# U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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***

***Funding Opportunity Number: HRSA-22-037***
***Funding Opportunity Type(s): New, Competing Continuation, and Competing Supplemental***
***Assistance Listings (AL/CFDA) Number: 93.153***

## NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

## Application Due Date: February 4, 2022

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!*
*HRSA will not approve deadline extensions for lack of registration.*
*Registration in all systems may take up to 1 month to complete.*

**Issuance Date: November 1, 2021**
**Modified on January 25, 2022 to extend the application due date to February 4, 2022**

Lillian Bell, MPH
Chief, Central Branch
Division of Community HIV/AIDS Programs (DCHAP)
Email: LBell@hrsa.gov
Telephone: (301) 443-5671

See Section VII for a complete list of agency contacts.

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

**508 Compliance Disclaimer**

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff in Section VII. Agency Contacts.

# EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 – FY 2025 Ryan White HIV/AIDS Program (RWHAP) Part D Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Existing Geographic Service Areas. In addition, HRSA is accepting proposals for FY 2022 Part D supplemental funding.

The purpose of the RWHAP Part D WICY program is to provide family-centered health care services in an outpatient or ambulatory care setting for low income WICY with HIV. Under this announcement, applicants must propose to provide family-centered care in outpatient or ambulatory care settings to low income women (25 years and older) with HIV, infants (up to two years of age) exposed to or with HIV, children (ages two to 12) with HIV, and youth (ages 13 to 24) with HIV. RWHAP Part D funding is intended to improve access to family-centered HIV medical care through the provision of coordinated, comprehensive, and culturally and linguistically competent services directly, through contract, or through memoranda of understanding (MOU).

This competition is open to current RWHAP Part D recipients and new organizations proposing to provide RWHAP Part D funded services in the geographic service areas listed in **Appendix B.** All applicants must demonstrate that they have the capacity to serve all eligible WICY populations with HIV in the proposed service area. New applicants must provide at least the same scope of comprehensive care and treatment services as the current RWHAP Part D recipient for the entire service area. **Your application must address the entire service area, as defined in Appendix B. If you are applying for more than one service area listed in Appendix B, you must submit a separate application for each service area**.

All applicants who submit an application to provide RWHAP Part D services for one of the published service areas in **Appendix B** may also apply for up to $150,000 in FY 2022 for RWHAP Part D supplemental funding. The purpose of this one-year supplemental funding is to strengthen organizational infrastructure to respond to the changing health care landscape and to increase capacity to develop, enhance, or expand access to high quality family-centered care services for low income WICY with HIV in the service area.

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|---|---|
| Funding Opportunity Title: | Ryan White HIV/AIDS Program Part D Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY)<br>Existing Geographic Service Areas |
| Funding Opportunity Number: | HRSA-22-037 |
| Due Date for Applications: | February 4, 2022 |
| Anticipated Total Annual Available FY 2022 Funding: | **Part D Base**: Approximately $75,000,000<br>**Part D Supplemental:** $3,500,000 |
| Estimated Number and Type of Award(s): | Up to 114 grants, of which approximately 25 grants may receive supplemental funding for FY 2022 |
| Estimated Annual Award Amount: | Varies - see Appendix B, subject to the availability of appropriated funds. |
| Cost Sharing/Match Required: | No |
| Period of Performance: | **Part D Base:** August 1, 2022 through July 31, 2026 (four years)<br>**Part D Supplemental:** August 1, 2022 through July 31, 2023 (one year) |
| Eligible Applicants: | Public and nonprofit private entities (including a health facility operated by or pursuant to a contract with the Indian Health Service, and faith based and Tribes/Tribal organizations) that provide family-centered care involving outpatient or ambulatory care (directly or through contracts or memoranda of understanding) for WICY with HIV.<br><br>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information. |

## Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this Notice of Funding Opportunity (NOFO) to do otherwise.

## Technical Assistance

HRSA has scheduled the following technical assistance (TA):

*Webinar*

Day and Date: Tuesday, December 7, 2021
Time: 2 – 4 p.m.
Call-In Number: 1-833-568-8864
Meeting ID: 160 404 9527
Passcode: 84126158
Weblink: https://hrsa-gov.zoomgov.com/j/1604049527?pwd=SE9UZUVsdWQ4djMvUzNTZUhnSHMwQT09

*This TA webinar will be recorded and made available on the TargetHIV Center website at https://targethiv.org/library/nofos.*

# Table of Contents

# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) Part D Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Existing Geographic Service Areas. The purpose of this program is to provide family-centered care in the outpatient or ambulatory care setting to low income WICY with HIV.

Under this announcement, applicants must propose to provide family-centered care in outpatient or ambulatory care settings to low income women (25 years and older) with HIV, infants (up to two years of age) exposed to or with HIV, children (ages 2 to 12) with HIV, and youth (ages 13 to 24) with HIV. RWHAP Part D funding is intended to improve access to family-centered HIV medical care through the provision of coordinated, comprehensive, and culturally and linguistically competent services directly, through contract, or through memoranda of understanding (MOU).

This competition is open to current RWHAP Part D recipients and new organizations proposing to provide RWHAP Part D funded services in the geographic service areas listed in Appendix B**.** All applicants must demonstrate that they have the capacity to serve all eligible WICY populations with HIV in the proposed service area. New applicants must provide at least the same scope of comprehensive care and treatment services as the current RWHAP Part D recipient for the service area. **Your application must address the entire service area, as defined in Appendix B. If you are applying for more than one service area listed in Appendix B, you must submit a separate application for each service area**.

All applicants who submit an application to provide RWHAP Part D services for one of the published service areas in Appendix B may also apply for up to $150,000 in FY 2022 for RWHAP Part D supplemental funding. The purpose of this one-year supplemental funding is to strengthen organizational infrastructure to respond to the changing health care landscape and to increase capacity to develop, enhance, or expand access to high quality family-centered care services for low income WICY with HIV in the service area.

For the purpose of implementing programs funded by RWHAP Part D, HIV family-centered care refers to outpatient or ambulatory care, including behavioral health, nutrition, and oral health services. Specialty care refers to specialty HIV care and specialty medical care such as obstetrics and gynecology, hepatology, and neurology. Support services may include, but are not limited to, the following:

1) Family-centered care services, including case management, that address the health care needs of WICY with HIV in order to achieve optimal health outcomes.
2) Referrals for additional services including:

a. referrals for inpatient hospital services, substance use disorder treatment, and mental health services; and
b. referrals for other social and support services, as appropriate.

3) Additional services necessary to enable the patient and the family to participate in the established program, including services designed to recruit and retain youth with HIV.
4) The provision of information and education on opportunities to participate in HIV/AIDS-related clinical research.

For additional information, please refer to Policy Clarification Notice (PCN) 16-02 for a list of RWHAP allowable services and use of funds.

For more details, see Program Requirements and Expectations.

## 2. Background

The Ryan White HIV/AIDS Program (RWHAP) Part D Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Existing Geographic Service Areas is authorized by 42 U.S.C. §§ 300ff-71 and 300ff-121 (§§ 2671 and 2693 of the Public Health Service Act).

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

The RWHAP has five statutorily defined Parts (Parts A, B, C, D and F) that provide funding for core medical services, support services, and medications; technical assistance; clinical training; and the development of innovative models of care to meet the needs of different communities and populations affected by HIV.

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

The HIV care continuum framework allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are encouraged to assess the outcomes of their programs and should work with their community and public health partners to improve outcomes across the HIV care continuum. The Health Resources and Services Administration (HRSA) encourages recipients to use the performance measures developed for the RWHAP at their local

level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

**Strategic Frameworks and National Objectives**

National objectives and strategic frameworks like the Healthy People 2030, the HIV National Strategic Plan: A Roadmap to End the HIV Epidemic (2021–2025); the Sexually Transmitted Infections National Strategic Plan for the United States (2021–2025); and the Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025) are crucial to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and provides a blueprint for collective action across the Federal Government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to extent possible.

**Expanding the Effort: Ending the HIV**

**Epidemic in the United States**

According to recent data from the 2019 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2015 to 2019, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 83.4 percent to 88.1 percent. Additionally, racial/ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.[1] For example, the disparities in viral suppression rates between Black/African Americans and White clients have decreased since 2010.[2] These improved outcomes mean more people with HIV in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.[3]

In February 2019, the Ending the HIV Epidemic in the United States (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. This 10-year initiative seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. The initiative promotes and implements four strategies to substantially reduce HIV transmissions – Diagnose, Treat,

[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2019. http://hab.hrsa.gov/data/data-reports. Published December 2020. Accessed December 2, 2020.
[2] Black/African American clients went from 79.4 percent viral suppression in 2015 to 85.2 percent in 2019, while 88.3 percent of white clients were virally suppressed in 2015 and 91.8 percent in 2019
[3] National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: https://clinicaltrials.gov/ NCT00074581 NLM Identifier: NCT00074581.

Prevent, and Respond. The initiative is a collaborative effort among key U.S Department of Health and Human Services (HHS) agencies, primarily HRSA, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

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 in care but not yet virally suppressed to the essential HIV care and treatment and support services needed to help them achieve viral suppression.

**Using Data Effectively: Integrated Data Sharing and Use**

HRSA and CDC's Division of HIV/AIDS Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, conducting needs assessments, determining unmet need estimates, reporting, quality improvement, enhancing the HIV care continuum, and public health action. HRSA strongly encourages RWHAP recipients to:

- Follow the principles and standards in the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action.
- Establish data sharing agreements between surveillance and HIV programs to ensure clarity about the process and purpose of the data sharing and utilization.

Integrated data sharing, analysis, and utilization of HIV data by state and territorial health departments can help further progress toward reaching the HIV National Strategic Plan goals and improve outcomes on the HIV care continuum.

HRSA strongly encourages complete CD4, viral load (VL) and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and HIV nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic in the United States can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

**Program Resources and Innovative Models**

HRSA has a number of projects and resources that may assist RWHAP recipients with program implementation. These include a variety of HRSA cooperative agreements, contracts, and grants focused on specific technical assistance (TA), evaluation, and intervention activities. A list of these resources is available on **TargetHIV**. Recipients should be familiar with these resources and are encouraged to use them as needed to support their program implementation.

An important technical assistance resource is the **RWHAP Recipient Compilation of Best Practices Intervention Strategies** (Best Practices Compilation). The Best Practices Compilationt includes strategies that have been implemented in real world settings and that improve outcomes along the HIV care continuum. The RWHAP Best Practices Compilation is an easily searchable resource to support recipients' work and the needs of the people served by the RWHAP.

In addition, many RWHAP Special Projects of National Significance (SPNS) projects have demonstrated promising new approaches for linking and retaining priority populations into care. As resources permit, RWHAP recipients are encouraged to review and integrate these tools within their HIV system of care in accordance with the allowable service categories defined in PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds. Examples of these resources include:

- **E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV**
  E2i uses an implementation science approach to evaluate and understand existing and new intervention strategies that can be used in RWHAP provider settings. Once interventions or strategies are demonstrated and evaluated using implementation science, manuals, guides, interactive online tools, publications, and instructional materials are developed and disseminated for replication and integration into RWHAP provider settings.
- **Integrating HIV Innovative Practices (IHIP)**
  Resources on the IHIP website include easy-to-use training manuals, curricula, case studies, pocket guides, monographs, and handbooks, as well as informational handouts and infographics about SPNS generally. IHIP also hosts TA training webinars designed to provide a more interactive experience with experts, and a TA help desk exists for you to submit additional questions and share your own lessons learned.
- **Replication Resources from the SPNS Systems Linkages and Access to Care**

  There are intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among hard-to-reach people with HIV.

- **Dissemination of Evidence Informed Interventions**
  The Dissemination of Evidence-Informed Interventions initiative ran from 2015-2020 and disseminated four adapted linkage and retention interventions from prior SPNS and the Minority HIV/AIDS Funds (MHAF) from the HHS Secretary's Office initiatives to improve health outcomes along the HIV care continuum. The initiative produced four evidence-informed care and treatment interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing healthcare environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

HRSA also recognizes the importance of addressing emerging issues, as well as supporting the needs of special populations. To help recipients in responding to these critical issues, HRSA funds projects to provide technical assistance and resources for recipients. Examples of projects include:

- **Building Futures: Supporting Youth Living with HIV**
- **The Center for Engaging Black MSM Across the Care Continuum (CEBACC)**
- **Using Community Health Workers to Improve Linkage and Retention in Care**

**Social determinants of health (SDOH)** are conditions in which people are born, grow, live, work, and age. They include factors like socioeconomic status, education, neighborhood and physical environment, community violence, employment, and social support networks, as well as access to health care. Intimate partner violence (IPV) is among these factors that can disproportionately affect underserved communities.

According to Centers for Disease Control and Prevention, National Intimate Partner and Sexual Violence Survey (NISVS), IPV describes physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse, and can have both direct and indirect effects on individual, family, and community health. In 2017, HRSA launched its Strategy to Address IPV, an effort to address this critical social determinant of health through agency-wide collaborative action. The Strategy includes four priority areas including (1) Training the nation's health workforce, (2) Building partnerships to raise awareness, (3) Increasing access to quality care, and (4) Addressing gaps in knowledge about IPV risks, impacts, and interventions. Applicants are encouraged to consider one or more of these priority areas, as relevant, in the development and measurement of their initiative.

