure it includes everything required in the [project narrative](#) section.

#### Attachment 2: Staffing plan and job descriptions

Include a staffing plan that shows the staff positions that will support the program, and key information about each. Justify your staffing choices, including their education and experience. Explain your reasons for the amount of time you request for each staff position.

For each key staff member, attach a one-page job description. It must include their role, responsibilities, and qualifications.

#### Attachment 3: Biographical sketches

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

Each biographical sketch should be no more than two pages. Do not include non-public, [personally identifiable information](#). If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

#### Attachment 4: Agreements with other entities

Provide any documents that describe working relationships between your organization and proposed residency programs you mention in your project narrative. If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of subrecipients and contractors and any deliverables. It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization. Make sure letters of agreement are signed and dated.

#### Attachment 5: Project organizational chart

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

#### Attachment 6: Tables and charts

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

#### Attachment 7-15: other relevant documents

You may use attachments 7 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.
Grants.gov Lobbying Form	With application.
Disclosure of Lobbying Activities (SF-LLL), optional	With application.
Project/Performance Site Location(s)	With application.
Budget Information for Non-Construction Programs (SF 424A)	With application.
Key Contacts	With application.

Form instructions

The application guide has detailed instructions for:

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

Project abstract summary form instructions

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

### **Important: Public information**

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

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

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

[See instructions and examples](#).

## **Step 4: Understand Review, Selection, and Award**

## Application review

### Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, and the requirements in this NOFO. If your application does not meet eligibility criteria, it will not be funded. If your application does not meet other criteria, we will not fund it.

### Merit review

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

Criterion	Total number of points = 1
1. Need	10 points
2. Response	30 points
3. Performance reporting and evaluation	10 points
4. Impact	20 points
5. Resources and capabilities	25 points
6. Support requested	5 points

Criterion 1: Need (10 points)

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

The panel will review your application for:

#### Introduction

- How well you describe your program plan and how proposed activities will achieve the objectives outlined in the program purpose, including measurable outcomes and anticipated impact.
- How well you demonstrate the organization's capacity, experience, and infrastructure to successfully implement and sustain all program requirements and expectations.
- How well you describe the methods for funding and collaborating with at least eight (8) geographically dispersed residency programs located in EHE jurisdictions or areas with high incidence of HIV diagnosis, to provide education, training, and technical assistance to enhance the capacity of health care delivery systems.

#### Need

- How well you describe the needs assessment process for determining proposed residency programs.
- How well you describe the use and citing of demographic data when possible.

Criterion 2: Response (30 points)

The panel will review your application for:

#### Approach (15 points)

- How well you respond to the needs and requirements in the NOFO.
- How well you outline activities for eight (8) geographically dispersed residency programs, including criteria for selecting residency programs, process for ensuring geographic distribution across EHE jurisdictions or areas with high incidence of HIV diagnosis, and estimated budget amounts for each program.
- How well do you describe implementation of didactic, experiential, and blending training to prepare residents to provide optimal HIV care and treatment.
- How well you describe the strategies to increase the number of residents who go on to practice HIV care.
- How well you describe the implementation of structured mentorship and career development pathways to encourage residents to pursue HIV-centered practice.
- How well you describe the plan for development and sustainability of an online learning collaborative to train and mentor residents interested in providing HIV care and treatment.
- How well you describe the plan for distributing reports, products, and outputs to all stakeholder groups.
- How well you describe plans to train, or result in the training of, health professionals who will provide treatment for individuals who are at high risk of contracting such disease.
- How well you describe plans to train, or result in the training of, health professionals and allied health professionals to provide treatment for hepatitis B or C co-infected individuals.

#### **High-level work plan (5 points)**

- How well you describe the plan to achieve each objective during the period of performance.
- How well you describe the program activity timeline along with the roles and responsibilities of key personnel and partners that will carry out activities.

#### **Resolving Challenges (1 points)**

- How well you describe possible design and implementation challenges of the program.
- How well you describe the approach to resolve challenges that may impact program design and implementation activities .

Criterion 3: Performance reporting and evaluation (10 points)

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

The panel will review your application for:

#### **Evaluation**

- How well you define outcomes (desired results) of the funded activities.
- How well you describe the overall approach and methodology to evaluate program results against goals and objectives and gain insights into program outcomes and impact.
- How well you evaluate the residency program with eight (8) geographically dispersed residency programs that include criteria for selecting residency programs, process for

ensuring geographic distribution across EHE jurisdictions or areas with high incidence of HIV diagnosis.

