Notice of Funding Opportunity

Application due March 11, 2025

HRSA
Health Resources & Services Administration

HIV/AIDS Bureau
Division of Policy and Data

Street Medicine Interventions for People with HIV who are Unsheltered – Capacity Builder Provider (HRSA-25-055) and Street Medicine Interventions for People with HIV who are Unsheltered – Evaluation Provider (HRSA-25-057)

Opportunity number: HRSA-25-055 and HRSA-25-057

Modified on 1/28/25
Updated TA Webinar information

Contents

Before you begin

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

SAM.gov registration (this can take several weeks)

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

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

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

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on March 11, 2025.

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

Step 1: Review the Opportunity

In this step

Basic information

Health Resources and Services Administration (HRSA)

HIV/AIDS Bureau

Division of Policy and Data

Street medicine interventions for people with HIV – Capacity Building Provider and Evaluation Provider

Summary

The Health Resources and Services Administration (HRSA) HIV/AIDS (HAB) Ryan White HIV/AIDS Program (RWHAP) Part F Special Projects of National Significance (SPNS) Program is accepting applications for fiscal year (FY) 2025 to fund:

- One organization under the announcement Street Medicine Interventions for People with HIV who are Unsheltered – Capacity Builder Provider (HRSA-25-055).
- One organization under the announcement Street Medicine Interventions for People with HIV who are Unsheltered – Evaluation Provider (HRSA-25-057).

Together with the 10 organizations that will be funded under the announcement Street Medicine Interventions for People with HIV who are Unsheltered - Demonstration Sites (HRSA-25-056), the Capacity Building Provider and the Evaluation Provider will collaborate within this initiative, using an implementation science approach to adapt, document, evaluate, and disseminate street medicine interventions for people with HIV. For this initiative, street medicine is the provision of health services in unsheltered environments (e.g., on streets, under bridges, other public or open space) to people with HIV who are out of care or not consistently engaged in care and unstably housed and/or unsheltered. This field of medicine and public health response holds much promise to improve the health and quality of life of people with HIV. This improvement may be demonstrated through innovative approaches to assess needs to re-engage clients into prior HIV care, link others to HIV care provisions, offer access to antiretroviral therapy, and monitor the response for viral suppression, along with addressing other HIV primary care needs as identified. The initiative will identify the core program components, strategies to scale interventions, implementation within the context of the Ryan White HIV/AIDS Program (RWHAP), and sustainable interventions in communities with variable resources. Additional priority populations are identified by the National HIV/AIDS Strategy (NHAS) (2022-2025), which are:

Have questions?
Go to Contacts and Support.

Key facts

Opportunity name: Street Medicine Interventions for People with HIV who are Unsheltered – Capacity Builder Provider (HRSA-25-055) and Street Medicine Interventions for People with HIV who are Unsheltered – Evaluation Provider (HRSA-25-057)

Opportunity number: HRSA-25-055 and HRSA-25-057

Announcement version: New

Federal assistance listing: 93.928

Statutory authority: 42 USC § 300ff-101 (§ 2691 of the Public Health Service Act)

Key dates

NOFO issue date: January 8, 2025

Informational webinar:

See Webinar Section

Application deadline: March 11, 2025

Expected award date is by: July 2, 2025

Expected start date: August 1, 2025

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

- 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.

The **Capacity Building Provider** (HRSA-25-055) will:

- Coordinate the overall activities of the initiative.
- Assist demonstration sites (funded under announcement HRSA-25-056) to develop street medicine interventions to be adapted, documented, evaluated, and disseminated.
- Make sure the interventions are equitable, inclusive, and client-centered, and incorporate activities that support the reduction of stigmatizing attitudes, beliefs, and behaviors.
- Systematically provide, track, measure, and report implementation technical assistance that ensures fidelity to core components of the interventions.
- Coordinate and facilitate all strategic planning meetings, learning sessions, and the initiative's annual (multi-site) meetings (offered in-person, virtual, or hybrid).
- Coordinate closely with the Evaluation Provider (funded under announcement HRSA-25-057) to make sure that implementation technical assistance aligns with the evaluation plan.
- Lead the development and implementation of a communications and dissemination plan for the initiative, including the creation of user-friendly, multimedia materials.
- Participate in the Evaluation Provider-led implementation science multi-site evaluation of the initiative, as needed.

The **Evaluation Provider** (HRSA-25-057) will:

- Design and lead a rigorous multisite evaluation grounded in implementation science to assess implementation outcomes, client and services outcomes, and cost of implementation across demonstration sites, with significant input from the demonstration sites. Validated measures should be used to assess all outcomes.
- Develop and implement a process and digital platform for sites to collect and report implementation, service, client, and cost data to the EP.
- Provide ongoing training to all participants on the evaluation and relevant implementation science principles throughout the period of performance.
- Lead the development and submission of institutional review board (IRB) materials, and data sharing and business associate agreements among the

demonstration sites; and support demonstration sites that create their own submissions.

- Analyze data and disseminate evaluation findings. Provide evaluation-specific technical assistance to demonstration sites.
- Collaborate with the Capacity Building Provider to include evaluation content and activities in strategic planning meetings, learning sessions, and the initiative's annual (multi-site) meetings.
- Participate in the implementation activities of the initiative's communications and dissemination plan, including the creation of user-friendly, multimedia materials.

You must apply to the correct announcement number (HRSA-25-055 or HRSA-25-057) that corresponds to the stated activities listed above. If you are applying for both announcement numbers, you must submit a separate application for each.

HRSA expects the recipients funded from these funding opportunities will work together along with the Street Medicine Interventions for People with HIV who are Unsheltered - Demonstration Sites (HRSA-25-056) to achieve the initiative goals and objectives. HRSA encourages you to read and familiarize yourself with the program expectations of the companion NOFO.

Funding details

Application Types: New

Expected total available funding in FY 2025: $1,250,000 (HRSA-25-055) $1,000,000 (HRSA-25-057)

Expected number and type of awards: (1) HRSA-25-055, (1) HRSA-25-057 cooperative agreement

Funding range per award: $1,250,000 (HRSA-25-055), $1,000,000 (HRSA-25-057)

We plan to fund awards in four 12-month budget periods for a total four -year period of performance from 08/01/2025 to 07/31/2029.

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

Eligibility

Who can apply

Types of eligible organizations

These types of domestic* organizations may apply:

- Public institutions of higher education
- Private institutions of higher education
- Non-profits with or without a 501(c)(3) IRS status
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and freely associated states
- Independent school districts
- Native American tribal governments
- Native American tribal organizations

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

Individuals are not eligible applicants under this NOFO.

Completeness and responsiveness criteria

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

We will not consider an application that:

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

Application limits

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

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. We will hold you accountable for any funds you add, including through reporting.

Program description

Purpose

The Capacity Building Provider (HRSA-25-055), the Demonstration Sites (HRSA-25-056), and the Evaluation Provider (HRSA-25-057) will collaborate to achieve the initiative's goal and five objectives:

Goal: Adapt, document, implement, evaluate, and disseminate street medicine interventions that effectively respond to the needs of people with HIV who are unsheltered.

- **Objective 1:** Build capacity of demonstration sites to effectively respond to the health care needs of people with HIV who are unsheltered.
- **Objective 2:** Achieve successful uptake and sustainability of adapted and implemented interventions by RWHAP recipient staff and clients.
- **Objective 3:** Conduct a rigorous multisite evaluation grounded in implementation science across demonstration sites. The evaluation will assess barriers and facilitators to implementation, implementation strategies, and cost, among other implementation, and client and services outcomes. Evaluation findings will be documented and shared throughout the initiative to support successful implementation.
- **Objective 4:** Develop and disseminate user-friendly, multimedia implementation materials that will serve as a tool for other RWHAP settings to replicate street medicine interventions and provide enhanced care and support for their clients.
- **Objective 5**: Use the Centers for Medicare and Medicaid (CMS) Place of Service Codes that reflect place where services are rendered.