Additional resources to assist you in determining how to effectively address intimate partner violence in your HRSA-funded programs may be found in the HRSA Strategy to Address IPV.

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New, Competing Continuation, and Competing

Supplemental.

HRSA will provide funding in the form of a grant.

## 2. Summary of Funding

HRSA estimates approximately $75,000,000 to be available annually to fund 114 recipients. You may apply for up to the published ceiling amount in **Appendix B** per year. The actual amount available will not be determined until enactment of the final FY 2022 federal budget. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. **Applications must be complete, within the specified page limit, and validated by Grants.gov prior to the deadline to be considered under this NOFO**.

The period of performance for the RWHAP Part D WICY program is August 1, 2022 through July 31, 2026 (four years). Funding beyond the first year is subject to the availability of appropriated funds for RWHAP Part D Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Existing Geographic Service Areas in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. In addition, the period of performance for the Part D Supplemental funding is August 1, 2022 – July 31, 2023 (one year). Please review the RWHAP Part D Supplemental Funding section for more information.

### New RWHAP Part D Funding Methodology

Beginning in 2018, HRSA initiated a 2-year study to understand how to strategically target RWHAP Part D resources to maximize national impact. Activities conducted for this process included analyzing data (Ryan White HIV/AIDS Services Report (RSR), allocation reports, and CDC surveillance, etc.), compiling and reviewing evidence-informed interventions for the WICY population, and receiving feedback from various stakeholders. At the conclusion of the study, HRSA obtained feedback and input regarding potential new actions or directions for the RWHAP Part D WICY to improve linkage, retention, and health outcomes for this population. Based on the results of the study, three priority areas were identified for the next Part D competition: capacity building and training, targeted technical assistance, and a data informed funding methodology. This competition represents the first phase of the gradual implementation of the new funding methodology.

As part of the implementation strategy for the funding methodology, HRSA undertook a systematic revision of how RWHAP Part D funding was previously distributed to ensure that the RWHAP Part D funding awards across service areas are based on the numbers of clients served and presence of additional RWHAP resources.

Similar to the RWHAP Part C funding methodology that was implemented in FY 2018, the new RWHAP Part D funding methodology uses quantitative data to distribute funds

to grant service areas in a more streamlined and consistent manner to achieve a reasonable and sustainable allocation of resources to improve health outcomes for WICY with HIV. The RWHAP Part D funding methodology includes the following proportions and objective factors:

- Base funding - Each service area receives a minimum baseline award amount of $115,000 to ensure adequate level of funding to support program operations.
- WICY Clients - Base funding amount is augmented by an amount corresponding to the number of eligible RWHAP Part D clients served by the RWHAP Part D recipient as reported through the most recent RSR data, which for this competition is 2019.

  Approximately 85% of RWHAP Part D funding is allocated to base funding and WICY clients served.
- Presence of RWHAP Part A resources – The funding amount is increased for RWHAP Part D service areas outside of RWHAP Part A jurisdictions to address areas with limited availability of RWHAP resources, primarily rural areas.

  Approximately 15 percent of RWHAP Part D funding is based on the absence of RWHAP Part A resources.

The RWHAP Part D funding methodology seeks to ensure baseline funding for the maintenance of program operations; minimizes disruptions by constraining the maximum decrease and capping maximum increase; and maintains the provision of quality HIV care in existing service areas. HRSA used the funding methodology to determine the funding ceiling amount per service area under this NOFO, which continues to be a competitive, discretionary grant opportunity. Assuming level funding for the RWHAP Part D program in future years, this first phase of the funding methodology ensures that no service area will receive approximately more than a 10 percent decrease or more than a 25 percent increase in funding through this NOFO as compared to FY 2020 funding levels. Future iterations of the RWHAP Part D funding methodology may include new proportions in funding and factors, such as performance in HIV viral suppression, and new guardrails to ensure that the funding allocation across service areas will be responsive to HIV health disparities and the changing demographics of the HIV epidemic, as well as the evolving health care landscape.

The funding ceiling amounts in Appendix B reflect the implementation of this methodology.

HRSA encourages current RWHAP Part D recipients 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. HRSA anticipates directing any balance in funds to support technical assistance initiatives for RWHAP Part D service areas, as well as to support the RWHAP Part D Supplemental

funding. In addition, HRSA reserves the right to fund less than the amount requested based on a history of current RWHAP Part D recipients' unobligated balances.

### RWHAP Part D Supplemental Funding

Up to $3,500,000 is expected to be available in FY 2022 to provide one-year supplemental funding to approximately 25 of the 114 recipients. In addition to your application to provide RWHAP Part D services for one of the published service areas in Appendix B**,** you may also apply for a ceiling amount of up to $150,000 in supplemental funding to implement one HIV Care Innovation activity. The project period for the supplemental funding is August 1, 2022 through July 31, 2023. **Both new entities and current RWHAP Part D recipients applying for funding under this announcement (HRSA-22-037) are eligible to apply for supplemental funding.** Consideration for this one-year supplemental award is limited to applicants successfully funded under this announcement. Please review instructions in the Program Requirements and Expectations section, Attachment 13, and *Section V.1.* for additional information.

By law, no more than 10 percent of a federal RWHAP Part D award (including the Part D supplemental award) can be used for administrative expenses. All indirect costs count toward this 10 percent 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.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

## III. Eligibility Information

### 1. Eligible Applicants

This competition is open to current RWHAP Part D grant recipients and new, eligible applicant organizations proposing to provide RWHAP Part D family-centered care in outpatient or ambulatory care settings to low income WICY with HIV in the entire service area as described in Appendix B.

As identified in section 2671 of the Public Health Service (PHS) Act, eligible applicants include public and nonprofit private entities (including a health facility operated by or pursuant to a contract with the Indian Health Service, and faith-based and Tribes/Tribal organizations) that provide family-centered care involving outpatient or ambulatory care (directly or through contracts or MOUs) for WICY with HIV.

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 PHS Act. All applicants must demonstrate need based upon epidemiologic data. All applicants may only submit applications that address the entire RWHAP Part D geographic service area(s) for which they are applying to as published in Appendix B.

### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

### 3. Other

HRSA will consider any application that exceeds the ceiling amount listed in Appendix B non-responsive and will not consider it for funding under this notice.

Requests for supplemental funding that exceed the ceiling amount of $150,000 will be considered non-responsive and will not be considered for funding under this announcement.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are allowable. 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, as defined in Appendix B**.**

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-037 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. ***You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.***

## 2. Content and Form of Application Submission

### Application Format Requirements

Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA SF-424 *Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA SF-424 *Application Guide* for the Application Completeness Checklist.

### Application Page Limitation

The total size of all uploaded files included in the page limit may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Hyperlinks to additional documents are not allowed and will not be accessed or reviewed by the ORC reviewers. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-037, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

**Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline.**

### Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) If you are unable to attest to the statements in this certification, you must include an explanation in ***Attachment 14*** *Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

## Program Requirements and Expectations

RWHAP Part D recipients are expected to develop 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, especially those populations who are the hardest to reach, have the greatest unmet need, and/or demonstrate the greatest gaps in the HIV care continuum. This system of family-centered HIV care and support services should ensure the progress of the target WICY populations along the HIV care continuum with the goal of optimizing health outcomes demonstrated by testing and linkage to care, retention in medical care, viral suppression, and decreases in new HIV infections in the community.

**Evidence-Based and Informed Interventions for Disproportionately Affected WICY**
The HIV National Strategic Plan for the United States: A Roadmap to End the HIV Epidemic (2021-2025) (HIV National Strategic Plan) identifies priority populations to reduce disparities and improve HIV outcomes. The following target populations that can also identify as WICY were outlined in the plan: gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/Alaska Native men; Black women; transgender women; youth aged 13-24 years; and people who inject drugs. Priority sub-populations among WICY for the RWHAP Part D program are Black women; transgender women; youth aged 13-24 years; and people who inject drugs. The HIV National Strategic Plan notes using viral suppression rates as a disparities indicator because increasing and maintaining viral suppression among priority populations will improve health outcomes, reduce HIV-related deaths, and prevent new HIV transmissions. As a result, in seeking to drive health outcome improvements in these disproportionately affected populations, RWHAP Part D recipients are expected to provide evidence-informed interventions.

HAB has a number of program resources and innovative models, described in the Background section of this NOFO, which programs are encouraged to review. The CDC has also compiled a Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention to include interventions with evidence of showing significant effects on HIV related outcomes. RWHAP Part D programs are expected to review the HAB resources and CDC compendium and select an intervention(s) to implement with their WICY and priority WICY populations.

**Minority AIDS Initiative (MAI)**

As established in section 2693 of the PHS Act, the Minority AIDS Initiative (MAI) is intended to address the disproportionate impact that HIV/AIDS has on racial and ethnic minorities and to address the disparities in access, treatment, care, and outcomes for racial and ethnic minorities, including African Americans, Alaska Natives, Hispanic/Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders.

MAI funds are granted to health care organizations that provide culturally and linguistically appropriate care and services to racial and ethnic minorities. RWHAP Part D WICY recipients will be assigned funds under the MAI by the HAB Division of Community HIV/AIDS Programs (DCHAP), which administers the RWHAP Part D program. This assignment is based on the percentage of the RWHAP Part D WICY populations served from racial/ethnic minority communities as reported in the most recent RSR data and used to determine MAI amounts at the start of the period of performance.

The amount of **MAI funds awarded will be noted under the grant-specific program terms section (if applicable) of the Notice of Award (NOA)** which establishes the final funding for each budget period.

**Clinical Requirements:**

- **Prevention of HIV Transmission**

Programs are encouraged to incorporate HHS Guidelines on Antiretroviral Therapy to Prevent Sexual Transmission of HIV (Treatment as Prevention) and the Centers for Disease Control's Recommendations for HIV prevention with adults and adolescents with HIV in the United States, 2014: Summary for clinical providers.

These guidelines include new and longstanding federal guidance on biomedical, behavioral, and structural interventions that can decrease HIV transmission from persons with HIV by promoting adherence to antiretroviral therapy (ART) and reducing their HIV viral load. These include:

- **Treatment as prevention (TasP)** preventing sexual transmission of HIV through prescription of and adherence to ART to achieve and sustain viral load suppression (<200 copies/mL).
- **Screening patients for behavioral risk** through interviews or questionnaires regarding sexual and needle-sharing behaviors and screening for sexually transmitted infections (STIs) and pregnancy.
- **Offering behavioral interventions** to change knowledge, attitudes, and behaviors to reduce personal risk of transmitting or acquiring other STIs. Interventions should include information about TasP,viral suppression, pre-exposure prophylaxis (PrEP), and non-occupational post exposure prophylaxis (nPEP).
- **Providing partner counseling and referral services (PCRS**) which includes partner notification and suggests offering services, including PrEP, which can help the sex and needle-sharing partners of people with HIV.

Providers should ensure that the information they provide reflects recent advances in HIV prevention, including TasP, viral suppression, PrEP (see US Public Health Service Pre-exposure Prophylaxis for the Prevention of HIV Infection in the United States), and nPEP (see Updated guidelines for antiretroviral post-exposure prophylaxis after sexual, injection drug use, or other non-occupational exposure to

HIV). Note that the RWHAP prohibits the use of RWHAP funds for PrEP medications and the related medical services such as clinician visits and laboratory costs. While RWHAP legislation prohibits the use of RWHAP funds for PrEP services, RWHAP grant recipients are expected to link persons who could benefit from PrEP to appropriate HIV prevention service providers in their area. For more information see the Ryan White HIV/AIDS Program and Pre-Exposure Prophylaxis (PrEP) Letter.

- **Medical Care Evaluation and Clinical Care** – RWHAP Part D programs must develop a comprehensive and coordinated system of family-centered care and support services in an outpatient or ambulatory care setting 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 Guidelines. You are strongly encouraged to require, at least yearly, continuing education opportunities for RWHAP Part D program staff to ensure they remain knowledgeable of clinical advances in the treatment of HIV and are familiar with the most recent HHS Clinical Guidelines.

- **Referral Systems** - A process must be in place for referring patients to needed health care and support services such as oral health, specialty care, medical case management, etc. The referral system should include the tracking and monitoring of those referrals, including the documentation of the referral's outcome in the medical record so that follow-up may occur.

- **Linkage to Clinical Trials** – A plan must be in place for referring appropriate patients to biomedical research facilities or community-based organizations that conduct HIV-related clinical trials. For information on these protocols, visit the NIH HIV Clinical Trials Network website.

- **Clinical Quality Management** (CQM) – Section 2671 of the PHS Act requires RWHAP Part D recipients to: (1) 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, and (2) 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 HAB PCN 15-02 Clinical Quality Management and related Frequently Asked Questions for PCN 15-02 for information on CQM program requirements.

- **Coordination/Linkages to Other Programs** – Coordination must occur with all available and accessible community resources, such as federally-funded and non-federally-funded programs (e.g., substance use disorder treatment, mental health treatment, homelessness, housing, other support service programs) and with other providers of health care services under this act and Title V of the Social Security Act, including

programs promoting the reduction and elimination of risk of HIV for youth. RWHAP recipients will also 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 will submit every 2 years, audits to the lead state agency under Part B regarding funds expended under RWHAP Part D.

