

Notice of Funding Opportunity

**Application due 07/10/2026**

# HRSA

Health Resources & Services Administration

HIV/AIDS Bureau








Division of Community HIV/AIDS Programs

# Ryan White HIV/AIDS Program Part F Dental Reimbursement Program

Opportunity number: HRSA-26-085



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# Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

## **SAM.gov registration (this can take several weeks)**

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

## **Grants.gov registration (this can take several days)**

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

## **Apply by the application due date**

Applications are due by 11:59 p.m. Eastern Time on 07/10/2026.



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

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



# Step 1:

# Review the Opportunity

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# Basic information

Health Resources Services Administration

HIV/AIDS Bureau

Division of Community HIV/AIDS Programs

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Dental reimbursement program.

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## Summary

The Dental Reimbursement Program reimburses certain costs incurred by eligible entities that have provided uncompensated or partially uncompensated oral health care to people with HIV during a specified one-year period. Funds will be distributed among eligible applicants by comparing each eligible applicant's number of patients with HIV served and unreimbursed oral health care costs to the total number of patients served and costs incurred by all eligible applicants.

## Funding details

**Application Types:** New

**Expected total available funding in FY 2026:** \$9,000,000

**Expected number and type of awards:** 50 grants

**Funding range per award:** Amount varies.

We plan to fund awards in a single six-month budget period. The period of performance is 9/1/2026 to 2/28/2027.



**Have questions?**

Go to [Contacts and Support](#).

## Key facts

**Opportunity name:**

Ryan White HIV/AIDS Program Part F Dental Reimbursement Program

**Opportunity number:**

HRSA-26-085

**Announcement version:**

Initial

**Federal assistance listing:**

93.924

## Key dates

**NOFO issue date:**

06/08/2026

**Informational webinar:**

[Join the Webinar](#)

**Application deadline:**

07/10/2026

**Expected award date:**

09/01/2026

**Expected start date:**

09/01/2026

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

# Eligibility

You can apply if you are an accredited domestic dental school and other accredited domestic dental education program, such as dental hygiene program, or those sponsored by a school of dentistry, a hospital with a dental education program that is accredited by the Commission on Dental Accreditation, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental-general practice residency. Dental education programs must be accredited by the Commission on Dental Accreditation.

## Types of eligible organizations

These types of domestic organizations may apply:

- Public and State controlled institutions of higher education.
- Private institutions of higher education.
- Others. (See text field entitled “Additional Information on Eligibility” for clarification.)

## Additional information on eligibility

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

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

## Completeness and responsiveness criteria

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

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Is submitted after the [deadline](#).
- **Applications that do not meet the following requirements may be deemed ineligible:**
  - Failure to include the total unreimbursed costs of oral health care provided to low-income people with HIV from July 1, 2024, through June 30, 2025, in fields 18a and 18g of the SF-424 application.

- Failure to submit the required Dental Services Report information on or before the application deadline on the [Dental Services Report website](#).
- Discrepancies between the unreimbursed costs reported on the Dental Services Report and the SF-24 application. HRSA will verify these amounts, and if they do not match, the application may be deemed ineligible.

## Application limits

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

## Cost sharing

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

## Maintenance of effort

Federal funds must add to any existing non-federal funds for your proposed activities. If you receive an award, you will have to spend at least as much as you spent in the last fiscal year before the award. Section 2692(b)(4) of the PHS Act requires this. We will enforce these statutory requirements through all available mechanisms. You must provide supporting documentation of your maintenance of effort in your attachments.

RWHAP Part F DRP funds are not intended to be the sole source of support for oral health care services for people with HIV. The RWHAP statute requires DRP recipients to maintain expenditures of state funds (if any) for DRP-related activities at a level equal to or greater than the fiscal year preceding the DRP reimbursement period. The maintenance of effort (MOE) requirement is important in ensuring that RWHAP funds are used to supplement, not supplant, state funds allotted for oral health care services for people with HIV.

### Post-award requirements

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

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

# Program description

## Purpose

Our purposes are to:

1. Improve access to oral health care services for low-income people with HIV.
2. Support related education and training for the delivery of dental care to people with HIV.