Street Medicine Overview

As a client-centered service, street medicine is designed to bring the services offered in a clinic into the unsheltered spaces where people live, spend time, and congregate such as the streets and wooded areas. As described by subject matter experts globally, street medicine is conducted where people live and must include a change in traditional health care delivery structure to engage those unstably housed. Street medicine is not a new form of health care delivery. Rather, street medicine programs have existed for decades. These programs have demonstrated the ability to provide health care service in an effective manner, resulting in improved health outcomes.

Street medicine programs may take a different approach to address components of delivering health care services than traditional health care settings. Some components are the safety, local and state regulations, and selection of services to offer people.

Clinic-based and street medicine interventions have different approaches for assuring safety of the teams and clients because of the different environments and availability of resources in each setting. Local and state regulations may determine which health care services can be delivered in which setting and when. These components are important to understand and include in all street medicine programs.

Health care delivered in traditional settings, such as a clinic or mobile unit, may not address the needs of those who experience rough sleeping or are unsheltered. Barriers such as facility hours of operation and policies related to entry (e.g., no pets, no carts, requirements for shirts and shoes) impact access to and retention in care. Stigma and discrimination may be other factors that prevent those with previous poor experiences in clinic-based settings who are unsheltered from entering traditional settings for health care.

Because people who are rough sleepers or are unsheltered experience a combination of varied social determinants of health challenges, street medicine teams encounter populations with chronic disease co-morbidities, mental health and substance use disorders, and other structural factors requiring innovative approaches (see also Substance Abuse and Mental Health Services Administration (SAMHSA)'s 2023-2026 Strategic Plan).

Based on the 2022 RWHAP Services Report, 5.2% of clients served were unstably housed with another 6.9% temporarily housed. Clients who were unstably housed had a viral suppression of 72.4% and people who were temporarily housed had a viral suppression of 84.1%, which is lower viral suppression than those who have stable housing. To end the HIV epidemic in the United States, strategies that tailor services to meet the needs of people who are not engaged in care or virally suppressed where they are located are required. Street medicine, as a form of health care delivery, can be an effective intervention to help RWHAP clients who are not well served by traditional health care delivery systems. Therefore, while street medicine focuses on those people who are unstably housed, it can also serve those who are averse to a traditional clinic building environment.

Key Definitions

For this initiative, the following definitions will be used:

- **Street medicine:** Street medicine is an alternative approach to traditional health care delivery settings. Street Medicine consists of "health and social services" developed specifically to address the unique needs and circumstances of the unsheltered delivered directly to them in their own environment.
- **Unstably housed:** A type of housing status where the person does not have stable permanent or temporary housing (such as a permanent or temporary placement, apartment, or home). People who have unstable housing live in emergency shelter

or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for humans; jail, prison, or a juvenile detention facility; or hotel or motel paid for with emergency shelter voucher.

- **Unsheltered**: A type of housing status where the person sleeps in places not intended for human habitation, a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for humans.
- **Rough Sleeper:** A person who sleeps in a public location not meant for human habitation (outside, in a car, in an abandon building).
- **Implementation science** is the study of methods to promote or improve the systematic uptake of effective intervention strategies by public health practice, program, and policy. Intervention strategies may occur at the system, community, organization, and individual levels. At HRSA HAB, successful intervention strategies positively impact health and quality of life for people with HIV.
- **Intervention strategies:** HRSA HAB categorizes interventions into three levels, based on evidence of demonstrated effectiveness. The three levels are collectively known as "intervention strategies" and include:
  - **Evidence-based interventions:** Interventions that are demonstrated to effectively improve health and/or quality of life, based on published research. These interventions meet the CDC criteria for being evidence-based.
  - **Evidence-informed interventions:** Interventions that are demonstrated to effectively show promise, based on published research. Evidence-informed interventions may demonstrate impact and strength of evidence without meeting CDC criteria for being evidence-based.
  - **Emerging interventions:** Innovative practices that have not yet been published or do not have extensive evaluation data but have effectively improved health and/or quality of life.
- **Implementation strategies:** Methods to enhance the adoption or uptake of interventions in specific settings.
- **Culturally responsive care:** Services that are culturally grounded, attuned, and sensitive to the unique needs of each client and their cultural background. See: Cultural Competence in Health and Human Services.
- **Flexible service delivery:** The ability to quickly adjust services to meet the unique and evolving needs of clients such as low-barrier care, street medicine, non-traditional clinic hours, and harm reduction.
- **Integrated care:** Clinicians' careful coordination of HIV primary care, mental health and substance use disorder care, and supportive services. Clinicians work together systematically and use a multidisciplinary approach to ensure clients receive one consistent message about care and treatment. See the Substance Abuse and Mental Health Services Administration's 2023-2026 Strategic Plan.

- **Out of care or not consistently engaged in care:**
  - Newly diagnosed with HIV within the past 12 months, **OR**
  - Previously diagnosed with HIV (more than six months ago) but not engaged in care, as per one or more of the following parameters:
    - Not have two routine HIV primary care encounters within a 12 month period (according to HRSA annual retention performance measure) ; **OR**
    - Be an existing client at risk of not attending HIV primary care visits (including clients who have missed their last two appointments in the last 12 months, or missed their last appointment in the last six months, or clients who are leaving incarceration or have another high-risk factor); OR
  - Persons who are not virally suppressed (defined as having a viral load >=200 copies/mL3) at the time of enrollment into HIV primary care.

Background

The HRSA Ryan White HIV/AIDS Program has five statutory funding parts that provide a comprehensive system of medical care, support, and medications for low-income people with HIV. The goal is better health results, and lower HIV transmission in priority groups.

The HIV care continuum is key to the program. It shows the journey of someone with HIV from diagnosis to effective treatment, leading to viral suppression. Achieving viral suppression boosts the patient's quality of life and prevents HIV transmission (also known as Undetectable equals Untransmittable or U=U).

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

Strategic frameworks and national objectives

To address health challenges faced by low-income people with HIV, using national objectives and strategic frameworks is crucial. These frameworks include:

Healthy People 2030

National HIV/AIDS Strategy (NHAS) (2022–2025)

Sexually Transmitted Infections National Strategic Plan for the United States (2021–2025)

Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025)

These strategies offer guidance on the main principles, priorities, and steps for our national health response. They serve as a blueprint for collective action and impact.

Expanding the effort

There have been significant accomplishments:

- From 2018 to 2022, HIV viral suppression among Ryan White program clients improved from 87.1% to 89.6%. For more, see the 2022 Ryan White Services Report (RSR).
- Racial, ethnic, age-based, and regional disparities in viral suppression rates have significantly reduced. For more, see the RWHAP Annual Data Report, 2022.
- In 2020, the Ending the HIV Epidemic in the U.S. (EHE) initiative launched to further expand federal efforts to reduce HIV transmission. For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients, specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed, to the essential HIV care, treatment, and support services needed to help them reach viral suppression.

Using data effectively

HRSA and CDC promote integrated data sharing and use for program planning, quality improvement, and public health action.

We encourage you to:

- Follow the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs.
- Create data-sharing agreements between surveillance and HIV programs.
- Progress towards NHAS goals through integrated data sharing, analysis, and use of HIV data by health departments.
- Complete CD4, viral load, and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems. CDC mandates the reporting of all such data to the National HIV Surveillance System (NHSS).
- Use our interactive RWHAP Compass Dashboard to visualize reach, impact, and outcomes of the Ryan White program and to inform planning and decision making. The dashboard gives you a look at national, state, and metro area data and displays client demographics, services, outcomes, and viral suppression. It also includes data about clients in the AIDS Drug Assistance Program (ADAP).

- Develop data-sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden.
- Use electronic data sources to verify client eligibility when you can. See Policy Clarification Notice 21-02, Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program.

Program resources and innovative models

We offer multiple projects and resources to help you. A full list of resources is available on TargetHIV. We urge you to learn about them and use them in your project. For some examples, see Helpful Websites.