- **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. The applicant's primary medical care providers and case management agencies must be fully licensed to provide clinical and case management services, as required by their State and/or local jurisdiction (see Attachment 11).

**Administrative/Fiscal Requirements:**

- **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. RWHAP Part D funds may not be used for a service if payment has been made, or reasonably can be expected to be made by a State compensation program, an insurance policy, a Federal or State health benefits program, or by an entity that provides health services on a pre-paid basis.

  In accordance with the RWHAP client eligibility determination and recertification requirements (see HAB Program Letter on Rapid Eligibility and HAB PCN 13-02 Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements), HRSA expects clients' eligibility to be assessed during the initial eligibility determination and recertified at least every six months. At least once a year (whether defined as a 12-month period or calendar year), the recertification procedures should include the collection of more in-depth information, similar to that collected at the initial eligibility determination. The purposes of the eligibility and recertification procedures are to ensure that the program only serves eligible clients and that the RWHAP is the payor of last resort. Recipients and subrecipients are required to vigorously pursue and rigorously document enrollment into, and subsequent reimbursement from, health care coverage for which their clients may be eligible (e.g., Medicaid, Medicare, Children's Health Insurance Program (CHIP), state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, health plans offered through other private health insurance) to extend finite RWHAP grant resources to low income WICY with HIV.

  - **Information Systems** – Recipients must have an information system that has the capacity to manage and report 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;
- Source and use of program income;
- Services according to funding source;
- Time and effort supported by grant funds; and
- Number of people with HIV who received specific core medical and support services by funding source.

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. In addition, recipients cannot bill services reimbursed by RWHAP Part D to RWHAP Parts A, B, C, or F-Dental.

- **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 capability 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 award.

- **Subawarded Services** – In addition to the information included in 45 CFR § 75.352, subrecipient agreements must include: (1) the total number of WICY to be served; (2) eligibility for Medicaid certification of the medical providers and ambulatory care facilities; (3) details of the services to be provided; and (4) assurance that providers will comply with RWHAP Part D legislative and program requirements, including data sharing, submission of the RSR, and participation in the CQM program.

  Per 45 CFR §§ 75.351 - .353, 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; and 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 and to maximize results for their organization and its patients (see 42 CFR part 50, subpart E). Eligible health care organizations/covered entities that enroll in the 340B Drug Pricing Program must comply with all 340B Program requirements and will be subject to audit

regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at: https://www.hrsa.gov/opa/.

- **Program Income** – All program income generated as a result of awarded funds is considered additive and must be added to the grant amount and used for otherwise allowable costs to further the objectives of the RWHAP Part D grant program. Please see HAB PCN 15-03 for more information on the RWHAP and program income.

- **Other Financial Issues** – Programs must have appropriate financial systems in place that provide internal controls in safeguarding assets, ensuring stewardship of federal funds, maintaining adequate cash flow to meet daily operations, and maximizing 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 the cases where other RWHAP funds (Part A, B, or C) are not available.

**Supplemental Funding Opportunity**

All applicants who submit a proposal to provide RWHAP Part D services for one of the published service areas in Appendix B may also apply for up to $150,000 in FY 2022 supplemental funding. The purpose of this one-year supplemental funding is to strengthen organizational infrastructure to respond to the changing health care landscape and increase access to high quality family-centered care services for low income WICY with HIV. Consideration for this one-year supplemental award is limited to applicants successfully funded under this announcement.

Collectively, activities will allow RWHAP Part D programs to better align with priority areas for HHS and HRSA, including investing in addressing the opioid crisis, mental health, and promoting collaboration. The selected activity should target populations that are disproportionately impacted by the HIV epidemic and experience adverse health outcomes. Please see Attachment 13 for additional instructions on applying for the one-year supplemental funding opportunity.

**HIV Care Innovation**

There is only one (1) category available under this supplemental funding opportunity: HIV care innovation. HIV care innovation activities support progress along the HIV care continuum to improve health and increase life span of people with HIV, and prevent new infections. There are three (3) activities from which to choose. **If applying, select only one of the three activities listed below:**

1. Intimate Partner Violence Screening & Counseling
2. Transitioning Youth into Adult HIV Care

3. Youth Stable Housing Collaboration

NOTE: **HRSA will not fund the same supplemental activity in FY 2022 as HRSA funded previously in FY2020 or FY2021.** If the proposed project is an expansion of a previously funded activity, you must provide a clear rationale for how the proposed activity builds upon and furthers the objectives of the previously funded HIV Care Innovation activity. These activities are detailed under the following announcements:

- FY2020 RWHAP Part D Supplemental HRSA-20-068
- FY2021 RWHAP Part D Supplemental HRSA-21-059
- FY2020 Part C Capacity Development HRSA-20-067
- FY2021 Part C Capacity Development HRSA-21-058

**HAB Expectations Post Award**

HRSA recently concluded a 2-year study which provided HAB's DCHAP additional feedback to understand how to strategically target RWHAP Part D resources to maximize national impact. HRSA received feedback from current RWHAP Part D recipients as well as federal and community partners through stakeholder engagements. As a result, HAB DCHAP will provide training and technical assistance to increase uptake of evidenced-informed interventions and best practices across Part D programs and improve recipients' knowledge regarding Part D legislative requirements and programmatic expectations.

HAB DCHAP will provide targeted training and technical assistance for Part D programs awarded as a result of this NOFO. A brief description of these activities is as follows:

1. **RWHAP Part D WICY Basic Training Program:**

   The RWHAP Part D WICY Basic Training Program will provide training and education on programmatic and legislative requirements for new and continuing RWHAP Part D program recipients whose period of performance begins on August 1, 2022. The new training will focus on providing recipients with ongoing knowledge about implementing a Part D program. The training will be conducted through various modalities (i.e., online module/platform and/or in person, for example, through a reverse site visit (targeted focus for new RWHAP Part D recipients)). HRSA will use the training as an opportunity to educate RWHAP Part D recipient staff and subrecipients about the requirements and expectations of the grant. The topics covered will include, but are not limited to the following:

   - Expectations for dually-funded Part D programs (dually-funded meaning programs with RWHAP Part C and Part D awards)
   - Using Data for Quality Improvement
   - Preparing for RWHAP Site Visits
   - Understanding Program Income

Additional information will be provided to recipients about the start date of the training program.

2. **Communities of Practice** –A community of practice (CoP) is an established group of people focused on a topic that is of high impact and is organized to engage participants in a process improvement learning session with a team and in dialogue with other participating organizational teams. Through organizational self-assessments, didactic learning on specific topics, goals setting and work plan development, each team will integrate elements of what they learn through the CoP that can strategically benefit their organization. CoPs afford participants the opportunity to work in a group to share challenges and lessons learned and rapidly exchange information while adopting and scaling up interventions/strategies to advance both individual and group goals for the RWHAP Part D program. Each CoP is managed using distance-based modalities (audio, internet, and virtual capabilities) with no on-site component.

   The purpose of the Part D CoP is to facilitate the delivery and accelerate improvement in family-centered services provided to WICY with HIV. HRSA will conduct at least one CoP per year during the course of the period of performance (August 1, 2022 – July 31, 2026). The CoPs will be used to diffuse interventions and evidenced-based strategies, share best practices, and build new knowledge around several important areas, including but not limited to:
   - Youth transitioning from youth services to adult care
   - Pre-conception counseling
   - Trauma informed care

The CoPs will include a series of action periods and/or learning sessions, peer learning, coaching, and training led by a core group of experts (i.e., *Faculty*). Using the Plan Do Study Act (PDSA) Model, the action periods will focus on one of the identified topics for improvement, and selected strategies and best practices associated with the established goals of the CoP (i.e., *Change Package*). During the learning session, participants will report successes and challenges, and experts will present on how to address challenges. There will be a 3-4 month period between the action period and/or the learning session. HRSA HAB strongly encourages identified recipients of RWHAP Part D funding to participate in one or more CoPs. Additional information will be provided to recipients about next steps.

3. **HRSA Supported Meetings or Conference -** The HIV/AIDS Bureau hosts the National Ryan White Conference biennially. As a recipient of RWHAP Part D funding, HRSA expects you to participate and support the travel and training for: (1) a HAB supported meeting or conference; and (2) HIV related continuing medical education unit (CME/CEU) activities annually.

**Program-Specific Instructions**
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

***i. Project Abstract***
Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's SF-424 Application Guide.

In addition to the requirements listed in the *SF-424 Application Guide*, please include the following information in this order:

- A general overview of your model of care;
- The number of WICY with HIV served by the applicant annually for the most recent three years of which data is available;
- A statement on the proposed service area boundaries, as listed in Appendix B;
- A statement on the WICY priority populations to be served; and
- A brief description of the key services and quality improvement measures to be supported by RWHAP Part D funding.

If applying for the FY 2022 RWHAP Part D Supplemental funding, include the funding amount requested, the HIV Care Innovation activity to be implemented, and the HIV care continuum stage(s) to be addressed.

The project abstract must be single-spaced and limited to one page in length.

**NARRATIVE GUIDANCE**

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.

| **Narrative Section** | **Review Criteria** |
|---|---|
| Introduction | (1) Need |
| Needs Assessment | (1) Need |
| Methodology | (2) Response |
| Work Plan | (2) Response and (4) Impact |
| Resolution of Challenges | (2) Response |
| Evaluation and Technical Support Capacity | (3) Evaluative Measures and<br>(5) Resources/Capabilities |

| | |
|---|---|
| Organizational Information | (5) Resources/Capabilities |
| Budget and Budget Narrative | (6) Support Requested |

### *ii. Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project. Use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion (1) Need*
  Identify the entire service are you plan to serve, as designated in Appendix B. Be specific about the geographic boundaries since you will be ensuring that a comprehensive, coordinated system of medical and support services is accessible to all eligible WICY with HIV in that entire service area. Provide the following information:
    - Your organization's experience in health care delivery;
    - Your organization's experience with the administration of federal funds;
    - The proposed services for the WICY populations. You must then demonstrate the availability of comprehensive HIV care and services to the RWHAP eligible WICY residing in the entire service area through other HIV and RWHAP providers in the Methodology section; and
    - A map of the service area that shows the locations of where the proposed RWHAP Part D services will be delivered in the area. Include this map as Attachment 7 of the application. HAB recommends that you use an official state or local map showing jurisdictional boundaries (e.g., Quick Facts United States, state public health websites) to display the proposed service area.

  If you are a **new applicant** proposing to apply for one of the geographical service areas listed in Appendix B, provide the following information:
    - Identify the recipient (listed in Appendix B) that you intend to replace;
    - Identify the entire service area (as listed in Appendix B) where you are proposing to provide services;
    - Demonstrate that you have the readiness, including any telehealth infrastructure capabilities that are in place (if applicable), to serve the existing clients of the current recipient;
    - Describe a transition strategy for existing clients that minimizes disruption and maintains service continuity;
    - Demonstrate your organization's ability to provide at least the same scope of services as the current recipient; and
    - Demonstrate how your organization intends to provide services directly or through referrals, contracts, or memoranda of understanding (MOU) throughout the entire service area, as listed in Appendix B.

**Reminder:** If 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 listed in Appendix B.

**All applicants must demonstrate that they have the capacity to serve all eligible WICY with HIV in the entire service area. New applicants must provide at least the same scope of comprehensive care and treatment services as the current RWHAP Part D recipient.**

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need*
  The purpose of this section is to use quantifiable data to demonstrate the need for RWHAP Part D funding by describing and documenting the needs of the community, specifically the WICY populations, highlighting disparities, unmet needs, and gaps in services. There are three (3) required components of the needs assessment section:

  1) Overview of Epidemiologic and Socio-Demographic Data;
  2) Description of the Populations of Focus Currently Being Served by Your Organization; and
  3) The Local HIV Service Delivery System and Any Recent Changes.

  **1) Overview of Epidemiologic and Socio-Demographic Data**
  In this section, present and discuss epidemiologic and socio-demographic data that demonstrate the burden of HIV for WICY populations in the entire service area. The overview should be based on the most recent three years of HIV surveillance data available for the entire service area and the past three calendar years (CY) of data (i.e., CY 2018, 2019, and 2020) for your patient population(s). For **each** of the most recent three years for which data are available, show the **total number of WICY and numbers for each population of focus separately**, i.e., women 25 years or older, infants less than two years, children between two and 12 years, and youth 13 to 24 years in the entire service area. Where applicable, disaggregate data by relevant variables to highlight particular disparities (e.g., race, age, sex, transmission category, percentage of federal poverty level, housing status, health insurance status, primary language, citizenship status, education). Clearly document all data sources. Tables may be utilized to convey the information together with a narrative. Include the following information in the table and narrative:

  - The number of newly diagnosed WICY with HIV
  - The number of WICY with HIV (prevalence)
  - WICY-specific rates of diseases such as syphilis, gonorrhea, tuberculosis, and Hepatitis C that indicate a prevalence of high risk behaviors associated with HIV transmission

  In this section, give both baseline numbers and percent change, e.g., women grew 50 percent, from 100 to 150 people from 2018 to 2020. Clearly identify WICY sub-populations including Black women, transgender women, youth aged 13-24 years,

and people who inject drugs who have the greatest needs and will be targeted to receive RWHAP Part D funded services. This demonstrates your intent to address the HIV National Strategic Plan goals of reducing HIV-related health disparities and health inequities.