#### Performance measurement

- How well you collect and report performance data accurately and on time.
- How well the program manages and securely stores data, including how you will protect data against cybersecurity threats, breaches, or others loss of data integrity.
- How well the program monitor and analyzes performance data to continually improve program performance.

#### Criterion 4: Impact (20 points)

The panel will review your application for:

##### **Sustainability**

- How well you describe the plan for program sustainability after the period of federal funding ends.
- How well you highlight key elements of activities that have been effective in improving performance.
- How well you describe the actions taken to obtain future sources of funding.
- How well you describe the challenges encountered in sustaining the programs and how you will resolve those challenges.

#### Criterion 5: Resources and capabilities (25 points)

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

The panel will review your application for:

##### **Organizational information (1 points)**

- How well you describe the mission, structure, and the scope of your current activities and how to carry out program requirements.
- How well you describe the methods to track all federal funds and record all costs during the program audit.
- How well you describe program strategies with eight (8) geographically dispersed residency programs that include criteria for selecting residency programs, process for ensuring geographic distribution across EHE jurisdictions or areas with high incidence of HIV diagnosis.
- How clearly you describe the organizational profile, budget, partners, and key processes of program to carry out project activities.
- How well you describe the staffing plan and job descriptions for the organizations, as in Attachment 2.
- How well you describe the project organizational chart as Attachment 5.

##### **Performance reporting and evaluation (15 points)**

- How well you define outcomes (desired results) of the funded activities.

- How well you describe the overall approach and methodology to evaluate program results against goals and objectives and gain insights into program outcomes and impact.
- How well you collect and report performance data accurately and on time.
- How well the program manages and securely stores data, including how you will protect data against cybersecurity threats, breaches, or others loss of data integrity.
- How well the program monitors and analyzes performance data to continually improve program performance.
- How well you evaluate the residency program with eight (8) geographically dispersed residency programs that include criteria for selecting residency programs, process for ensuring geographic distribution across EHE jurisdictions or areas with high incidence of HIV diagnosis.

Criterion 6: Support requested (5 points)

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

The panel will review your application for:

- 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 program scope of work.
- How sufficient the time is for key staff to spend on the program to achieve program objectives.
- How well the application describes the justification and cost effectiveness of proposed costs that align budget and scope of work.

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

### **Risk review**

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

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

We may ask you to submit additional information.

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

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

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

## Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- 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.
- The funding priorities, funding preferences, and special considerations listed.

We may:

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

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

### 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: 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.”

## 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](#) for more information.

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

## Step 5: Submit Your Application

### 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](#).

#### Submission method

Grants.gov

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

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

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

If you want to know more about correcting errors or tracking your application, you can refer to the [Application Guide](#).

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

## Other submissions

#### Intergovernmental review

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

## Step 6: Learn What Happens After Award

### 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):** HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

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

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

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

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

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

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

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

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

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

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

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

**Cybersecurity**

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

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity.  Visit to <a href="#">45 CFR 170, Subpart B</a> learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity.  Visit <a href="https://www.healthit.gov/topic/certification-ehrs/certification-health-it">https://www.healthit.gov/topic/certification-ehrs/certification-health-it</a> to learn more.

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, available at <https://www.healthit.gov/isp/>.

## Reporting

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

You must also follow these program-specific reporting requirements:

- Progress report(s) each year
- Annual Performance reports.
- Final Performance Report
- Federal Financial Report (SF-425)
- Non-Competitive Continuation (Mid-Year) Progress Report

## Contacts and Support

### Agency contacts

#### Program and eligibility

##### Kelli Miles

Senior Advisor

Attn:

National HIV Clinical Training for Residents Program

Health Resources and Services Administration

KMiles@hrsa.gov

301-443-0492

#### Financial and budget

Beverly Smith

Grants Management Specialist Division of Grants Management Operations Office of Financial Assistance and Acquisition Management (OFAAM) Health Resources and Services Administration

Bsmith@HRSA.gov

301-443-7065

#### HRSA contact center

**Open Monday – Friday, 7 a.m. – 8 p.m. ET**, except for federal holidays.

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

**TTY:** 877-897-9910

[Electronic Handbooks Contact Center](#)

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