Program requirements and expectations

The Capacity-Building Provider, the Evaluation Provider, and Demonstration Sites (funded under HRSA-25-056) are co-collaborators of this initiative. Continuous collaboration and communication among all participants and HRSA are required to achieve the initiative objectives. Based on the funded entity, some activities will be led by one entity, some activities will include participation by each entity, and some activities include a collaborative (co-coordination) approach by all entities.

The table below provides an overview of the general HAB expectations for successful applicants. Multi-site meetings may be virtual or held in the Washington D.C. metropolitan area.

Responsibilities/Collaborative Role: Lead, Co-Coordinate, and Participate		Demonstration Sites (HRSA-25-056)	Capacity Building Provider (HRSA-25-055)	Evaluation Provider (HRSA-25-057)
Within 90 Days of Award	Develop a comprehensive joint work plan.	Co-Coordinate	Lead	Co-Coordinate
Within 90 days of Award	Host a multi-site meeting.	Participate	Lead	Co-Coordinate
Within 6 Months of Award	Develop a communications and dissemination plan.	Participate	Co-Coordinate	Co-Coordinate
Year 1-4	Implement, refine, document, and evaluate street medicine interventions.	Co-Coordinate	Co-Coordinate	Co-Coordinate
Year 1	Complete IRB, business associate agreements, and data use agreements, as necessary.	Participate	Participate	Lead
Year 1-4	Coordinate the dissemination structure of street medicine interventions.	Participate	Lead	Participate
Year 1-2	Recruit and enroll clients in the interventions.	Lead	Co-Coordinate	Co-Coordinate
Year 1-4	Attend two initiative annual (multi-site) meetings per budget year either virtual or in the Washington, DC metropolitan area.	Participate	Participate	Participate
Year 1-4	Develop and implement a multi-site evaluation plan grounded in implementation science.	Participate	Participate	Lead
Year 1-4	Plan, coordinate, and facilitate all multi-site meetings.	Participate	Lead	Participate

Year 1 – 4	Implement, refine, and document interventions.	Lead	Participate	Participate
Year 1 – 4	Evaluate interventions.	Participate	Participate	Lead
Year 1 and ongoing	Systematically provide, track, measure, and report implementation technical assistance.	Participate	Lead	Participate
Year 1 and ongoing	Systematically provide, track, and document evaluation technical assistance.	Participate	Participate	Lead
Year 1 and ongoing	Develop a dissemination plan for the creation of user-friendly, multimedia replication materials and manuscripts on evaluation methods and findings.	Co-Coordinate	Co-Coordinate	Co-Coordinate
Year 1 and ongoing	Create and disseminate user-friendly, multimedia replication materials.	Participate	Lead	Participate
Year 1 and ongoing	Create and disseminate evaluation methods and findings via manuscripts for publication in scientific journals.	Participate	Participate	Lead
Year 2 and 4	Attend the National Ryan White HIV/AIDS Program Conference.	Participate	Participate	Participate

Details of the Capacity Building Provider (HRSA-25-055) and Evaluation Provider (HRSA-25-057) specific requirements

In consultation with HRSA, demonstration sites (funded under another announcement, (HRSA-25-056)), the Capacity Building Provider (HRSA-25-055), and the Evaluation Provider (HRSA-25-057) should collaboratively refine their respective roles and responsibilities within the first 90 days of the award and develop a comprehensive joint work plan. The Capacity Building Provider will lead the planning for a virtual or in person multi-site meeting within the first 90 days of award to bring together the demonstration sites, Capacity Building Provider, and Evaluation Provider to finalize the joint work plan and initiate the communications and dissemination plan.

HAB recommends that within the first six months of award, a virtual or in-person co-coordination meeting is conducted between HRSA and all three entities to develop a communications and dissemination plan. The Capacity Building Provider will manage and facilitate the logistics. The communication and dissemination plan will include:

- **Publication and Dissemination Committee:** The Capacity Building Provider will form a publication and dissemination committee, consisting of Evaluation Provider staff, HRSA staff, and demonstration site representatives, to generate study questions, topics for presentations and publications, concept sheets and analyses, and other multi-media products.
- **Dissemination products and strategies:** These will include user-friendly, multi-media materials that incorporate implementation findings from the initiative used to support replicaiton of the intervention. They should include materials aligned with RWHAP service categories for replication purposes. The Capacity Building Provider and Evaluation Provider must work together to ensure the integration of evaluation findings into dissemination products.
- **Priority audiences:** These include HIV care and treatment providers, as well as supportive service providers. Other audiences may include program administrators, RWHAP program leaders, and policymakers. The Capacity Building Provider and Evaluation Provider must ensure products and strategies are culturally responsive and accessible to communities impacted by HIV and unsheltered.
- **Dissemination timeline:** The timeline will include developing and disseminating materials throughout the initiative, not just at the end of the initiative. The purpose is to promote real-time learning and dissemination of best practices within the RWHAP. The timeline should incorporate HRSA review and review by subject matter experts, as needed.
- **Project websites:** The Capacity Building Provider and Evaluation Provider will collaborate to develop and maintain a project-specific page on TargetHIV.org with public access for communication of the project. In addition to the public website, a secure, password-protected shared location for demonstration sites, Capacity Building Provider, Evaluation Provider, and HRSA staff will be created and maintained during the project to host the initiative's files.
- **Promoting replication:** Dissemination mechanisms should be tailored based on the needs of the priority audiences. The Capacity Building Provider will use TargetHIV and the RWHAP Best Practices Compilation to share all products from this initiative with RWHAP recipients and providers, HIV service delivery staff, and other partners. Other mechanisms may include websites, social media, webinars, relevant conferences, and academic journals.

The Capacity Building Provider will **lead** the following program requirements in consultation with HRSA:

- Assist a national cohort of demonstration sites (funded under HRSA-25-056) to adapt, document, evaluate, and disseminate street medicine interventions.
- Plan, coordinate, and facilitate all multi-site meetings as identified per budget year.
- Lead a systematic approach to provide, track, measure, and report implementation technical assistance.
- In collaboration with the Evaluation Provider, develop and implement a dissemination plan for the creation of user-friendly, multimedia replication materials.

The Evaluation Provider will **lead** the following program requirements in consultation with HRSA:

- Develop and implement an implementation science evaluation plan grounded in implementation science that includes implementation, service, and client outcomes, as well as implementation strategies and a cost analysis. Please see Helpful Websites for additional resources. You should select validated quantitative measures for implementation, client, and service outcomes. The evaluation should include quantitative and qualitative data collection, analysis, and reporting. Quantitative, qualitative, and mixed methods analysis can be used based on the specific evaluation questions.
    - Quantitative data can be useful for understanding the effects of an intervention on client outcomes. Quantitative measures can also be used to track implementation—for example, the number of staff trainings.
    - Qualitative data can provide a deeper understanding of barriers and facilitators to implementation, *why* and *how* adaptations are made, and *why* certain implementation strategies are used. Additionally, qualitative inquiry can provide a more nuanced understanding of clients' perceptions of their care and experiences.
    - Mixed methods integrate both quantitative and qualitative data and analysis.
- Develop and implement a process and digital platform for sites to collect and report implementation, service, client, and cost data to the EP. The process and platform will adhere to applicable laws and regulation for data security, privacy, and confidentiality.
- Provide, track, and document implementation science and evaluation-related technical assistance.

- Complete required institutional review board (IRB), business associated agreements, and data use agreements forms and processes. Support demonstration sites in completing these forms and processes.
- Analyze evaluation data and work with the CBP and demonstration sites to integrate findings into replication materials and other dissemination products.

All initiative recipients should plan to attend two initiative multi-site meetings per budget year at HRSA headquarter or in the Washington, D.C. metropolitan area. The following three people from each recipient team should plan to attend the annual meetings: Principal investigator, evaluation staff person, and person with lived experience. The meetings will be two days in length.

In addition, all initiative recipients are expected to attend and participate in the National Ryan White Conference on HIV Care and Treatment (NRWC) in 2026 and 2028.