Other measures that show the impact of HIV on the local WICY populations may be used, but any data used must come from a reliable source and have clearly identified reference(s) for that data (e.g., the state Department of Health or the CDC).

2) **Populations of Focus Currently Being Served by Your Organization**
All RWHAP Part D recipients are expected to provide medical services to women (25 years and older, including people of childbearing potential) with HIV, infants (up to 2 years of age) exposed to or with HIV, children (ages 2 to 12) with HIV, and youth (ages 13 to 24) with HIV.

Describe the unmet need based on your evaluation of the gaps in each stage of the HIV care continuum for your WICY populations with HIV served by your organization. Include RWHAP Part A or B estimates of WICY in the entire service area (as listed in **Appendix B**) who are unaware of their HIV status or the unmet needs of WICY who know they are HIV positive but are not in care. The numerator and the denominator must be clearly defined for each stage. Please use the same numerators and denominators as outlined for the HHS Common HIV Core Indicators (HAB Performance Measure Portfolio; Ending the HIV Epidemic in the U.S.: 6 Indicators. 4 Strategies. 1 Goal - The AHEAD Dashboard ). The data are best presented in a table format which lists the stages in the left hand column (total numbers 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], number of WICY prescribed antiretroviral therapy [use of ART], and number of WICY virally suppressed). Across the top of the table, applicants should list the measurement periods by calendar year (for example, CY 2018, CY 2019, and CY 2020 as separate columns).

3) **The Local HIV Service Delivery System**
Describe the HIV care and prevention services available to WICY populations in the entire service area and demonstrate how the proposed RWHAP Part D activities will not duplicate other funded services. Your description should include any recent changes, as applicable, in response to the COVID-19 pandemic.

The presentation of the local HIV service delivery system should cover four broad areas:

- **HIV service providers in the entire service area** (as listed in Appendix B)**, including the applicant organization**

List the public and private organizations that provide HIV services to WICY populations in the target area, the specific services each one provides, specific target populations served, and, if possible, the number of unduplicated WICY clients/patients each one serves annually. This information may be provided in a table. RWHAP Part A and Part B Programs may serve as resources for this information.

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

- The direct medical and/or support services (including medical and non-medical case management) being provided.
- Model of care, specifically state whether medical and/or support services are provided via a network of satellite clinics or contracts/MOUs with other providers across the state.
- Access to care issues – e.g., transportation for patients or staff, difficulty reaching rural regions of the state.
- Your organization's provision of consultative and telehealth services across the statewide service area for WICY with HIV.

- **Public funding in support of HIV services in the service area** Identify all federal, state, and local funding sources for HIV prevention and care for the WICY population in the entire service area. Additional information regarding HHS awards is available through the HHS web site Tracking Accountability in Government Grants System. This information may be provided in a table.

  In addition to identifying all funding sources for HIV prevention and care for the WICY population in the entire service area (as listed in Appendix B), you must also state if you receive funding from both RWHAP Part C and Part D (i.e., it is dually funded).

  **If you receive funding from both RWHAP Part C and Part D, describe whether the two programs are integrated (e.g.; shared resources and/or same leadership, staffing, service agreements) or separate (e.g.; different leadership, staff, service agreements).**

- **Gaps in local services and barriers to care**
  Define what necessary services for achieving optimal HIV health outcomes are not available in the entire service area for WICY populations of focus with HIV. Describe the corresponding significant barriers that prevent low income WICY from accessing the services they need in the entire service area.

- **Changes in the health care environment**
  Describe how the evolving health care landscape has affected the delivery of HIV family-centered care and support services to WICY populations in the entire service area and describe how you have met the challenges of these

changes (e.g., managed care, Medicaid expansion, Medicare, availability of AIDS Drug Assistance Program (ADAP) funding, health insurance marketplaces, and level or declining federal, state and local funding in the entire service area). Provide specific details regarding the gaps in coverage for HIV family-centered care and support services for the major health care payor sources in the entire service area. For example, identify whether there are limits on the number of primary care or mental health visits, the types of oral health services which are reimbursable, medical/ non-medical case management services, or prescription medication coverage.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion (2) Response*
  Describe the scope of work for each of the services as described. Services must be consistent with PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds.

  Describe the proposed family-centered care and support services to be provided. HRSA encourages you to provide additional information that will help reviewers to understand how services are delivered and the policies and procedures that ensure that services provided meet established professional standards of care. Identify throughout this section how you will address the unmet needs and gaps in RWHAP Part D-supported services outlined in the Needs Assessment section and how related interventions and activities will impact the specific gaps in the local HIV care continuum. For example, if a service area is lacking access to oral health care, the application should address this unmet need.

  **Linkage to Care**
  - Describe your organization's current HIV counseling and testing services available for all WICY and similar services provided to people who are pregnant. If you are proposing counseling and testing with RWHAP Part D funding, discuss how these activities will not duplicate other funded efforts (i.e., RWHAP, CDC, SAMHSA, or state supported) and how these services will be directed toward WICY populations at high risk for HIV infection.
  - Discuss how all WICY who test positive for HIV will be linked into or be provided with primary medical care services and how you will monitor the rates of successful linkage to care.
  - Describe collaborative activities with other RWHAP programs to enroll clients and retain them in care.

  **Comprehensive, Coordinated Systems of Care**
  - Describe how you will deliver comprehensive and coordinated services for each WICY populations of focus using RWHAP Part D funds in efforts to improve outcomes along the HIV care continuum.

  **Medical Evaluation and Clinical Care**
  - Describe the proposed HIV diagnostic and therapeutic services for treating and preventing HIV infection and related conditions. Include a description of onsite

clinical protocols to provide care to new patients (especially WICY) and ongoing patients. Include the frequency of medical evaluations, the provision of medications for HIV infection and opportunistic infections (prophylaxis and treatment), and the availability of adherence counseling on site.
- Describe plans for educating WICY about, making referrals to, and enrollment in HIV clinical research trials.
- Describe the availability of laboratory services to perform CD4, viral load, and other HIV diagnostic tests. Discuss how financial barriers to the accessibility of these services for the proposed WICY populations of focus are addressed.
- Discuss the availability of the State(s) ADAP or other locally available pharmacy assistance programs. If there is an ADAP waiting list in the proposed geographic area, discuss how it is ensured that all eligible patients will have access to HIV and HIV-related therapeutic medications, applicable vaccines, etc.
- Discuss how staff knowledge and proficiency in providing quality HIV family-centered care for WICY populations is developed and maintained. Describe how regular staff training related to HIV family-centered care which adheres to current HHS guidelines is implemented and delivered, including the availability of training through the regional/local AETC.
- Describe the policy/procedure for after-hours and weekend coverage for urgent or emergency HIV-related medical and dental care needs. Describe how coordination with admission/emergency room staff and discharge planners will occur during inpatient hospital visits to ensure referring to and retaining patients in outpatient medical care after discharge.
- Describe how you will provide referrals to specialty and subspecialty medical care and other health and social services and how you will track the referrals for completion and results.

**Women's Health**

- Describe how women (inclusive of transgender women, assigned female at birth, and gender non-conforming persons) are provided with HIV medication adherence education, including the HIV prevention and health benefits of medication adherence and viral suppression.
- Discuss services to address the health care needs for women and people of childbearing potential, including family planning, pre-conception counseling, chronic disease self-management, and domestic violence awareness.
- Describe services that address the health needs of peri-menopausal and menopausal women (inclusive of transgender women, assigned female at birth, and gender non-conforming persons) with HIV.
- Describe how women and people of childbearing potential with HIV are provided pre- and postnatal care, including the transition back into HIV primary medical care after delivery.
- Describe how infants (up to two years of age) exposed to or with HIV are provided or linked to pediatric care.
- Describe other services to be provided to retain women (inclusive of transgender women, assigned female at birth, and gender non-conforming persons) in HIV care.

- Discuss the services that will be provided to address the needs of women (inclusive of transgender women, assigned female at birth, and gender non-conforming persons) with HIV experiencing intimate partner violence.
- Describe any evidence-informed interventions for women (inclusive of transgender women, assigned female at birth, and gender non-conforming persons) currently being used as part of your service delivery and describe associated outcomes.

**Adolescent Health**

- Describe specific health care services for youth with HIV that will be available with RWHAP Part D funding.
- Discuss how youth with HIV will be retained in care, and describe any targeted services that will be used, including those that address developmental stages, stigma, confidentiality, physical/sexual abuse potential, or specific social barriers for youth accessing medical services.
- Discuss how youth with HIV are educated about basic HIV information, including therapy, treatment adherence, viral suppression and its prevention and health benefits, transmission, prevention methods, as well as sexuality, family planning, and chronic disease self-management.
- Describe transition planning/activities that have been implemented to assist youth to move into adult medical care and success rates of the transition.
- Describe any evidence-informed interventions for youth currently being used as part of your service delivery and describe associated outcomes.

**Other Medical Services**

- Describe how the following services will be provided to WICY populations with HIV (if included in the proposed work plan and budget; see also PCN 16-02).
    - Medical Case Management (MCM) – Discuss the activities that comprise MCM services, the staff that are responsible, their credentials, including how they receive ongoing training, and how care coordination of medical services is conducted between the medical case managers and the HIV medical providers as well as other key HIV service providers. Describe the State or local jurisdiction Standards of Care (SOC) for medical case managers. Discuss how the MCM activities will address gaps in the local HIV care continuum.
    - Oral health care services (diagnostic, preventive, and therapeutic services).
    - Adherence education/counseling to be provided by a licensed provider, including information about the health and prevention benefits of viral suppression. Describe the staff responsible for adherence counseling, how they receive ongoing training, and the system of coordination with the HIV medical providers. Describe the State or local jurisdiction SOC for adherence education/counseling.
    - Outpatient mental health screening, assessment, and treatment services.
    - Substance abuse screening, assessment, and treatment services.
    - Medical nutritional services.

**Support Services**

- Describe how WICY clients will have access to support services to achieve their HIV medical outcomes, including case management services, translation, medical transportation, and any other services provided in the proposed budget. If support services are budgeted, explain how each of the funded services will be provided and how each is linked to improving or maximizing the health outcomes of your WICY populations.
- Describe how you will assist clients in receiving financial support and services under Federal, State, or local programs providing health services, mental health services, social services or other appropriate services.
- Include a description of plans for outreach, enrollment, and re-enrollment of RWHAP clients into health coverage options. Recipients and subrecipients should also assure that individual clients are enrolled in any appropriate health care coverage whenever possible or applicable, and informed about the financial or coverage consequences if they choose not to enroll.

**Involvement of WICY with HIV**

- Describe how WICY with HIV are involved in planning, implement, and evaluation of your program.
- Describe the methods to be used to keep them informed and provide feedback on their suggestions.
- Provide details on how they are involved in interventions for linkage and retention in care, treatment adherence, and viral suppression that address the HIV care continuum.

**Coordination and Linkages with Other HIV Programs**

- Please describe how your organization will collaborate, coordinate, participate in, and/or link to activities with other HIV service providers in the entire service area (as listed in Appendix B) in order to maximize resources, provide comprehensive services to the WICY populations, and ensure against duplication of services. List these organizations in Attachment 9.
- RWHAP Part D recipients are expected to participate in the RWHAP Part B integrated HIV prevention and care planning efforts, including the Statewide Coordinated Statement of Need (SCSN), and other local needs assessment processes. Include in Attachment 8 a letter from the RWHAP Part A (as applicable) and RWHAP Part B Recipient of Record documenting your organization's involvement in RWHAP Parts A and or B activities. This letter must also list the proposed Part D supported services, explain how they are not duplicative of services currently covered by RWHAP Parts A or B, and how they address the RWHAP Part B SCSN results submitted with the Integrated HIV Prevention and Care Plan. If a letter cannot be obtained, explain why. Information can be found online about RWHAP Part A and Part B.

- *WORK PLAN -- Corresponds to Section V's Review Criteria (2) Response and (4) Impact*
  You must submit a work plan that provides measurable objectives for the HIV core medical and support services (as defined by PCN 16-02), including your CQM program, that are provided to RWHAP eligible clients as proposed in the methodology section. Measurable objectives should be established and provided for each year of the four-year period of performance. HRSA recommends a table format with the objective areas listed on the left side, and columns across the top for each proposed period of performance.

  Incorporate measurable objectives for the entire RWHAP Part D program and for each subrecipient, if applicable. You must include HIV retention in care and HIV viral suppression in your work plan Information such as action steps, evaluation methods, and person(s) responsible *should not be included here*. Services provided by other funding sources *should not be included in the work plan*; address them in the relevant part of the Methodology section. The work plan *should not include meetings, generic outreach such as health fairs, or CDC prevention efforts*. You may wish to develop a more detailed work plan for internal use. Submit the work plan as **Attachment 10**.

  The five major areas of the work plan are:

  - Access to Care
  - Linkage to Care
  - Comprehensive, Coordinated Systems of Care
  - Other Medical Services
  - Clinical Quality Management Program

  The proposed period of performance is August 1, 2022 – July 31, 2026. For each year within that period (i.e., August 1, 2022 – July 31, 2023, August 1, 2023 – July 31, 2024; August 1, 2024 – July 31, 2025; August 1, 2025 – July 31, 2026), please provide the requested information under the specified area within the work plan.