This program will reimburse certain costs incurred by eligible entities that have provided uncompensated or partially uncompensated oral health care to people with HIV from July 1, 2024, through June 30, 2025.

## Funding opportunity goals

- Reduce the new HIV infections in the U.S. by focusing on HIV care and treatment strategies so that people with HIV reach viral suppression and therefore do not sexually transmit HIV.
- Help low-income people with HIV by providing: medical care, medications , and support service to help them stay in care .
- Reach people with HIV who are out of care by leveraging partnerships, focusing interventions, and engaging communities.

## Background

### The Ryan White HIV/AIDS Program

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

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

## Ending the HIV Epidemic

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

## Making America Healthy Again

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

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

## Key accomplishments

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

# Program requirements and expectations

- **Dental Services Report** — You must submit a Dental Services Report electronically. For detailed instructions, see [Appendix](#).
- **Patient payment for services** — Recipients must have consistent policies and procedures related to verification of patients' financial status.
- **Payor of last resort and eligibility determination** — With the exception of programs administered by or providing the services of the Indian Health Service, the RWHAP is the payor of last resort. Recipients may not use RWHAP Part F DRP funds for a service if payment has been made, or reasonably can be expected to be made, by a state compensation program, under an insurance policy, under a Federal or State health benefits program, or by an entity that provides health services on a pre-paid basis.
  - Eligibility and confirmation should be determined in accordance with guidelines in HAB [PCN 21-02 Determining Client Eligibility & Payor of Last Resort \[PDF\]](#) in the RWHAP. HRSA HAB expects all RWHAP recipients and subrecipients to establish, implement, and monitor policies and procedures to determine client eligibility.
  - To extend finite RWHAP grant resources to low-income people with HIV, recipients and subrecipients must vigorously pursue and rigorously document enrollment into, and subsequent reimbursement from, health care coverage for which their clients may be eligible. Examples include Medicaid, Medicare, Children's Health Insurance Program (CHIP), state-funded HIV programs, employer-sponsored health insurance coverage, and health plans offered through other private health insurers.
- **Recipients cannot use RWHAP Part F DRP funds to supplement the maximum cost allowance for services reimbursed by third party payments 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, D and Part F Community Based Dental Partnership Program (CBDPP) to duplicate reimbursement for services funded under Part F DRP. Additionally, recipients cannot bill RWHAP Parts A, B, C, D or Part F CBDPP for services reimbursed by RWHAP Part F DRP.
- **Other financial management issues** — Funds received from DRP must be allocated to the accredited dental schools and other accredited dental education programs (see [Eligibility section](#) that provide oral health services to low-income people with HIV. HRSA expects that these reimbursement funds will provide expanded access to oral health care for people with HIV.

- **Education and training** — RWHAP Part F DRP awarded applicants must ensure HIV-related oral health education and training for dental students, dental hygiene students, dental residents, or other dental providers. Education and training curricula should focus on the provision of comprehensive oral health care for people with HIV.

## Statutory authority

42 U.S.C. § 300ff-111(b) (Title XXVI, § 2692(b) of the Public Health Service (PHS) Act).

# Award information

## Funding policies and limitations

### Changes in HHS regulations

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

### Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.

### General limitations

- For guidance on some types of costs we do not allow or restrict, see
  - Project Budget Information in Section 3.1. of the [Two-Tier Application Guide \[PDF\]](#).
  - [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
  - [Allowable and Unallowable Costs and Activities](#), in the HHS Grants Policy Statement.
- All costs must be [reasonable](#), necessary, [allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
- You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).
- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds. For help calculating salaries under this limit, read more at “salary rate limitation” in the [Two-Tier Application Guide \[PDF\]](#).

# Program-specific statutory or regulatory limitations

You cannot use funds under this notice for the following:

- Funding restrictions included in [PCN 16-02](#).
- Services that must be paid for by other sources, consistent with the RWHAP payor of last resort requirement in [PCN 21-02](#).
- Payments for inpatient hospitals, nursing homes, and other long-term care facilities.
- Cash payments to intended clients of RWHAP services.
- Purchase of, or improvement to land.
- Purchase, construction, or major alterations or renovations on any building or other facility (see [2 CFR 200](#) – subpart A Definitions).
- PrEP or non-occupational Post-Exposure Prophylaxis (nPEP) medications or the related medical services. As outlined in the updated [November 16, 2021 RWHAP and PrEP program letter](#).
- 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.