Key personnel

When possible, recipients and subrecipients should consider filling key personnel roles with individuals with lived experience. Lived experience includes people with HIV and people who have been unstably housed or unsheltered or experienced rough sleeping. This experience, along with relevant content expertise, is acceptable in lieu of education, as appropriate.

Award information

Cooperative agreement terms

Our responsibilities

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

- Facilitate the availability and expertise of key federal partners in the planning, development, and implementation of the project.
- Facilitate effective collaborative relationships with the Capacity Building Provider, Evaluation Provider, Demonstration Sites, and other relevant partners.
- Provide relevant project information and resources, including technical assistance resource centers.
- Review activities, procedures, measures, and tools to be implemented for accomplishing the overall goals and objectives of this initiative on an on-going basis.
- Participate in the design and implementation of evaluation tools, evaluation plans, and other project materials.

- Review and participate in the dissemination of project activities, products, findings, best practices, evaluation data, and other information developed as part of this project to the broader health care community, and RWHAP providers.
- Co-author and publish technical manuscripts describing project design, implementation, outcomes, and other topics in scientific journals.

Your responsibilities

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

The Capacity Building Provider will **lead** the following program requirements in consultation with HRSA:

- Assist a national cohort of demonstration sites (funded under another announcement) to adapt, document, evaluate, and disseminate street medicine interventions.
- Plan, coordinate, and facilitate all multi-site meetings (two per budget year).
- Lead a systematic approach to provide, track, measure, and report implementation technical assistance.
- Develop and implement a dissemination plan for the creation of user-friendly, multimedia replication materials.

The Evaluation Provider will **lead** the following program requirements in consultation with HRSA:

- Develop and implement an evaluation that includes implementation, service, and client outcomes, as well as implementation strategies and a cost analysis. Validated quantitative measures for implementation, client, and service outcomes will be selected and cited.
- Develop and implement a process and digital platform for demonstration sites to collect and report implementation, service, client, and cost data. The process and platform will adhere to applicable laws and regulation for data security, privacy, and confidentiality.
- Provide ongoing training to all participants on the evaluation and relevant implementation science principles throughout the period of performance.
- Provide, track, and document implementation science and evaluation technical assistance.
- Complete required institutional review board (IRB), business associated agreements, and data use agreements forms and processes. Support demonstration sites in completing these forms and processes.

- Analyze evaluation data and collaborate with the CBP and demonstration sites to integrate evaluation findings into replication materials and other dissemination products.

Funding policies and limitations

Policies

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.
  - Your satisfactory progress in meeting the project's objectives.
  - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in Section 3.1.4 of the Application Guide. You can also see 45 CFR part 75, or any superseding regulation, General Provisions for Selected Items of Cost.
- You cannot earn profit from the federal award. See 45 CFR 75.400(g).
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2025, the salary rate limitation is $225,700. This limitation may be updated.

Program-specific statutory or regulatory limitations

You cannot use funds under this notice for the following:

- Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare);
- Cash payments to intended recipients of RWHAP services;
- Purchase or construction of new facilities or capital improvements to existing facilities;
- Purchase or improvement to land;

- Fundraising expenses or lobbying activities and expenses;
- Syringe Services Programs (SSPs) that have not received HRSA's prior approval or are not in compliance with HHS and HRSA policy;
- To develop materials designed to directly promote or encourage intravenous drug use or sexual activity;
- PrEP or PEP medications or related medical services. (Please note that RWHAP recipients and sub-recipient providers may provide prevention counseling and information to eligible clients' partners – see RWHAP and PrEP Program Letter, November 16, 2021); and/or
- International travel.

See Manage Your Grant for other information on costs and financial management.

Indirect costs

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

To charge indirect costs you can select one of two methods:

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

Method 2 – *De minimis* rate. Per 2 CFR 200.414(f), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See 2 CFR 200.1 for the definition of MTDC. You can use this rate indefinitely.

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 45 CFR 75.307.

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

You must have an active account with SAM.gov to apply. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to SAM.gov Entity Registration and select Get Started. From the same page, you can also select the Entity Registration Checklist to find out what you'll need to register.

When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations. You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number HRSA-25-055 or HRSA 25-057.

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

More information on this NOFO's webinar will be posted at a later date to the related documents tab here: HRSA-25-055 and HRSA-25-057.

We recommend you “Subscribe” to the NOFO on Grants.gov to receive updates when documents are posted.

The Webinar will be recorded.

Have questions? Go to Contacts and Support.

Step 3:
Prepare Your Application

In this step

Application contents and format

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

Application page limit: 60 pages.

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

Make sure you include each of these:

Components	Submission format
Project abstract	Use the Project Abstract Summary form.
Project narrative	Use the Project Narrative Attachment form.
Budget narrative	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Attachments form.
Other required forms	Upload using each required form.

Required format

You must format your narratives and attachments using our required formats for fonts, size, color, format, and margins. See the formatting guidelines in Section 3.2 of the Application Guide.

Project abstract

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

Project narrative

In this section, you will describe all aspects of your project. Project activities must comply with the non-discrimination requirements.

Use the section headers and the order listed.

Introduction

See merit review criterion 1: Need

Briefly describe the purpose of your project. Provide a clear and succinct description of your ability to successfully meet and carry out program requirements and expectations. Briefly describe how you plan to participate in the activities of the Demonstration Sites (HRSA-25-056).

Need

See merit review criterion 1: Need

For HRSA-25-055 Capacity Building Provider: See merit review criterion 1: Need

For HRSA-25-057 Evaluation Provider: See merit review criterion 1: Need

Both HRSA-24-055 Capacity Building Provider and HRSA-25-057 Evaluation Provider will:

- Briefly describe the purpose of your project. Provide a clear and succinct description of your ability to successfully meet and carry out program requirements and expectations. Briefly describe your plan for meeting the objectives of this initiative. Briefly describe how you plan to co-lead, communicate, and collaborate with the Capacity Building Provider and Evaluation Provider to ensure the success of the initiative.
- Use and cite demographic data or literature and publications whenever possible to support the information provided. Data sources may include surveillance and epidemiology reports, profiles of state and local public health departments, needs assessment surveys, risk behavioral surveys, peer reviewed manuscripts, and other programmatic data.
- Provide a summary that demonstrates a comprehensive understanding of the relationship between HIV and the unsheltered. Include how being unsheltered with HIV, or rough sleeping with HIV, affects people who are out of care or experiencing barriers to retention in care.
- Provide a discussion of the challenges associated with implementation, evaluation, and replication for people with HIV who are unsheltered and out of care or experiencing barriers to retention in care.
- Discuss the client level, clinical, and systemic challenges that affect wider-scale adoption of interventions that improve health outcomes for people with HIV who are unsheltered and out of care or experiencing barriers to retention in care.
- Provide a summary that demonstrates your understanding of the need to conduct an implementation science initiative to assess implementation of interventions

among people with HIV who are unsheltered and out of care or experiencing barriers to retention in care.

Approach

See merit review criterion 2: Response

For HRSA-25-055 Capacity Building Provider: See merit review criterion 2: Response
For HRSA-25-057 Evaluation Provider: See merit review criterion 2: Response

HRSA-25-055 Capacity Building Provider applicants will:

- Describe how you will provide ongoing technical assistance to demonstration sites on the adaptation, implementation, and dissemination of their intervention.
- Discuss the technical assistance methods you will use to meet the needs of the selected demonstration sites.
- Include examples of technical assistance needs that might occur and how they will be addressed, across the following: program development, logic model development, implementation, adapting interventions to be culturally responsive, program integration, and dissemination product development.
- Describe a specific plan for systematically responding to identified and requested technical assistance.
- Describe a system and plan for tracking all technical assistance provided, analyzing the technical assistance tracking data, and reporting that data regularly throughout the initiative.
- Describe your approach in working with sites on developing a sustainability and integration plan to support successful strategies for continuing interventions following the conclusion of the initiative.
- Describe your approach to leading, coordinating, and facilitating multi-site meetings with the Evaluation Provider, HRSA, and demonstration sites two times a year. Describe how these meetings will be used to foster knowledge sharing, learning, and innovation between demonstration sites.
- Describe your ability to support the Evaluation Provider's evaluation of intervention implementation using an implementation science approach.
- From the lens of a supporting Capacity Building Provider, provide examples of factors you would want the Evaluation Provider to consider to effectively achieve objectives of the initiative.
- Propose a plan with strategies to create and disseminate user-friendly, multi-media materials that will support the replication of effective interventions from the initiative across the RWHAP and incorporate implementation findings from the initiative.