  **Access to Care**
  Please list the following information:
  1) The total number of WICY with HIV enrolled
  2) The total number of affected clients provided an HIV RWHAP support service
  3) The number of new WICY with HIV to be enrolled in care

  **Linkage to Care**
  Please list the following information:
  1) The number of WICY to receive targeted HIV counseling and testing
  2) The anticipated number of HIV positive tests
  3) The number of WICY clients newly diagnosed with HIV to be enrolled for primary medical care within three months of diagnosis

**Comprehensive, Coordinated Systems of Care**
Please list the following information:

1) The total number of WICY with HIV to be provided primary medical care services
2) The number of women (25 years and older) to be provided HIV primary medical care
3) The number of youth (13-24) to be provided HIV primary medical care
4) The number of infants and children with HIV to be provided HIV primary medical care
5) The number of HIV indeterminate infants (up to 2 years) to be followed under surveillance
6) The number of pregnant women with HIV to be provided prenatal services
7) The number of youth with HIV who will be transitioned into adult medical care
8) The number of patients (specify which WICY target populations) to be provided with treatment adherence services provided by a qualified clinician
9) The number and type of specialty referrals

**Other Medical Services**
Please list the following if medical services or support services will be provided to low income WICY with HIV. Specify the number of each target population (women, infants, children, and youth) to be served each year of the proposed project period.

1) The number of patients to be provided mental health screening, assessment, and/or treatment
2) The number of patients to be provided with substance abuse screening and/or treatment
3) The number of patients to be provided with oral health care
4) The number of patients to be provided with medical nutrition screening
5) The number of patients to be provided with medical nutrition therapy by a registered dietitian or licensed nutritionist
6) The number of patients for each of the support services you are providing to help individuals meet their HIV medical outcomes (such as non-medical case management, non-emergency medical transportation, translation services)

**Clinical Quality Management**
Section 2671(f)(2) of the PHS Act requires RWHAP Part D recipients to implement a CQM program to: (1) assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent HHS Guidelines for the treatment of HIV/AIDS and related opportunistic infections, and (2) as applicable, to develop strategies for ensuring that such services are consistent with the HHS guidelines for improvement in the access to and quality of HIV health services. Please see Policy Clarification Notice 15-02 Clinical Quality Management for information on CQM program requirements. A CQM program should have three main components: infrastructure, performance measurement, and quality improvement.

Applicants should identify their proposed CQM activities for each year of the proposed project period. It is expected that recipients are conducting at least one quality

improvement project at any given time aimed at improving patient health outcomes. In alignment with the HIV National Strategic Plan and the common indicators for HHS-funded HIV programs, recipients are required to undertake at least one quality improvement (QI) project for HIV viral suppression and retention in care. In addition, HAB has developed over 40 performance measures reflecting a number of service categories that recipients are encouraged to use in their CQM programs. The HAB measures include a set of core measures that include viral suppression and retention in care. Historically, Black women, people who inject drugs (PWID), and youth (ages 13-24) have lower HIV viral suppression and retention in care rates and may be sub-populations on whom to focus quality improvements efforts.

All performance measures should be specific, measureable, attainable, realistic and time-bound. Applicants are expected to incorporate HIV retention in care and viral suppression as performance measures in your work plan. Applicants should also include retention in care and viral suppression measures for WICY populations of focus (including Black women, transgender women, youth aged 13-24 years, and people who inject drugs). Please include the actual numbers for the numerator and denominator and calculate the percentage.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion (2) Response*
  Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.

  If you are a new applicant organization applying to provide services in an existing service area, discuss any potential challenges you anticipate in providing the same scope of services (at a minimum) to support the community, and plans to address those challenges.

  Additionally, as a new applicant organization applying to provide services in a service area, provide a detailed transition plan for how existing patients, populations, and the scope of services will be transferred to you if successfully awarded as a result of this competition. Describe the activities, time frames, and efforts to coordinate the transition of services in a way that does not disrupt or impede the delivery of RWHAP Part D services to the existing patient population.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria (3) Evaluative Measures and (5) Resources/Capabilities*
  In this section describe the evaluation activities including quality management, as well as the information systems that support the proposed quality management activities.

**CQM Program Infrastructure**

- List the number of staff FTEs assigned to CQM and their positions. Describe the CQM program staff roles and responsibilities, including the key leaders and members of the quality committee.
- Describe how stakeholders, particularly your clients with HIV, are involved in the planning, implementation, and evaluation of your HIV program, including examples (e.g., focus groups, surveys, consumer advisory boards) that you have recently conducted or plan to conduct in the upcoming period of performance.

**CQM Performance Measures**

- Describe the proposed data collection plan and processes for performance measurement (e.g., frequency of data collection, key activities, and responsible staff). Include information on data collection from subrecipient(s) as applicable.
- Describe the process for selecting, reporting, and disseminating results on the performance measures to stakeholders.
- Describe how performance measure data are analyzed to assess disparities in care and the actions taken to eliminate those disparities. Summarize the performance measure data collected during the past period of performance and note any trends, especially related to HIV outpatient primary health care services and other core medical services.
- Describe the data sharing processes with subrecipients and/or providers that are delivering medical and specialty services using RWHAP Part D funds for WICY populations as part of the comprehensive, coordinated systems of care to ensure improvement of outcomes along the HIV care continuum.

**Continuous Quality Improvement (CQI)**

- Describe the CQI methodology you are using to identify priorities for quality improvement projects. Provide examples of specific quality improvement projects undertaken, including any for HIV outpatient primary health care services and/or medical case management in the past three years. Include a statement of the clinical issue, baseline data, interventions implemented, and follow-up data. Describe the involvement of stakeholders in the selection of quality improvement activities.
- Describe the quality improvement (QI) activities planned for the upcoming period of performance. Include viral suppression and medical retention in care as QI projects, highlighting upcoming efforts with any subpopulations identified in your needs assessment.

**Information Systems**

Accurate records of services provided and clients served are critical to HRSA's implementation of the RWHAP legislation and fulfillment of responsibilities in the administration of grant funds. As such, HRSA requires medical information at the client level of service using a unique identifier, collect data for funded services, and transmit data electronically through the RSR.

Describe the current information system in use to track health care service data. Existing recipients should discuss their experience and challenges with collecting, reporting, and analyzing client-level data for the RSR. New applicants should describe their capacity to manage, collect, and report the RSR (refer to RSR Instruction Manual).

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion (5) Resources/Capabilities*
  In this section, describe the organization's skills, capabilities, expertise, and resources, including staff that will contribute to your organization's ability to provide comprehensive, coordinated, family-centered HIV primary medical services for low income WICY populations by describing specific administrative, fiscal, and clinical operations. This information should align with the staffing plan and biographical sketches of key personnel provided in Attachment 3.

  You must clearly explain why your organization is the most optimal to serve the target WICY populations identified in previous sections and justify this with the information requested below.

  **Administrative Operations**
  - Describe the scope of current activities conducted within your organization and how the RWHAP Part D program fits within the scope of the organization's mission.
  - Describe the structure of your organization and type of agency. Include, as Attachment 5**,** an organizational chart that clearly shows the placement of the RWHAP Part D program within the larger organization (HIV specific or otherwise), how the program is divided into departments (if applicable), the professional staff positions that administer those departments (if applicable), and the reporting relationships of the proposed RWHAP Part D funded staff within the organization.

  **Clinical Operations**
  - Describe your experience in providing family-centered care to the targeted WICY populations. Include a description of the capacity to provide or effectively link to specialty care, mental health care, substance abuse services, psychosocial support services, and oral health services.
  - Describe the organization's ability to respond to WICY populations of focus experiencing greater health disparities and/or increased unmet needs.

  **Fiscal Operations**
  - Describe your experience with the fiscal management of Federal grants and contracts.
  - Describe the accounting system that is in place.
  - 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 does or will manage and monitor subrecipients' performance and compliance with RWHAP Part D WICY requirements.
- 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 individual patient charges related to HIV services and how these are applied and monitored.
- Describe the processes used to assess and recertify client eligibility for RWHAP supported services.
- Describe the processes used to vigorously pursue enrollment into and subsequent reimbursement from health care coverage for which clients may be eligible (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, health plans offered through the Marketplace, and/or other private health insurance).

### *iii. Budget*

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

**If you are applying for supplemental funding, the total budget amount identified on the SF-424A for year one must include the supplemental activity budget total.**

In addition, the RWHAP Part D program requires the following:

***Program-specific line item budget:*** In order to evaluate applicant adherence to RWHAP Part D legislative budget requirements, you must 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 you are applying for supplemental funding, incorporate, but clearly delineate the related costs for the proposed supplemental activity in year one of the program-specific line item budget.** These budgets should be uploaded as Attachment 1.

The total amount requested on the SF-424A and the total amount listed on the program specific line item budget must match. (Remember: if you are applying for supplemental funding, the total budget amount identified on the SF-424A for year one must include the supplemental activity budget total.) The budget allocations must relate to the activities proposed in the project narrative and the work plan.

The Part D base budget requested for each year must not exceed the total award for the service area as listed in Appendix B (not including the supplemental, if requested). 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 HAB PCN 16-02 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 those costs required to maintain a CQM program to ensure that medical services are consistent with the most recent HHS guidelines for the treatment of HIV/AIDS and related opportunistic infections; and that improvements in the access to and quality of HIV health services are addressed. **The RWHAP has established the program expectation that 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 percent 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 percent limit. Please see PCN 15-01 for additional information.

**Salary Rate Limitation** - The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, Title II, Section 202 and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

NOTE: HRSA recommends that the budgets be converted or scanned 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 and object class categories (e.g., Personnel, Fringe Benefits, Travel) in a column down the left hand side.

### *iv. Budget Narrative*

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, the RWHAP Part D program requires the following:

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/PWH 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.

  Recipients are expected to support the travel and training for (1) a HRSA supported meeting or conference and (2) HIV related CME/CEU activities annually. HRSA encourages recipients to use their local AETCs as a resource for training needs.

- ***Contractual***: Subrecipients providing services under this award must adhere to the same requirements as the recipient. All legislative and program requirements that apply to recipients also apply to subrecipients of their awards. The recipient is accountable for the subrecipient's performance of the project, program, or activity, the appropriate expenditure of funds under the award; and the 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.

**If you are applying for supplemental funding, incorporate, but clearly identify the associated costs specific to the proposed supplemental activity in year one of the budget narrative. The budget narrative must clearly align with each item in the program-specific line item budget. Provide a clear summary of the Part D base budget request subtotal and the Part D Supplemental budget request subtotal.**

For subsequent budget years, the budget narrative should highlight only the changes from year one or clearly indicate that there are no substantive budget changes during the project period. Do not repeat the same information across years in the budget narrative.

### *v. Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment**. You must upload attachments into the application. HRSA will not review/open any *hyperlinked* attachments.

*Attachment 1: Program-Specific Line Item Budget (Required)*

Submit as a PDF document a program-specific line item budget for each year of the four-year project period. **If applying for supplemental funding, ensure that the related costs for the proposed supplemental activity are incorporated and clearly delineated in year one of the program-specific line item budget.**

*Attachment 2: 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. This does not count towards the page limit.

*Attachment 3: Staffing Plan and Biographical Sketches of Key Personnel (see Section 4.1. of HRSA's SF-424 Application Guide) (Required)*

Include biographical sketches for persons occupying the key positions described in Attachment 4. 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 whether or not paid by the grant. 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, note all sources of funding and the corresponding time and effort. 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. In the event that 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 4: 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. **If applying for FY 2022 supplemental funding, incorporate and clearly identify staffing information as it relates to the proposed supplemental funding activities.**

*Attachment 5: 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 6: 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 7: 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 (e.g., https://www.census.gov/quickfacts/, state public health websites) to display the entire service area.

*Attachment 8: Letter(s) from RWHAP Part A and/or Part B Recipient (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 obtained this letter(s), provide an explanation as to why.

*Attachment 9: List of Provider Organizations with Contracts and/or MOU (If Applicable)*

If you propose to work with partners, include a list of all provider 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 10: Work Plan (Required)*

Attach the work plan for the project that includes all information detailed in the Section IV. ii. Work Plan section of the Project Narrative. You must establish measurable objectives and provide them in the five areas stated in Section IV. ii. 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 11: Table of Provider Medicaid and Medicare Numbers (National Provider Identifier) and Clinic Licensure Status (Required)*

Use a table that identifies all provider's 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 clinic 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. **This information is required each year.**

*Attachment 12: Proof of Non-Profit Status (Required)*

Include your proof of non-profit status (**required**, <u>not</u> counted in the page limit).

*Attachment 13: Supplemental Funding Project Narrative (If Applicable)*

(**THIS ATTACHMENT IS ONLY REQUIRED IF YOU WOULD LIKE TO BE CONSIDERED FOR RWHAP PART D SUPPLEMENTAL FUNDING.**

Consideration for this one-year supplemental award is limited to applicants successfully funded under this announcement. Applying for this funding will not impact your RWHAP Part D Coordinated HIV Services and Access to Research for WICY Existing Geographic Service Areas application score. As stated in Section V.1., HRSA staff will evaluate your proposed supplemental funding proposal separately.)