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

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

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

## Indirect costs

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

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

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

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

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

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

## Program income

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



# Step 2:

## Get Ready to Apply

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# Get registered

## SAM.gov

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

To register:

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

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

Once you register:

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

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

## Grants.gov

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

# Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-085.

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

# Application writing help

Visit [HHS Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

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

## Join the webinar

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



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



# Step 3:

# Build Your Application

## In this step

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# Application checklist

There are two types of forms in Grants.gov.

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

Make sure that you have everything you need to apply.

## Narratives

Component	Grants.gov form	Included in page limit*?
<input type="checkbox"/> <a href="#">Attachments</a>	Insert each in the Other Attachments form	Yes, unless marked otherwise
<input type="checkbox"/> <a href="#">Other required forms</a>	Upload using each required form	No
<input type="checkbox"/> <a href="#">Dental Services Report</a>	Submit this on the <a href="#">Dental Services Report website</a>	No

## Attachments

Insert each in the Attachments form in this order.

Component	Included in page limit*?
<input type="checkbox"/> 1. Maintenance of effort	Yes
<input type="checkbox"/> 2. Other relevant documents (if applicable)	Yes

## Other required forms

Upload using each required form in Grants.gov.

Forms	Submission requirement
<input type="checkbox"/> Application for federal assistance (SF-424)	With application.
<input type="checkbox"/> Project/Performance site location(s)	With application.
<input type="checkbox"/> Project abstract summary form	With application.
<input type="checkbox"/> Grants.gov lobbying form	With application.
<input type="checkbox"/> Key contacts	With application.

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

# Application contents and format

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

**Application page limit:** 10

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

## Required format

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

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

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

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

**Size:** 12-point font

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

**Ink color:** Black

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

**Alignment:** Left

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

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

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

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

**Page numbering:**

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

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

See the reporting section for more information.

## Attachments

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

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

### Attachment 1: Maintenance of effort documentation

Counts toward page limit.

You must maintain state funds (if any) that support proposed activities. These include cash, in-kind, and other contributions. If there were no state funds expended, enter zero. Do not include any federal funds. See [maintenance of effort requirement](#).

You must provide a baseline aggregate expenditure of state funds for the most recently completed fiscal year prior to the application deadline and estimates for the following fiscal year using a chart like the one shown in this section.

As an example, if your fiscal year begins July 1, you report actual expenditures of state funds for oral health care services for people with HIV from July 1, 2024, through June 30, 2025, in column one. In column two, you report estimated expenditures for the next fiscal year (July 1, 2025, through June 30, 2026).

Additionally, provide a brief description of the methodology your institution or program used to calculate MOE for oral health care services for low-income people with HIV. Provide a description of consistent data set(s) of state expenditures for oral health care services for low-income people with HIV and a brief narrative of any changes from the previous FY and the projected FY spending.

Use this sample format to provide the maintenance of effort documentation.

FY before application: Actual nonfederal expenditures	First FY of award: Estimated nonfederal expenditures
\$	\$

## Attachment 2: Other relevant documents (if applicable)

Include here any other documents that are relevant to your application.

## Other required forms

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

Forms	Submission requirement
Application for federal assistance (SF-424)	With application.
Project/performance site location(s)	With application.
Project abstract summary form	With application.
Grants.gov lobbying form	With application.
Key contacts	With application.

## Form instructions

The application guide has detailed instructions for:

- The [Application for Federal Assistance \(SF-424\)](#).

## Project abstract summary form instructions

Complete the information in the Project Abstract Summary form. For more information, see Section 3.1.2 of the [Application Guide \[PDF\]](#).

Please name your project title “FY 2026 RWHAP Part F Dental Reimbursement Program” and include the following information:

- The total unreimbursed costs of oral health care provided to people with HIV from July 1, 2024, through June 30, 2025, that are entered in fields 18a and 18g of the SF-424 Application for Federal Assistance. This amount should also match the unreimbursed cost reported on Tab Two of the DSR.