- Describe your approach in coordinating the work of the publications and dissemination committee, in conjunction with the Evaluation Provider.
- Include a plan to disseminate reports, products, and/or project outputs to priority audiences. Describe how dissemination strategies and materials will be tailored to priority audiences. Include how you will ensure products are culturally responsive and accessible to service providers implementing street medicine interventions.
- Provide examples of different dissemination mechanisms you would use to ensure products reach the priority audiences.
- Propose a dissemination timeline. Include a strategy to disseminating appropriate materials throughout the award period.
- Propose venues to disseminate materials, including the national and regional AETC program events and national conferences geared toward HIV primary care, social services providers, and other audiences including, but not limited to, clinicians, program administrators, care providers, and policymakers.
- Describe how you will refine this plan with the Evaluation Provider and engage them in implementation of the dissemination plan.
- Propose a plan to ensure continuous collaboration with the selected Evaluation Provider to achieve initiative goals. Discuss your approach and proposed tools (as applicable) to:
    - Co-coordinate all aspects of the initiative, including facilitation of required activities.
    - Develop a joint workplan and define respective roles and responsibilities within the first 90 days of the award.
    - Facilitate effective communication across the Capacity Building Provider, Evaluation Provider, HRSA, and selected demonstration sites throughout the entire initiative.

HRSA-25-057 Evaluation Provider applicants will:

- Propose a rigorous multi-site evaluation to evaluate implementation of interventions using HRSA HAB's implementation science approach and other implementation science frameworks.
- Describe:
    - The implementation science theories, models, and/or frameworks that you will use to guide your multisite evaluation. Provide the rationale for their selection.
    - The methodology and theoretical frameworks you will use to assess implementation outcomes and the effectiveness of the interventions on client outcomes.
    - The methodology for assessing costs of interventions.

- Discuss your anticipated evaluation questions, data collection methods, validated measures, and analysis plan to assess the implementation, effectiveness, and costs of interventions. Propose data collection methods that are feasible based on the capacity of demonstration sites operating their interventions in real-world settings. At minimum, your evaluation plan must include:
    - Quantitative and qualitative data collection with clients and providers to measure uptake, engagement, acceptability, feasibility, and barriers and facilitators to implementation.
    - Implementation outcome measures.
    - Clinical and service outcome measures.
    - Organizational assessment of the barriers and facilitators to successful intervention implementation.
    - Quantitative process analysis to assess intervention exposure.
    - A thorough rationale for any other data measures you propose that are relevant to the assessment of the interventions. Specify their sources and cite references in the literature to support their validation.
    - A description of how you will assess, document, and share implementation strategies, barriers and facilitators to implementation, and intervention adaptations throughout the course of the initiative.
    - A description of your ability to use clinical and support service data relevant to the initiative.
    - A description of how you will design and implement a cost analysis study that will collect labor, training, structural, and other relevant costs of the demonstration sites.
- Describe:
    - Your proposed approach to working collaboratively with the demonstration sites, including training site evaluation staff on data collection and reporting.
    - How you will train site staff to ensure proper management of IRB and data requirements and issues related to confidentiality of patient information.
    - A plan for providing evaluation-related TA to the demonstration sites over the course of the initiative.
- What kinds of evaluation TA needs you anticipate and how you will address them, across the following areas:
    - Protection of human research subjects.
    - IRB approval and renewal.
    - Data sharing or data use agreements.

    - Data collection and reporting.
    - Integrating evaluation findings into dissemination products.
- Describe how you will work with demonstration sites to identify innovative ways for them to collect data while in the field if electronic medical records are not available, ensuring confidentiality and privacy.
- Describe your plan for creating and maintaining a web portal and data repository where information, multisite data, and TA tools will be housed and available to demonstration sites during the initiative.
- Provide a detailed plan for constructing and maintaining a secure website for the initiative to serve as a data portal for demonstration sites to report multisite evaluation data.
- Describe your ability to support the creation and dissemination of user-friendly, multi-media materials that incorporate implementation findings from the initiative.
- Describe your approach in supporting the Capacity Building Provider with the publication and dissemination efforts for the initiative's findings and lessons learned in conjunction with the Capacity Building Provider and HRSA staff.
- Propose a plan for integrating evaluation findings into user-friendly materials that will support the replication of effective interventions from the initiative across the RWHAP.
- Provide examples of different dissemination mechanisms you would use to ensure products reach the priority audiences.
- Propose a dissemination timeline, focusing on EP-led dissemination products. Include a strategy to disseminating appropriate materials throughout the period of performance. Note that dissemination timelines will need to be aligned across the Capacity Building Provider and Evaluation Provider once awarded.
- Propose a plan to ensure continuous collaboration with the selected Capacity Building Provider to achieve initiative goals. Discuss your approach and proposed tools (as applicable) to:
    - Co-lead all aspects of the initiative, including coordination of required activities.
    - Develop a joint workplan and define respective roles and responsibilities within the first 90 days of the award.
    - Facilitate effective communication across the Capacity Building Provider, Evaluation Provider, HRSA, and selected demonstration sites throughout the entire initiative.

High-level work plan

See merit review criteria 2: Response and 4: Impact

For HRSA-25-055 Capacity Building Provider: See merit review criteria 2: Response & 4: Impact

For HRSA-25-057 Evaluation Provider: See merit review criteria 2: Response & 4: Impact

Both HRSA-25-055 Capacity Building Provider and HRSA-25-057 Evaluation will include:

In a workplan format, detail how you'll achieve each of the initiative objectives during the period of performance. This includes:

- Supporting a national cohort of demonstration sites to adapt and implement culturally responsive interventions.
- Supporting the evaluation of the implementation of interventions using implementation science frameworks.
- Creating and disseminating user-friendly, multi-media materials to support other RWHAP organizations in uptake and replicating effective interventions from the initiative.

You will also include a more detailed work plan in your attachments with the following information:

- Goals for the entire proposed four-year period of performance.
- Objectives that are specific, time-framed, and measurable.
- Activities or action steps to achieve the stated objectives.
- Staff responsible for each action step (including any consultants).
- Anticipated start and completion dates.

Please note that goals for the work plan are to be written for the entire proposed four-year period of performance, but objectives and action steps are required only for the goals set for year one. First-year objectives will describe key action steps or activities that you will undertake to identify technical assistance needs, including quality and control mechanisms.

Resolving challenges

See merit review criterion 2: Response

For HRSA-25-055 Capacity Building Provider: See merit review criterion 2: Response

For HRSA-25-057 Evaluation Provider: See merit review criterion 2: Response

Both HRSA-25-055 Capacity Building Provider and HRSA-25-057 Evaluation Provider will include:

- Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan and the proposed methods described in the Approach section.
- Explain the methods and approaches that you'll use to resolve them.

Performance reporting and evaluation

See merit review criteria 3: Evaluation Measures and 5: Resources and capabilities

- **Outcomes.** Describe the expected outcomes (desired results) of the funded activities.
- **Performance measurement and reporting**. See our reporting manual for performance measure requirements and examples of reporting forms.
    - Describe how you will collect, and report required performance data accurately and on time.
    - Describe how you will manage and securely store data, including how you will protect data against cybersecurity threats, breaches, or other loss of data integrity.
    - Describe how you will monitor and analyze performance data to continually improve your program.
- **Program evaluation**. Describe how you will evaluate your project. The evaluation should examine processes and progress towards goals, program objectives, and expected outcomes of your workplan. This is different from the implementation science evaluation which the EP will lead. Evaluations must follow the HHS Evaluation Policy, as well as the standards and best practices described in OMB Memorandum M-20-12. In the description of your evaluation, include:
    - The evaluation questions, methods, data you will collect, and timeline for evaluating the program. EP will evaluate their own work and the CBP will evaluate their own work.
    - Challenges in evaluating your program and how you will address them.
    - The capacity of your organization and staff to evaluate the program. Include their experience, skills, and knowledge.
    - How you will share results, how you will assess whether you are sharing results effectively, whether your results are national in scope, and whether other organizations can replicate your program.