Applicants must demonstrate that the proposed HIV care innovation activity will strengthen organizational capacity to respond to the changing health care landscape and increase access to high-quality HIV primary health care services for low income WICY with HIV. Furthermore, successful applicants will demonstrate the organization's intent and ability to sustain the selected proposed HIV care innovation activity without additional federal funds beyond the one-year period of performance.

**This project plan narrative will be counted in the 80-page limit.** If applying for FY 2022 RWHAP Part D Supplemental funding (up to $150,000), provide a succinct project plan narrative:

**(1) Identification of Activity:** A description of the activities under the HIV innovation category is below. Applicants must only select one (1) activity to conduct as part of the Part D Supplemental funding. Describe your selected activity and the need for these services in the community and among the population that you plan to serve. Discuss the stage(s) of the HIV care continuum to be addressed by the activity.

a) **Intimate Partner Violence Screening & Counseling** - There has been an increased risk of intimate partner violence (IPV) and other forms of trauma during the COVID-19 pandemic due to factors such as increased stress, sudden shifts in daily routines, and a rapid decrease in available resources. If you select this activity, you should implement IPV screening and counseling in the clinical setting and establish referral networks to community-based social service organizations taking into consideration the impact of COVID-19 in your communities. The activity must address one or more of the stages of the HIV care continuum. For resources addressing this topic, access the IPV Toolkit (Intimate Partner Violence Health Partners Toolkit) located on the HRSA Office of Women's Health website.

b) **Transitioning Youth into Adult HIV Care** - If you select this activity, you must implement transition planning activities that include, but are not limited to, written policies, procedures, and staff training to assist youth in transitioning from pediatric to adult HIV medical care. Transition planning is an RWHAP Part D Program requirement; therefore, this activity should focus on innovative approaches that build organizational capacity to effectively implement and manage the transition for the youth population (ages 13-24) to adult care and minimize negative impacts of this transition. Recommended activities should focus on collaborations

with pediatric/adolescent programs, including RWHAP Part C Early Intervention Services recipients, to develop a transition process, capacity building to support transition into the adult HIV medical care setting, and a mechanism for post-transition assessment. You should link Implementation efforts to specific evaluative outcome metrics to measure successful transition, e.g., retention in care and viral suppression following transition. The activity must address one or more of the stages of the HIV care continuum. For resources addressing this topic, see the NIH National Library of Medicine National Center for Biotechnology Information.

c) **Youth Stable Housing Collaboration (Housing Opportunities for Persons With AIDS (HOPWA), State-Based Programs and other Community Partners)** – Individuals with HIV who lack stable housing are more likely to delay HIV care, have poorer access to regular care, are less likely to receive optimal ART, and are less likely to adhere to therapy. A disproportionate number of youth experience homelessness each year in the United States. If you select this activity, you must identify staff to coordinate services/referrals, and draft and implement a Youth Stable Housing Care Plan. You must include other partner organizations to help with this collaborative initiative and create a network of housing and HIV service programs that will employ strategies to reach, engage, support, and house homeless youth. For resources addressing this topic, access the Housing Opportunities for Persons With AIDS (HOPWA) page located on the Department of Housing and Urban Development (HUD) Exchange website. Another helpful tool is the Client-Centered Housing Stability Plans.

**(2) Description of Need (Goal):** Provide a brief description to justify the need for supplemental support to build capacity to address the needs of the WICY populations through the identified HIV care innovation activity. Data submitted under the *Needs Assessment* (Section IV.2.ii) can serve to support this justification.

**(3) Approach (Activity/Action Steps):** Include a concise narrative regarding the approach to addressing the targeted activity. You should include a description of each action step, person responsible, and the plan for the dissemination of information and/or products developed as a result of this supplemental funding to the populations being served, other providers in the community and/or collaborators to this project.

**(4) Project Evaluation (Impact):** Describe the evaluation activities, including clinical quality management activities that the program will use to assess the impact of the proposed activity.

**(5) Budget Information (Inputs):**

- Aggregate costs for the RWHAP Part D base and the proposed supplemental activity should be included in the total budget amounts identified on the SF-424A for year one (Section A, row one (1) and Section B, column one (1)).

- Clearly delineate related costs for the proposed supplemental activity within the RWHAP Part D base in year one of the program-specific line item budget (Attachment 1).
- Clearly delineate explanations of related costs for the proposed supplemental activity within the RWHAP Part D base in year one of the budget narrative.

**(6) Staffing Plan and Job Descriptions (Inputs):**

- Clearly identify staff associated with the proposed supplemental activity in the Staffing Plan (Attachment 3) for RWHAP Part D base. Also include job descriptions for Key Personnel associated with the proposed supplemental activity in Attachment 4.

*Attachment 14: Other Relevant Documents*

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). These additional documents will be counted in the 80-page limit. **Note: If applying for supplemental funding, include letters of support and/or letters of commitment from each partner and/or collaborating entity who will support supplemental activities identified in Attachment 13.**

### 3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following web pages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for

making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (https://www.dnb.com/duns-number.html
- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (https://www.grants.gov/)

For more details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages. Instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM.gov.

**If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.**

### 4. Submission Dates and Times

**Application Due Date**
The due date for applications under this NOFO is *February 4, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

### 5. Intergovernmental Review

RWHAP Part D Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Existing Geographic Service Areas is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

## 6. Funding Restrictions

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

You may request funding for a period of performance of up to four years, at an annual ceiling amount of no more than the funding amount listed in Appendix B for the service area to which you are applying. 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, as defined in Appendix B. For the Supplemental Funding, you may request funding for a period of performance of up to one year, at no more than $150,000 (inclusive of direct and indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

In addition to the funding restrictions included in PCN 16-02 and general funding restrictions included in Section 4.1.iv of the *SF-424 Application Guide*, you may not use funds under this announcement for the following purposes:

- Charges that are billable to third party payors (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, Department of Housing and Urban Development (HUD) funding for housing services, other RWHAP funding including AIDS Drug Assistance Program)
- To directly provide housing or health care services (e.g., HIV care, counseling and testing) that duplicate existing services
- Payments for clinical research
- Payments for nursing home care
- Cash payments to intended clients of RWHAP services
- Purchase or improvement to land
- Purchase, construction, or major alterations or renovations on any building or other facility (see 45 CFR part 75 – subpart A Definitions)
- PrEP or non-occupational Post-Exposure Prophylaxis (nPEP) medications or the related medical services. As outlined in the June 22, 2016 RWHAP and PrEP program letter, the RWHAP legislation provides grant funds to be used for the care and treatment of people with HIV, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as clinician visits and laboratory costs. RWHAP Part D funds can be used toward psychosocial support services, a component of family-centered care, which may include counseling and testing and information on PrEP to eligible clients' partners and affected family members, within the context of a comprehensive PrEP program.
- 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
- **For Supplemental Funding:** long-term activities; instead, the activities should be short-term in nature with a targeted completion by the end of the one-year period of performance.

Other non-allowable costs can be found in 45 CFR part 75 – subpart E Cost Principles.

The RWHAP Part D statute requires recipients to expend not more than 10 percent of the Part D grant on administrative costs. Please see HAB PCN 15-01 and Frequently Asked Questions for PCN 15-01 regarding the statutory 10 percent limitation on administrative costs.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

***Program Income***

All program income generated as a result of awarded funds is considered additive and must be added to the grant amount and used for otherwise allowable costs to further the objectives of the RWHAP Part D grant program. HHS award regulations require recipients and/or subrecipients to track and report program income. Program income shall be monitored by the recipient, retained by the recipient (or subrecipient if earned at the subrecipient level), and used to provide RWHAP Part C services to eligible clients. Program income means gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided on 45 CFR § 75.307. Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulation, or the terms and conditions of the Federal

award, program income does not include rebates, credits, discounts, and interest earned on any of them. Please see 45 CFR § 75.307 and PCN 15-03 Clarifications Regarding the RWHAP and Program Income for additional information.

# V. Application Review Information

## 1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Six review criteria are used to review and rank RWHAP Part D Program applications. Below are descriptions of the review criteria and their scoring points. Note: The supplemental funding request, if included as part of the application, will not be reviewed according to these criteria as part of the objective review. The supplemental funding request will undergo HRSA review of completeness and eligibility. Supplemental funding, if requested, will be awarded according to the rank order of the RWHAP Part D base awards. **Supplemental funding is not available for applicants that do not receive a RWHAP Part D base award**.

*Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment*

- **Introduction**
  - The strength of the applicant's experience in health care delivery and administration of federal funds.
  - The completeness of the service area map in Attachment 7 in meeting the entire geographic service area(s) as outlined in Appendix B.
  - **For new applicants**:
    - The extent to which the applicant clearly demonstrates the readiness, infrastructure, and ability to provide at least the same scope of services to existing clients of the current recipient.
- **Needs Assessment**
  - The completeness of the epidemiologic and socio-demographic data provided that demonstrates an ongoing and/or increasing burden of HIV infection for WICY populations in the entire service area.
  - The strength of the applicant's narrative that clearly demonstrates a thorough understanding of the unmet needs and gaps in services of the WICY population and WICY populations of focus (i.e., Black women, transgender women, youth aged 13-24 years, and people who inject drugs) and describes how these WICY populations are highly impacted and have the need for Part D-supported HIV-related health services in the entire service area.
  - The extent to which the applicant clearly describes how the evolving healthcare landscape has affected the delivery of HIV family-centered care and support

services to WICY with HIV in the entire service area and how the applicant has met the challenges of these changes.

- **For applicants proposing to provide statewide services:**
  - The extent to which the applicant clearly describes the 1) direct medical and/or support services provided; 2) model of care; 3) access issues; and 4) provision of consultative and telehealth services across the statewide service area for WICY with HIV.
- **For applicants that are currently dually funded with RWHAP Part C and Part D:**
  - The extent to which the applicant clearly describes how the two programs are integrated or separated.

*Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology and Resolution of Challenges*

- **Methodology (25 points)**
  - The strength of the applicant's system for diagnosing, tracking, and linking to care newly identified low income WICY with HIV.
  - The extent to which the proposed comprehensive and coordinated HIV family-centered care meets HHS guidelines, and is available to each and every WICY population to improve outcomes along the HIV care continuum.
  - The strength of the applicant's proposed plans for educating WICY about, making referrals to, and enrollment in HIV clinical research trials.
  - The strength of the proposed activities for enrolling and retaining clients in HIV care.
  - The extent to which the applicant provides coordinated and effective services in transitioning (1) youth into adult medical care and (2) women (inclusive of transgender women, assigned female at birth, and gender non-conforming persons) between perinatal care and routine HIV care post-partum.
  - The extent to which the applicant addresses the medical needs of women at all phases of life.
  - The extent to which the applicant addresses the needs of youth at all developmental stages including stigma, confidentiality, physical/sexual abuse potential, or specific social barriers for youth accessing medical services.
  - The extent to which the applicant demonstrates the capacity to deliver comprehensive, culturally sensitive HIV health care services to all eligible WICY with HIV in the entire service area.
  - The extent to which the applicant describes how all staff receive and maintain current HIV knowledge, skills, and cultural competency to serve WICY populations.
  - The extent to which proposed medical case management services, as applicable, address gaps in services and barriers to care and are linked directly to medical outcomes as demonstrated by appropriate work plan objectives.
  - The extent to which the applicant fully and clearly documents the availability and access to other medical services, including outpatient oral health,

treatment adherence, mental health/substance abuse outpatient counseling and nutritional counseling for all WICY populations.
    - The extent to which the applicant fully describes WICY clients' access to support services to achieve their HIV medical outcomes, including case management, translation, medical transportation, and any other support services provided or coordinated.
    - The extent to which the applicant fully describes the plan for outreach and enrollment of RWHAP clients into new health coverage options.
    - The strength of the applicant's plan to involve WICY with HIV in the planning, implementation, and evaluation of the program including details about how they are involved in interventions for linkage and retention in care, treatment adherence, and viral suppression that addresses the HIV care continuum.
    - The strength of proposed coordination of services for WICY populations with other HIV provider organizations in order to maximize the effective delivery of services and ensure against duplication of services.
- **Resolution of Challenges (10 points)**
    - The extent to which the applicant discusses challenges that are likely to be encountered in designing and implementing work plan activities, and provides approaches that will be used to resolve such challenges to ensure that the RWHAP Part D program is addressing the priority WICY populations and the gaps in the local HIV care continuum.
    - **For new applicants:**
        - The extent to which the proposed services meet at least the same scope of services currently supporting the existing community.
        - The soundness of the proposed service transition plan demonstrating how it will serve and continue to improve services to the existing patients and populations while minimizing any potential disruption of service delivery.

*Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity*

- The strength of the proposed quality management infrastructure, including evidence of dedicated staff, clear and complete descriptions of roles and responsibilities for CQM staff, dedicated resources, and the involvement of key stakeholders, particularly WICY with HIV.
- The strength of the applicant's CQM coordination efforts with other RWHAP recipients/providers in the area, if the applicant lists subrecipients in the work plan.
- The strength of the applicant's narrative that describes the level of WICY with HIV involvement in the development, implementation, and evaluation of the RWHAP Part D program.
- The strength and appropriateness of selected clinical performance measures to be used to evaluate the quality of the RWHAP Part D services and program in addressing the HIV National Strategic Plan goals and the gaps in the local HIV care continuum.