## Important: Public information

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

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

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

[See instructions and examples.](#)



# Step 4: Understand Review, Selection, and Award

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# Application review

## Initial review

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

## Risk review

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

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

We may ask you to submit additional information.

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

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

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

# Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- [Alignment with HRSA Mission and Strategic Priorities](#)

We may:

- Fund applications in whole or in part.
  - Fund applications at a lower amount than requested.
  - Choose to fund no applications under this NOFO.
- Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

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

## Award notices

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

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



# Step 5: Submit Your Application

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# Application submission and deadlines

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

## Application deadline

**You must submit your application by 07/10/2026, at 11:59 p.m. ET.**

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

If you need a deadline extension, see “requesting a waiver” in the [Application Guide \[PDF\]](#).

## Submission method

### Grants.gov

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

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

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

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



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

# Other submissions

## Intergovernmental review

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

## Dental Services Report

Dental Services Report : You must submit this report electronically. Complete and submit the Dental Reimbursement Program Dental Services Report in the [Dental Services Report website](#). You'll need to request access to the website the first time you visit it by completing the registration form on the Dental Services Report website.



# Step 6: Learn What Happens After Award

## In this step

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# Post-award requirements and administration

## Administrative and national policy requirements

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

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

## Required Alignment with HRSA Mission and Strategic Priorities

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

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

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.

- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

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

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable or live in areas with limited access to care. HRSA's duty is to serve

wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

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

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
  - Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
  - Maintain strong internal controls.
  - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

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

**Make America Healthy Again (MAHA):** HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

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

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

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

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

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

**Promoting public safety, lawful use of federal funds, and national health priorities:**

To the extent permitted by law, HRSA will align funding with administration priorities by:

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

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

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

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

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

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at [2 CFR. part 200](#) and the terms and

conditions of this award. This includes termination under [2 CFR. 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

## Cybersecurity

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

## Health IT

Successful applicants under this NOFO agree that:

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

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

## Reporting

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

You must also follow these program-specific reporting requirements:

- Progress reports, Federal Financial Report, and the final report noted under Section 6 of HRSA’s SF 424 Application Guide are not required for DRP.



# Contacts and Support

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# Agency contacts

## Program and eligibility

### **Catishia Mosley**

Public Health Advisor

Attn: Ryan White HIV/AIDS Program Part F Dental Reimbursement Program

Health Resources and Services Administration

[AskPartFDental@hrsa.gov](mailto:AskPartFDental@hrsa.gov)

301-945-0903

## Financial and budget

### **Patryce Peden**

Grants Management Specialist

Division of Grants Management Operations

Office of Financial Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

[PPeden@hrsa.gov](mailto:PPeden@hrsa.gov)

301-443-2277

## HRSA contact center

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

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

**TTY:** 877-897-9910

[Electronic Handbooks Contact Center](#)

# Help with systems

## Grants.gov

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

## SAM.gov

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

## Helpful websites

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

# Appendix

## Dental Services Report

### Instructions

For instructions on completing the report, see reporting requirements on our website under “Dental Services Report.”

We will only accept actual counts of people with HIV who received oral health care services from your institution or program as the basis of your application for DRP funding.

- **Funding and payment coverage:** You should only report direct reimbursements from third party payers (public and private) as payment for services provided in Section 2 Tabs 1 & 2. You should not report funding from the RWHAP or other federal grant programs as reimbursements in these items.
- **Unreimbursed costs:** The total unreimbursed costs of oral health care provided to people with HIV from July 1, 2024, through June 30, 2025, that are entered in fields 18a and 18g of the SF-424 Application for Federal Assistance must match the amount reported in Section 4 Tab 2 on the Dental Reimbursement Program Dental Services Report. We may verify the unreimbursed costs listed on the DSR and SF-424 application for Federal Assistance if there are differences. **\*If these amounts do not match, we may deem your application ineligible.**
- **Narratives:** Please include narrative responses in Section 4 Tab 3, not to exceed one page in length for each item. Your responses will better inform us about your institution or program; your collaborations in the larger community; your training of students, residents, and providers; and other accomplishments. Your responses will also help us target technical assistance activities, document the value of funds expended, and demonstrate the importance of continued RWHAP funding for oral health care.