For HRSA-25-055 Capacity Building Provider: See merit review criteria 3: Evaluation measures & 5: Resources & capabilities

For HRSA-25-057 Evaluation Provider: See merit review criteria 3: Evaluation measures & 5: Resources & capabilities

HRSA-25-055 Capacity Building Provider applicants will:

- Describe a plan to evaluate program performance and engage in continuous quality improvement. The program performance evaluation will monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.
- Describe how the proposed key personnel (including any consultants or contractors, if applicable) have the necessary knowledge, experience, training, and skills in designing and implementing public health programs, specifically to improving mental health and engagement in care for people with HIV.
- Describe how your proposed project staff will include and/or work with people of lived experience.
- Describe your (and any collaborating partner organization, if applicable) capacity to support 10 demonstration sites that are implementing a street medicine intervention and collaborate with the Evaluation Provider. Include strength of skills, training, and knowledge of proposed key project staff in issuing subawards, monitoring, and supporting sites to implement mental health interventions that are culturally responsive. See Reporting for more information.
- Describe your experience systematically tracking and measuring the provision of technical assistance and aligning technical assistance decision-making to the goals of a study.
- Describe the capacity of the proposed project staff to provide implementation technical assistance to demonstration sites on implementing their interventions with adapting them to be culturally responsive and documenting them for dissemination. Describe the experience of proposed project staff (including partner organization staff, if applicable) in providing technical assistance to organizations that provide street medicine and HIV primary care.
- Describe the capacity of proposed project staff to develop user-friendly replication and dissemination materials in collaboration with the Evaluation Provider and demonstration sites.

HRSA-25-057 Evaluation Provider applicants will:

- Describe the inputs (such as organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected results of the funded activities—not of the evaluation itself.
- Describe a plan to assess ongoing performance and engage in continuous quality improvement of the funded activities. This will include monitoring ongoing processes and progress toward the goals and objectives of the project.
- Describe your capacity (including any partner organizations, if applicable) to conduct a comprehensive multisite evaluation to assess the implementation and outcomes of the selected interventions. Include strength of skills, training, and knowledge of proposed key project staff (including any consultants, subrecipients, and contractors, if applicable) in conducting a multisite evaluation of national scope that will have maximum impact on practice and policy. See Reporting for more information.
- Describe your experience applying the HAB IS framework or other implementation science frameworks to evaluate the implementation and associated client and services outcomes of HIV intervention studies.
- Describe how the proposed key personnel (including any consultants, subrecipients, and contractors, if applicable) have the necessary knowledge, experience, training, and skills to design and implement public health program evaluations, specifically quantitative and qualitative outcome and process evaluations, and cost studies of interventions like those in this project.
- Describe the capacity of the proposed project staff to provide evaluation TA to demonstration sites for the multisite evaluation. Describe the experience of proposed project staff in providing TA to organizations that provide HIV and mental health and substance use disorder services.
- Describe your knowledge of and experience with submitting IRB materials and obtaining approvals and renewals for all client-level data collection instruments, informed consent, and evaluation materials. Describe any training your proposed staff has in protecting human subjects. Identify the IRB that will be responsible for reviewing, approving, and renewing your multisite evaluation instruments.
- Describe the systems and processes that will support your organization's multisite evaluation requirements by effectively tracking performance outcomes and implementation strategies. Describe how your organization will collect and manage data (such as assigned skilled staff or data management software) to enable accurate and timely reporting of performance outcomes. Describe your organization's current experience, skills, and knowledge, including individuals on staff, materials published, and previous similar work.

- As appropriate, describe your strategy to collect, analyze, and track data to measure process, impact, and outcomes. Explain how you will use the data to inform program development and service delivery. Describe any potential obstacles to implementing the evaluation and your plan to address those obstacles.
- Describe how your proposed project staff will include and/or work with people of lived experience.

See the reporting section for more information.

Sustainability

See merit review criterion 4: Impact

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

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

Organizational information

See merit review criterion 5: Resources and capabilities

For HRSA-25-055 Capacity Building Provider: See merit review criterion 5: Resources & capabilities

For HRSA-25-057 Evaluation Provider: See merit review criterion 5: Resources & capabilities

Both HRSA-25-055 Capacity Building Provider and HRSA-25-057 Evaluation Provider will:

- Describe your organization's mission, structure, and scope of current activities. Explain how these elements all contribute to the organization's ability to carry out the program requirements and the goals and objectives of the project.
- Include a staffing plan with job descriptions for key personnel (Attachment 2) that identifies staff credentials and commitments to the proposed project components. If you will use consultants and/or contractors to provide any of the proposed services, describe their roles and responsibilities on the project.

- Include a project organizational chart as Attachment 5. The chart will be a one-page figure that depicts the project structure of the Capacity Building Provider or Evaluation, not the entire organization. It will include sub-recipients, contractors, and other significant collaborators, if applicable. Demonstrate the experience of your organization with similar projects.
- Describe your experience co-leading or collaborating with another organization on a project or initiative. Include experience in cross-organizational communication, planning, and negotiation of roles and responsibilities. Include information for the he population of focus, including familiarity with the culture(s) and language(s) of communities disproportionately impacted by HIV and unsheltered.

In addition, HRSA-25-055 Capacity Building Provider applicants will:

- Describe your experience co-leading or collaborating with other organizations on a project or initiative. Describe your experience in cross-organizational communication, planning, and negotiation of roles and responsibilities. Describe your experience collaborating with Evaluation Providers.
- Describe the population of focus, including familiarity with the culture(s) and language(s) of communities of people with HIV who are unsheltered.
- Describe how you research and adapt interventions, particularly related to street medicine and HIV primary care.
- Describe how you trained sites on implementing interventions and supporting sites with adapting interventions to be culturally responsive, particularly interventions related to street medicine.
- Describe how you coordinated, facilitated, and delivered technical assistance to provider organizations. Include experience in facilitating multi-site meetings and learning collaboratives, tracking, and reporting technical assistance, and developing and disseminating materials that promote the replication of interventions.

In addition, HRSA-25-057 Evaluation Provider applicants will:

- Describe how you co-led or collaborated with another organization on a project or initiative. Include experience in cross-organizational communication, planning, and negotiation of roles and responsibilities.
- Describe how you conducted program evaluation in RWHAP or other healthcare settings, in particular coordinating a multi-site evaluations of intervention implementation across different geographical locations.
- Describe how you used implementation science and research techniques including data management, statistical analysis, formulation of findings, and dissemination of findings through different publication venues. Include a description of the following:

- Developing multi-site evaluation plans grounded in the HAB implementation science approach and/or other implementation science frameworks.
- Training and monitoring data managers and staff supporting the submission of evaluation data for the multi-site evaluation.
- Conducting evaluations with communities disproportionately impacted by people with HIV who are unsheltered. Include information about your HIV experience, and expertise in identifying and evaluating barriers and facilitators of implementing interventions to improve health outcomes and quality of life of people with HIV who are unsheltered.

- Describe the capacity of your organization's management information systems to support a comprehensive multisite evaluation in collecting, reporting, and securely storing client-level data. Describe your documented procedures for electronically and physically protecting participant information and data. If you will use subrecipients and/or contractors to provide services, describe their proposed roles and responsibilities.

Budget and budget narrative

See merit review criterion 6: Support requested

Your **budget** should follow the instructions in Section 3.1.4 Project Budget Information – Non-Construction Programs (SF-424A) of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

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

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

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

As you develop your budget, consider:

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

To create your budget narrative, see detailed instructions in Section 3.1.5 of the Application Guide.