- The feasibility of the applicant's data collection plan and processes (e.g., frequency, key activities, and responsible staff).
- The strength of the applicant's narrative that demonstrates the ability to analyze and evaluate its performance measure data for disparities in care and to take action to eliminate them.
- The strength and completeness of the applicant's narrative that describes a recently conducted HIV primary care quality improvement project including baseline data, interventions, and follow up data.
- The strength of the applicant's narrative which demonstrates the capacity to manage, collect, and report client level data and to comply with all program reporting requirements.
- The extent to which the applicant describes its performance data for HIV viral suppression and retention in care, analysis of trends in the data, and the implementation of appropriate activities aimed at improving gaps in its HIV care continuum.

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Work Plan*

- The strength of the applicant's proposed work plan as evidenced by measurable and appropriate objectives that reflect access to care and linkage to care; comprehensive, coordinated systems of care; and clinical quality management program.
- The strength of the applicant's description of clinical quality management objectives for improving retention in care and viral suppression including WICY populations of focus.

*Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information*

- The strength of the justification that the organization is the most optimal to serve this area, and its demonstrated ability to meet Part D's purpose and requirements.
- The extent to which project personnel are qualified by training and/or experience to implement the project and provide family-centered HIV primary medical care services to all WICY populations. The appropriateness of the staffing plan (includes the full range of information requested, combining the elements of job descriptions).
- The strength of the organization's administrative structure to support the provision of family-centered care, involving outpatient or ambulatory care to low income WICY populations, as evidenced by the organizational chart.
- The strength of the organization's management information systems (MIS) to meet program requirements, including the capacity to manage, collect, and report client-level data.
- The strength of the organization's description of internal systems that are used to manage this award and meet program requirements, including monitoring grant expenditures, billing/collecting/tracking reimbursable health care services, and tracking and using program income to support the goals and objectives of the RWHAP Part D program.

- The extent to which the applicant demonstrates the ability to manage and monitor subrecipient performance and compliance with RWHAP Part D requirements, if applicable.

*Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative*

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The appropriateness of the requested funding level for each year of the proposed project period in comparison to the level of effort, performance, and the number of WICY clients to be served (total and by category).
- The extent to which the budget and budget narrative are clearly linked to proposed services/activities that address the unmet need, gaps in services, barriers to care, and gaps in the stages of the local HIV care continuum identified for WICY populations.
- Evidence that the budget adheres to the 10 percent limit on administrative costs (including any indirect costs claimed).

## 2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

## 3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems and internal controls, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award.

Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

## VI. Award Administration Information

### 1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of August 1, 2022. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

### 2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

**Accessibility Provisions and Non-Discrimination Requirements**

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. Non-discrimination legal requirements for recipients of HRSA federal financial assistance are available at the following address: **https://www.hrsa.gov/about/organization/bureaus/ocrdi#non-discrimination**. For

more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

**Executive Order on Worker Organizing and Empowerment**
Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

**Requirements of Subawards**
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

## 3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an annual basis. Further information will be available in the NOA.

2) **The RWHAP Allocation and Expenditure Report -** You must submit to HRSA an Allocation Report due 60 days after the start of the budget period, and an Expenditure Report due 90 days after the end of the budget period. These reports account for the allocation and expenditure of all grant funds according to Medical Services, Support Services, Clinical Quality Management, and Administration.

3) **Ryan White Services Report** - The RSR captures information necessary to demonstrate program performance and accountability and is due to HRSA on an annual basis. You must comply with RSR data requirements and mandate compliance by any subrecipients. Please refer to the RSR website for additional information.

4) **Federal Financial Report (FFR)** – The recipient will submit to HRSA the annual federal financial report. The report should reflect cumulative reporting within the project period and must be submitted using the Payment Management System. The FFR due dates have been aligned with the Payment Management System quarterly report due dates.

5) **Audits** - You must submit audits every two (2) years to the lead state agency for RWHAP Part B, consistent with Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75 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.

6) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

## VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Adejumoke Oladele
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-2441
Fax: (301) 443-9810
Email: aoladele@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Lillian Bell
Chief, Central Branch
Division of Community HIV/AIDS Programs
Attn: RWHAP Part D Coordinated HIV Services and Access to Research for WICY Existing Geographic Service Areas
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 9N18
Rockville, MD 20857
Telephone: (301) 443-5671
Email: LBell@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

## VIII. Other Information

### Technical Assistance

HRSA has scheduled the following technical assistance (TA):

*Webinar*

Day and Date: Tuesday, December 7, 2021
Time: 2 – 4 p.m.
Call-In Number: 1-833-568-8864
Meeting ID: 160 404 9527
Passcode: 84126158
Weblink: https://hrsa-gov.zoomgov.com/j/1604049527?pwd=SE9UZUVsdWQ4djMvUzNTZUhnSHMwQT09

*This TA webinar will be recorded and made available on the TargetHIV Center website at https://targethiv.org/library/nofos.*

### Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

# Appendix A: Additional Agreements & 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 (http://www.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, 2022, and are up for competition for project periods beginning August 1, 2022. New applicants submitting proposals to provide services in an existing service area must identify the entire service area to be served. 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.

| Current Recipient Name | City | State | Funding Ceiling | Service Area |
|---|---|---|---|---|
| HEALTH SERVICES CENTER INC | Anniston | AL | $501,875 | Counties: Blount, Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, DeKalb, Etowah, Marshall, Randolph, Shelby, St. Clair, Talladega, Tallapoosa |
| UNIVERSITY OF ALABAMA AT BIRMINGHAM | Birmingham | AL | $893,974 | Counties: 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 |

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| UNIVERSITY OF SOUTH ALABAMA | Mobile | AL | $422,060 | Counties: Baldwin, Mobile |
| ARCARE | Augusta | AR | $577,491 | Counties; Baxter, Benton, Boone, Calhoun, Carroll, Clark, Clay, Cleburne, Cross, Columbia, Conway, Craighead, Crawford, 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, Woodruff, White, Yell. |
| JEFFERSON COMPREHENSIVE CARE SYSTEM, INC. | Pine Bluff | AR | $457,494 | Counties: 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, |

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| | | | | Mississippi, Monroe, Montgomery, Nevada, Ouachita, Phillips, Pike, Poinsett, Polk, Prairie, Pulaski, Saline, Sevier, St Francis, Union, Woodruff |
| MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT | Phoenix | AZ | $680,985 | County: Maricopa |
| ALTAMED HEALTH SERVICES CORPORATION | Los Angeles | CA | $174,058 | County: Orange |
| CENTER FOR A.I.D.S. RESEARCH, EDUCATION AND SERVICES - SACRAMENTO, THE | Sacramento | CA | $442,265 | Counties: Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Fresno, Glenn, Madera, Mariposa, Merced, Nevada, Placer, Plumas, Sacramento, San Joaquin, Sierra, Stanislaus, Sutter, Tuolumne, Yolo, Yuba |
| CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND | Oakland | CA | $901,170 | Counties: Alameda, Contra Costa |
| FRESNO COMMUNITY HOSPITAL & MEDICAL CENTER | Fresno | CA | $429,636 | County: Fresno |
| SANTA ROSA COMMUNITY HEALTH CENTERS | Santa Rosa | CA | $248,828 | County: Sonoma |
| UNIVERSITY OF CALIFORNIA, SAN DIEGO | La Jolla | CA | $1,064,612 | County: San Diego |
| UNIVERSITY OF CALIFORNIA, SAN FRANCISCO | San Francisco | CA | $493,114 | City and County of San Francisco |
| UNIVERSITY OF SOUTHERN CALIFORNIA | Los Angeles | CA | $734,825 | County: Los Angeles--Service Planning Areas 4 and 6 |

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| UNIVERSITY OF CALIFORNIA, LOS ANGELES | Los Angeles | CA | $724,335 | County: Los Angeles |
| CLINICA SIERRA VISTA | Bakersfield | CA | $172,386 | Counties: Kern, Tulare |
| REGENTS OF THE UNIVERSITY OF COLORADO, THE | Aurora | CO | $878,135 | Counties: Adams, Arapahoe, Boulder, Denver, El Paso, Jefferson, Larimer, Pueblo, Weld |
| COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT | Wethersfield | CT | $733,484 | Cities in Connecticut: Bridgeport, Hartford, New Haven, Torrington, Waterbury, Willimantic. |
| CONNECTICUT CHIDREN'S SPECIALITY GROUP/UNIVERSITY OF CONNECTICUT | Farmington | CT | $348,304 | State of Connecticut |
| CHRISTIANA CARE HEALTH SERVICES, INC. | Newark | DE | $508,779 | State of Delaware |
| BOND COMMUNITY HEALTH CENTER, INC. | Tallahassee | FL | $480,329 | Counties: Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakull |
| CHILDREN'S DIAGNOSTIC & TREATMENT CENTER, INC. | Fort Lauderdale | FL | $1,814,131 | County: Broward |
| HEALTH, FLORIDA DEPARTMENT OF | Tallahassee | FL | $827,940 | Counties: Brevard, Lake, Orange, Osceola, St. Lucie, Seminole |
| UNIVERSITY OF FLORIDA | Gainesville | FL | $735,271 | **Counties in FL**: Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia; **Counties in GA**: Camden, Charlton, Glynn |
| UNIVERSITY OF MIAMI | Coral Gables | FL | $1,749,338 | County: Miami-Dade |

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| UNIVERSITY OF SOUTH FLORIDA | Tampa | FL | $1,275,399 | Counties: Hillsborough, Pinellas |
| CHATHAM COUNTY BOARD OF HEALTH | Savannah | GA | $555,002 | Counties: Bryan, Camden, Chatham, Effingham, Glynn, Liberty, Long, McIntosh |
| GRADY MEMORIAL HOSPITAL CORPORATION | Atlanta | GA | $820,600 | Counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton. |
| PUBLIC HEALTH, GEORGIA DEPT OF | Waycross | GA | $552,322 | Counties: Appling, Atkinson, Bacon, Brantley, Bulloch, Chandler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Tatnall, Tombs, Pierce, Ware, Wayne |
| ACCESS COMMUNITY HEALTH NETWORK | Chicago | IL | $417,987 | City: Chicago-- Zip codes of 60406, 60411, 60615, 60621, 60636, 60637, 60649, 60653 |
| HEKTOEN INSTITUTE FOR MEDICAL RESEARCH, THE | Chicago | IL | $1,334,937 | Counties: Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, Will |
| HOWARD BROWN HEALTH CENTER | Chicago | IL | $536,289 | City: Chicago |
| NEAR NORTH HEALTH SERVICE CORPORATION, THE | Chicago | IL | $201,652 | City: Chicago--Zip codes of 60610, 60613, 60615, 60640, 60651, 60653 |
| UNIVERSITY OF ILLINOIS (24826) | Chicago | IL | $358,053 | Counties: Fulton, Hancock, Henderson, Knox, LaSalle, Marshall, Mason, |

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| | | | | McLean, McDonough, Peoria, Putnam, Stark, Tazewell, Warren, Woodford. |
| UNIVERSITY OF KANSAS SCHOOL OF MEDICINE-WICHITA MEDICAL PRACTICE ASSOCIATION | Wichita | KS | $473,618 | State of Kansas excluding the Counties of Johnson, Leavenworth, Miami, Wyandotte |
| MATTHEW 25 AIDS SERVICES, INC. | Henderson | KY | $356,516 | **Counties in IN**: Davies, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vandenburgh, 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 |
| UNIVERSITY OF KENTUCKY | Lexington | KY | $477,806 | Counties: 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, |

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| | | | | 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 | $550,167 | **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. |
| LSU HEALTH SYSTEM HEALTH CARE SERVICES DIVISION | Baton Rouge | LA | $470,191 | Parishes: Livingston, St. Helena, St. Tammany, Tangipanoa, Washington |
| ACADIANA CARES INC | Lafayette | LA | $190,526 | Parishes: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion |
| NEW ORLEANS AIDS TASK FORCE | New Orleans | LA | $1,076,450 | Parishes: Caldwell, East Carroll, Franklin, Jackson, Jefferson, Lincoln, Madison, Morehouse, Orleans, Ouachita, |

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| | | | | Plaquemines, Richland, St. Bernard, Tensas, Union, West Carroll |
| OUR LADY OF THE LAKE HOSPITAL, INC. | Baton Rouge | LA | $607,969 | Parishes: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, West Baton Rouge, West Feliciana |
| SOUTHWEST LOUISIANA AIDS COUNCIL | Lake Charles | LA | $533,212 | Parishes: Allen, Beauregard, Cameron, Calcasieu, Jefferson Davis |
| BOSTON MEDICAL CENTER CORPORATION | Boston | MA | $430,077 | **Counties in MA:** Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Worcester; **Counties in NH**: Hillsborough, Rockingham, Stratford |
| DIMOCK COMMUNITY HEALTH CENTER, INC. | Boston | MA | $725,271 | City of Boston-- Zip codes of 02115, 02119, 02120, 02124, 02143; City of Cambridge |
| GREATER NEW BEDFORD COMMUNITY HEALTH CENTER,INC. | New Bedford | MA | $221,360 | City: New Bedford |
| PUBLIC HEALTH, MASSACHUSETTS DEPT OF | Boston | MA | $532,810 | Cities: Brockton, Lowell, Worcester |
| MED STAR HEALTH RESEARCH INSTITUTE | Hyattsville | MD | $410,586 | District of Columbia |
| JOHNS HOPKINS UNIVERSITY, THE | Baltimore | MD | $943,534 | City: Baltimore; Counties: Anne Arundel, Baltimore, Carroll, Harford, Howard, Queen Anne's |
| COMMUNITY HEALTH, MICHIGAN DEPARTMENT OF | Lansing | MI | $1,222,778 | State of Michigan |

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| INGHAM, COUNTY OF | Lansing | MI | $450,751 | Ingham County |
| HENNEPIN HEALTHCARE SYSTEM, INC | Minneapolis | MN | $562,689 | State of Minnesota; Counties in WI: Pierce, St. Croix |
| KANSAS CITY CARE CLINIC | Kansas City | MO | $577,240 | **Counties in KS:** Johnson, Leavenworth, Miami, Wyandotte; **Counties in MO**: Andrews, Atchison, Barton, Bates, Benton, Barry, Buchanan, Caldwell, Carroll, Cass, Cates, Cedar, Christian, Clay, Clinton, Dade, Dallas, Davies, DeKalb, Dent, Douglas, Green, Grundy, Harrison ,Henry, Hickory, Holt, Howell, Jackson, Jasper, Johnson, Laclede, Lafayette, Lawrence, Livingston, McDonald, Mercer, Newton, Nodaway, Oregon, Ozark, Phelps, Platte, Polks, Pulaski, Ray, Shannon, St. Clair, Stone, Taney, Texas, Vernon, Webster, Worth, Wright |
| WASHINGTON UNIVERSITY, THE | Saint Louis | MO | $1,221,583 | 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 |
| UNIVERISTY OF MISSISSIPPI MEDICAL CENTER | Jackson | MS | $259,615 | State of Mississippi |

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| SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE | Hattiesburg | MS | $381,918 | Counties: Adams, Amite, Clark, Copiah, Covington, Franklin, Forrest, George, Hancock, Harrison, Jefferson Davis, Jefferson, Jones, Greene, Jackson, Jasper, Lauderdale, Lamar, Lawrence, Lincoln, Marion, Newton, Pearl River, Perry, Pike, Simpson, Stone, Smith, Walthall, Wayne, Wilkinson. |
| CENTRAL CAROLINA HEALTH NETWORK | Greensboro | NC | $550,950 | Counties: Alamance, Caswell, Guilford, Montgomery, Randolph, Rockingham, Stanly |
| DUKE UNIVERSITY | Durham | NC | $621,787 | Counties: Chatham, Durham, Franklin, Lee, Orange, Wake |
| EAST CAROLINA UNIVERSITY | Greenville | NC | $676,203 | Counties: 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 |
| NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER | Wilmington | NC | $403,227 | Counties: Brunswick, Columbus, New Hanover, Onslow, Pender |
| TRI COUNTY COMMUNITY HEALTH COUNCIL, INC | Newton Grove | NC | $505,333 | Counties: Cumberland, Harnett, Hoke, Johnston, Moore, Richmond, |

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| | | | | Robeson, Sampson, Scotland |
| WAKE FOREST UNIVERSITY HEALTH SCIENCES | Winston Salem | NC | $566,086 | Service areas: City of Winston-Salem, Forsyth County, City of High Point, Guilford County, Davidson County, Davie County, Iredell County, Rowan County, Stokes County, Surry and Yadkin County |
| WESTERN NC COMMUNITY HEALTH SERVICES INC | Asheville | NC | $465,665 | Counties: Avery, Buncombe, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey |
| C.W. WILLIAMS COMMUNITY HEALTH CENTER, THE INC. | Charlotte | NC | $119,319 | **Counties in NC**: Anson, Cabarrus, Gaston, Iredell, Mecklenburg, Rowan, Stanly, Union **County in SC**: York |
| UNIVERSITY OF NEBRASKA | Omaha | NE | $422,474 | **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 HITCHCOK MEMORIAL HOSPITAL | Hanover | NH | $505,352 | States of New Hampshire, Vermont |

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| HEALTH, NEW JERSEY DEPARTMENT OF | Trenton | NJ | $2,000,640 | State of New Jersey |
| UNIVERSITY OF NEW MEXICO | Albuquerque | NM | $512,418 | Counties: Bernalillo, Cibola, McKinley, San Juan, Sandoval, Valencia |
| NORTHERN NEVADA HIV OUTPATIENT PROGRAM, EDUCATION AND SERVICES | Reno | NV | $416,797 | Counties: Churchill, Douglas, Elko, Eureka, Humboldt, Lander, Lyon, Mineral, Pershing, Storey, Washoe, White Pine |
| UNIVERSITY OF NEVADA-LAS VEGAS | Las Vegas | NV | $190,317 | **County in AZ**: Mojave; **Counties in NV:** Clark, Nye |
| MONTEFIORE MEDICAL CENTER | Bronx | NY | $1,724,690 | County: Bronx |
| NEW YORK AND PRESBYTERIAN HOSPITAL, THE | New York | NY | $432,555 | 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. |
| ST LUKE'S-ROOSEVELT HOSPITAL CENTER | New York | NY | $848,398 | New York County-- Zip Codes of 10001, 10011, 10012, 10013, 10014, 10018, 10019, 10020, 10023, 10024, 10025, 10026, 10027, 10029, 10030, 10031, 10032, 10033, 10034, 10035, 10036, 10037, 10039, 10040. |
| ALBANY MEDICAL COLLEGE | Albany | NY | $810,300 | Counties: Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, |

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| | | | | Montgomery, Otsego, Orange, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington |
| ERIE COUNTY MEDICAL CENTER CORP. | Buffalo | NY | $458,868 | Counties: Erie, Cattaraugus, Chautauqua, Niagara |
| NORTH SHORE UNIVERSITY HOSPITAL | Manhasset | NY | $709,412 | Counties: Nassau, Queens |
| COMMUNITY HEALTH PROJECT, INC. | New York | NY | $349,194 | City: New York |
| MOUNT SINAI HOSPITAL | New York | NY | $391,405 | New York County-- Zip codes of 10026, 10027, 10029, 10030, 10035, 10037, 10039 |
| NEW YORK CITY HEALTH AND HOSPITALS CORPORATION (24878 aka Harlem Hospital) | New York | NY | $386,791 | New York County-- Zip codes of 10026, 10027, 10030, 10037, 10039 |
| NEW YORK UNIVERSITY | New York | NY | $625,970 | Counties: New York, Richmond |
| RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK | Stony Brook | NY | $736,376 | County: Suffolk |
| NEW YORK CITY HEALTH AND HOSPITALS CORPORATION (24885 aka Elmhurst) | New York | NY | $423,257 | Queens County-- Zip codes of 11101, 11102, 11103, 11104, 11105, 11106, 11368, 11372, 11370, 11377, 11369, 11373, 11378, 11374, 11375, 11379, 11385, 11412, 11423, 11432, 11433, 11434, 11435,11436, 11004, 11411, 11413, 11422, 11426, 11427, 11428, 11429, 11691, 11692, 11693, 11694, 11697. |

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| RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK, THE | Albany | NY | $344,360 | County: Kings |
| UNIVERSITY HOSPITALS OF CLEVELAND | Cleveland | OH | $387,539 | Counties: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina |
| UNIVERSITY OF TOLEDO, THE | Toledo | OH | $508,646 | Counties: Defiance, Fulton, Henry, Lucas, Ottawa, Sandusky, Williams, Wood |
| UNIVERSITY OF OKLAHOMA | Oklahoma City | OK | $534,587 | Counties: 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, Johnson, 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 |
| MULTNOMAH, COUNTY OF | Portland | OR | $374,930 | **Counties in OR**: Clackamas, Columbia, Multnomah, Washington, Yamhill; **County in WA**: Clark |
| DREXEL UNIVERSITY | Philadelphia | PA | $444,457 | City: Philadelphia-- Zip codes of 19120, 19122, 19124, 19126, |

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| | | | | 19133, 19134, 19138 19140, 19191, 19144 |
| ACCESSMATTERS | Philadelphia | PA | $991,153 | City: Philadelphia |
| MAZZONI CENTER | Philadelphia | PA | $385,769 | City: Philadelphia-- Zip codes of 19102, 19103, 19104, 19107, 19108, 19109, 19123, 19125, 19130, 19131, 19139, 19142, 19143, 19145, 19146, 19147, 19148, 19152 |
| AIDS CARE GROUP | Chester | PA | $401,451 | Counties: Berks, Bucks, Chester, Dauphin, Delaware, Montgomery |
| PHILADELPHIA, CITY OF | Philadelphia | PA | $423,894 | City: Philadelphia-- Zip codes of 19111, 19114, 19115, 19116, 19124, 19120, 19121, 19129, 19132, 19135, 19136, 19140, 19149, 19152 |
| UPMC PRESBYTERIAN SHADYSIDE | Pittsburgh | PA | $589,155 | Counties: Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland |
| PUERTO RICO COMMUNITY NETWORK FOR CLINICAL RESEARCH ON AIDS | San Juan | PR | $382,170 | 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 |

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| UNIVERSITY OF PUERTO RICO MEDICAL SCIENCES CAMPUS | San Juan | PR | $423,983 | Territory of Puerto Rico |
| AIDS CARE OCEAN STATE, INC. | Providence | RI | $651,022 | State of Rhode Island |
| EAU CLAIRE COOPERATIVE HEALTH CENTER | Columbia | SC | $1,196,995 | State of South Carolina |
| LE BONHEUR COMMUNITY HEALTH AND WELL-BEING | Memphis | TN | $572,024 | **County in AR**: Crittenden; **Counties in MS**: DeSoto, Marshall, Tate, Tunica; **Counties in TN**: Shelby, Fayette, Tipton |
| VANDERBILT UNIVERSITY MEDICAL CENTER | Nashville | TN | $580,037 | Counties: 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 |
| HARRIS COUNTY HOSPITAL DISTRICT | Houston | TX | $464,814 | County: Harris |
| HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC | Houston | TX | $963,797 | Counties: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton |

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| DALLAS COUNTY HOSPITAL DISTRICT | Dallas | TX | $654,265 | Counties: Callahan, Collin, Cooke, Dallas, Denton, Ellis, Fanning, Grayson, Henderson, Hunt, Kaufman, Navarro, Rockwall, Taylor |
| TARRANT COUNTY TEXAS (INC) | Fort Worth | TX | $566,009 | Counties: Hood, Johnson, Parker, Tarrant |
| UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER | Dallas | TX | $1,041,453 | Counties: Collin, Dallas, Denton, Ellis, Henderson, Hunt, Kaufman, Navarro, Rockwall |
| VALLEY AIDS COUNSEL | Harlingen | TX | $445,094 | Counties: Aransas, Atascosa, Bandera, Bee, Bexar, Brooks, Calhoun, Cameron, Comal, DeWitt, Dimmit, Duval, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Hidalgo, Jackson, Jim Hogg, Jim Wells, Karnes, Kendall, Kennedy, Kerr, Kinney, Kleberg, La Salle, Lavaca, Live Oak, Maverick, McMullen, Medina, Nueces, Real, Refugio, San Patricio, Starr, Uvalde, Val Verde, Victoria, Webb, Willacy, Wilson, Zapata, Zavala |
| YOUR HEALTH CLINIC | Sherman | TX | $214,546 | Counties: Cooke, Fanning, Grayson |
| BEXAR COUNTY/UNIVERSITY HEALTH SYSTEM | San Antonio | TX | $1,123,739 | Counties: Atascosa, Bandera, Bexar, Calhoun, Comal, Dewitt, Dimmit, Edwards, Frio, Gillespie, Goliad, |

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| | | | | Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, and Zavala. |
| UNIVERSITY OF UTAH, THE | Salt Lake City | UT | $464,263 | State of Utah |
| RECTOR & VISITORS OF THE UNIVERSITY OF VIRGINIA | Charlottesville | VA | $325,001 | Buena Vista, Charlottesville, Fredericksburg, Harrisonburg, Lexington, Staunton, Waynesboro, and Winchester; Counties: Albemarle, Augusta, Bath, Caroline, Clarke, Culpeper, Fauquier, Fluvanna, Frederick, Greene, Highland, King George, Louisa, Madison, Nelson, Orange, Page, Rappahannock, Rockbridge, Shenandoah, Spotsylvania, Stafford, Warren. |
| INOVA HEALTH CARE SERVICES | Falls Church | VA | $585,866 | Cities: Alexandria, Fairfax, Falls Church, Manassas, Manassas Park;<br>Counties: Arlington, Fairfax, Loudon, Prince William |
| COMMUNITY HEALTH CARE | Tacoma | WA | $308,801 | County: Pierce |
| HARBORVIEW MEDICAL CENTER | Seattle | WA | $434,758 | County: King |
| MEDICAL COLLEGE OF WISCONSIN, INC. | Milwaukee | WI | $922,890 | State of Wisconsin |

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| WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION | Morgantown | WV | $240,201 | Counties: 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 |