Attachments

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

Attachment 1: Work plan (required)

Attach the project's work plan. Make sure it includes everything required in the Project narrative section.

The work plan is to be used as a tool to manage the project by measuring progress, identifying necessary changes, and quantifying project accomplishments. The work plan will directlyrelate to your Approach section and the program requirements of this announcement. Includeall aspects of technical assistance planning and provision; collaborating with the Capacity Building Provider and the Evaluation Provider to ensure alignment of technical assistance activities with the multi-site evaluation; and publication and dissemination activities.

Attachment 2: Staffing plan and job descriptions (required)

See Section 3.1.7 of the Application Guide.

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

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

Attachment 3: Biographical sketches (required)

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

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

Attachment 4: Agreements with other entities (not required)

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

Attachment 5: Project organizational chart (required)

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

Attachment 6: Tables and charts (not required)

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

Attachment 7: Line-Item Budgets for Years 1 through 4 (required)

Provide separate line-item budgets for each year of the four- year period of performance, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs as appropriate.

Attachment 8-9: other relevant documents (not required)

You may use attachments 8 through 9 to add other relevant documents.

Other required forms

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

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.
Budget Narrative Attachment Form	With application

Step 4: Learn About Review and Award

In this step

Application review

Initial review

We will review your application to make sure that it meets eligibility criteria, including the completeness and responsiveness criteria. If your application does not meet these criteria, it will not be funded.

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

Merit review

A panel reviews all applications that pass the initial review. The members use these criteria.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	40 points
3. Performance reporting and evaluation	10 points
4. Impact	10 points
5. Resources and capabilities	25 points
6. Support requested	5 points

Criterion 1: Need (10 Points)

See the project narrative Introduction and Need sections.

The panel will review your application for how well it:

Both HRSA-25-055 Capacity Building Provider and HRSA-25-057 Evaluation Provider:
The panel will review your application for:

- Strength, clarity, and relevance of the applicant's project purpose and plan for meeting the initiative's objectives; plan to collaborate, and communicate, and ability to successfully meet and carry out program requirements and expectations.
- Strength, clarity, and relevance of the applicant's demonstrated understanding of the relationship between HIV and being unsheltered and out of care.
- Strength, clarity, and relevance in the relationship between HIV and people who are unsheltered.

- Strength, clarity, and relevance of the client level, clinical, and systemic challenges that affect wider-scale adoption of interventions that improve health outcomes for people with HIV who are unsheltered.
- Strength, clarity, and relevance of the need to conduct an implementation science evaluation to assess implementation of interventions to improve health outcomes and quality of life of people with HIV who are unsheltered.
- Strength, clarity, and relevance of the challenges associated with implementation, documentation, evaluation, and replication of street medicine interventions for people with HIV who are out of care or experiencing barriers to retention in care.
- How well the applicant uses citations of literature and publications to corroborate their assessment of need.

Criterion 2: Response (40 points)

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

The panel will review your application for:

HRSA-25-055 Capacity Building Provider: Approach (30 points)

- Describe how you will provide ongoing technical assistance to demonstration sites on the adaptation, implementation, and dissemination of their intervention.
- Discuss the technical assistance methods you will use to meet the needs of the selected demonstration sites.
- Include examples of technical assistance needs that might occur and how they will be addressed, across the following: program development, logic model development, implementation, adapting interventions to be culturally responsive, program integration, and dissemination product development.
- Describe a specific plan for systematically responding to identified and requested technical assistance.
- Describe a system and plan for tracking all technical assistance provided, analyzing the technical assistance tracking data, and reporting that data regularly throughout the initiative.
- Describe your approach in working with sites on developing a sustainability and integration plan to support successful strategies for continuing interventions following the conclusion of the initiative.
- Describe your approach to leading, coordinating, and facilitating multi-site meetings with the Evaluation Provider, HRSA, and demonstration sites two times a year. Describe how these meetings will be used to foster knowledge sharing, learning, and innovation between demonstration sites.

- Describe your ability to support the Evaluation Provider's evaluation of intervention implementation using an implementation science approach.
- From the lens of a supporting Capacity Building Provider, provide examples of factors you would want the Evaluation Provider to consider to effectively achieve objectives of the initiative.
- Propose a plan with strategies to create and disseminate user-friendly, multi-media materials that will support the replication of effective interventions from the initiative across the RWHAP and incorporate implementation findings from the initiative:
- Describe your approach in coordinating the work of the publications and dissemination committee, in conjunction with the Evaluation Provider.
- Include a plan to disseminate reports, products, and/or project outputs to priority audiences. Describe how dissemination strategies and materials will be tailored to priority audiences. Include how you will ensure products are culturally responsive and accessible to service providers implementing street medicine interventions.
- Provide examples of different dissemination mechanisms you would use to ensure products reach the priority audiences.
- Propose a dissemination timeline. Include a strategy to disseminating appropriate materials throughout the award period.
- Propose venues to disseminate materials, including the national and regional AETC program events and national conferences geared toward HIV primary care, social services providers, and other audiences including, but not limited to, clinicians, program administrators, care providers, and policymakers.
- Describe how you will refine this plan with the Evaluation Provider and engage them in implementation of the dissemination plan.
- Propose a plan to ensure continuous collaboration with the selected Evaluation Provider to achieve initiative goals. Discuss your approach and proposed tools (as applicable) to:
    - Co-lead all aspects of the initiative, including coordination of required activities.
    - Develop a joint workplan and define respective roles and responsibilities within the first 90 days of the award.
    - Facilitate effective communication across the Capacity Building Provider, Evaluation Provider, HRSA, and selected demonstration sites throughout the entire initiative.

HRSA-25-057 Evaluation Provider: Approach (30 points)

- Strength, clarity, and relevance of the following components of your proposed multisite evaluation plan:

  - The implementation science theories, models, and/or frameworks that you will use to guide your multisite evaluation and rationale for their selection.
  - The methodology and theoretical frameworks you will use to assess implementation outcomes and the effectiveness of the interventions on client outcomes.
  - The methodology for assessing costs of interventions.
  - Your anticipated evaluation questions, quantitative and qualitative data collection methods, validated measures, and analysis plan to assess implementation outcomes, client and service outcomes, and costs of interventions. Implementation data will include uptake, engagement, acceptability, feasibility, and barriers and facilitators to implementation. Intervention exposure will also be assessed.
  - A plan to assess, document, and share implementation strategies, barriers and facilitators to implementation, and intervention adaptations throughout the course of the initiative.
  - A description of your ability to use clinical and supportive service data relevant to the initiative.
  - A description of the design and implementation of a cost analysis study that will collect labor, training, structural, and other relevant costs that the demonstration sites may incur.
- Strength, clarity, and feasibility of your approach to working collaboratively with the demonstration sites over the course of the initiative to provide evaluation-related TA including:
  - Training site evaluation staff on data collection and reporting.
  - How you will train site staff to ensure proper management of IRB and data requirements and issues related to confidentiality of patient information.
  - A plan for providing evaluation-related TA to the demonstration sites.
  - What kinds of evaluation TA needs you anticipate, and how you will address them, including protection of human research subjects, IRB approval and renewal, data sharing or data use agreements, data collection and reporting, and integrating evaluation findings into dissemination products.
  - How you will work with demonstration sites to provide TA on IRB issues and data sharing or use agreements.
  - How you will work with demonstration sites to identify innovative ways for them to collect data while in the field if electronic medical records are not available, ensuring confidentiality and privacy.
- Strength, clarity, and feasibility of your plan for creating the following:

    - A web portal and data repository where information, multisite data, and TA tools will be housed and available to demonstration sites during the initiative including:
    - A secure website to serve as a data portal for demonstration sites to report multisite evaluation data.

- How well the applicant will support the Capacity Building Provider with training and supporting demonstration sites with adapting and implementing street medicine interventions.
- Strength, clarity, and relevance of the applicant's ability to support the development and dissemination, throughout the period of performance, of user-friendly, multi-media materials that incorporate implementation findings from the initiative and reach priority audiences.
- Strength, clarity, and relevance of the applicant's plan to ensure continuous collaboration with the selected Capacity Building Provider to achieve initiative goals.

For both HRSA-25-055 Capacity Building Provider and HRSA-25-057 Evaluation Provider: High-level work plan (5 points)

The panel will review your application for:

Whether the workplan includes:

- Goals for the entire proposed four-year period of performance.
- Objectives that are specific, time-framed, and measurable.
- Activities or action steps to achieve the stated objectives.
- Staff responsible for each action step (including any consultants).
- Anticipated start and completion dates.

For both HRSA-25-055 Capacity Building Provider and HRSA-25-057 Evaluation Provider: Resolving Challenges (5 points)

The panel will review your application for:

- The extent to which the application identifies possible challenges that are likely to be encountered during the four-year period of performance.
- The extent to which the application describes realistic and appropriate methods and approaches to be used to resolve those challenges encountered.

Criterion 3: Evaluation Measures (10 points)

For both HRSA-25-055 Capacity Building Provider and HRSA-25-057 Evaluation Provider: See Project Narrative Performance reporting and evaluation section.

The panel will review your application for:

- Strength, clarity, and relevance of the expected outcomes (desired results) of the funded activities—not of the evaluation itself.
- Strength, clarity, and relevance of the plan to evaluate program performance and engage in continuous quality improvement.

Criterion 4: Impact (10 points)

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

For both HRSA-22-055 Capacity Building Provider and HRSA-25-057 Evaluation Provider, the panel will review your application for:

- How well the activities described will address the stated needs and meet each of the program objectives, requirements, and expectations described in this NOFO.
- How likely the proposed project will have a favorable impact on the community or priority population.
- Strength of the public health impact of the proposed project.
- Feasibility of their plans for sharing project results.
- How likely the project results could be national in scope.
- How likely it will be to replicate the project activities.
- Strength of the plans for promoting integration and sustainability of effective interventions throughout the entire project period.

Criterion 5: Resources and capabilities (25 points)

See Project Narrative Performance reporting and evaluation and Organizational information sections.

For HRSA-25-055 Capacity Building Provider:

The panel will review your application for:

- The appropriateness of the staffing plan to carry out the program requirements and the goals and objectives of the project.
- The extent to which the applicant's mission, structure, and scope of current activities contribute to the organization's ability to carry out the program requirements and the goals and objectives of the project.
- The extent to which the applicant organization has relevant experience:
    - Co-leading or collaborating with another organization, including evaluation providers, on a project or initiative.
    - Working with communities disproportionately impacted by HIV and people who are unsheltered.

    - Adapting interventions, particularly related to street medicine.
    - Training sites on implementing interventions with fidelity and supporting sites with adapting interventions to be culturally responsive.
    - Coordinating, facilitating, and delivering technical assistance to provider organizations.
    - Creating and disseminating materials that promote the replication of interventions.
- Strength of the applicant's plan to include project staff with lived experience and/or work with people of lived experience.
- How well the knowledge, experience, training, and skills of the applicant's proposed project staff (including any consultants or contractors, if applicable) relate to:
    - Implementing public health programs, specifically to improve health outcomes and quality of life for people with HIV who are unsheltered.
    - Systematically tracking and measuring the provision of technical assistance and aligning technical assistance decision-making to the goals of a study.
    - Providing implementation technical assistance to sites on the interventions with fidelity and adapting them to be culturally responsive.
    - Developing user-friendly replication and dissemination materials in collaboration with the Evaluation Provider and demonstration sites.

For HRSA-25-057 Evaluation Provider:

The panel will review your application for:

- The appropriateness of the staffing plan to carry out the program requirements and the goals and objectives of the project.
- The extent to which the applicant's mission, structure, and scope of current activities contribute to the organization's ability to carry out the program requirements and the goals and objectives of the project.
- The extent to which the applicant's organization has relevant experience:
    - Co-leading or collaborating with another organization on a project or initiative.
    - Implementing research techniques including data management, statistical analysis, formulation of findings, and dissemination of findings through different publication venues.
    - Developing multisite evaluation plans grounded in the HAB IS approach or other implementation science frameworks.
    - Training and monitoring data managers and staff who will submit evaluation data for the multisite evaluation.

    - Conducting evaluations with communities disproportionately impacted by HIV and people who are unsheltered.
- The strength of your management information systems to support a comprehensive multi-site evaluation in the collection, reporting, and secure storage of client-level data.

The panel will review your application for the strength, clarity, and relevance of:

- Your capacity to conduct a comprehensive multisite evaluation to assess the implementation and outcomes of the selected interventions.
- Your experience applying the HAB IS framework or other implementation science frameworks to evaluate the implementation and associated client and services outcomes of HIV intervention studies.
- How the proposed key personnel have the necessary knowledge, experience, training, and skills to design and implement public health program evaluations, specifically quantitative and qualitative outcome and process evaluations, and cost studies of interventions like those in this initiative.
- The capacity of the proposed project staff to provide evaluation TA to demonstration sites for the multisite evaluation.
- Your knowledge of and experience with submitting IRB materials and obtaining approvals and renewals for client-level data collection instruments, informed consent, and evaluation materials.
- The systems and processes that will support your organization's multisite evaluation requirements by effectively tracking performance outcomes and implementation strategies.
- Your strategy to collect, analyze, and track data to measure process, impact, and outcomes.
- The experience of proposed staff to collaboratively write and publish findings in peer-reviewed journals and make presentations at state and national conferences.
- The experience of proposed staff to communicate findings to HIV provider organizations and local communities.
- How your proposed project staff will include and/or work with people of lived experience.

Criterion 6: Support requested (5 points)

See the Budget and budget narrative section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.

- How reasonable costs are and how well they align with the project's scope.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.
- If applicable, how well the application clearly describes sub-awards and/or contracts for proposed sub-recipients, contractors, and consultants in terms of scope of work; how costs were derived; payment mechanisms and deliverables are reasonable and appropriate.

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

Risk review

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

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

We may ask you to submit additional information.

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

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

For more details, see 45 CFR 75.205.

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.

- The larger portfolio of HRSA-funded projects, including the diversity of project types and geographic distribution.
- The funding priorities, funding preferences, and special considerations listed.

We may:

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

Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See Section 4 of the Application Guide for more information.

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

Step 5: Submit Your Application

In this step

Application submission and deadlines

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

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations, and specifically with regard to grants.

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. See information on getting registered. You will have to maintain your registration throughout the life of any award.

Deadlines

You must submit your application by March 11, 2025, at 11:59 p.m. ET.

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

Submission method

Grants.gov

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

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

Have questions? Go to Contacts and Support.

Other submissions

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

Application checklist

Make sure that you have everything you need to apply:

Component	How to upload	Included in page limit*?
☐ Project abstract	Use the Project Abstract Summary Form.	Yes
☐ Project narrative	Use the Project Narrative Attachment form.	Yes
☐ Budget narrative	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in the Attachments Form in this order.	
☐ 1. Work plan (required)		Yes
☐ 2. Staffing plan and job descriptions (required)		Yes
☐ 3. Biographical sketches (required)		Yes
☐ 4. Agreements with other entities(not required)		Yes
☐ 5. Project organizational chart (required)		Yes
☐ 6. Tables and charts (not required)		Yes
☐ 7. Line-Item Budgets for Years 1 through 4 (required)		Yes
☐ 8-9. Other relevant documents (not required)		Yes
Other required forms*	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		No
☐ Budget Information for Non-Construction Programs (SF-424A)		No
☐ Disclosure of Lobbying Activities (SF-LLL), optional		No
☐ Project/Performance Site Location(s)		No

Component	How to upload	Included in page limit*?
☐ Grants.gov Lobbying Form		No
☐ Key Contacts		No

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

Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, and any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
  - 2 CFR 200.1, Definitions, Modified Total Direct Cost.
  - 2 CFR 200.1, Definitions, Equipment.
  - 2 CFR 200.1, Definitions, Supplies.
  - 2 CFR 200.313(e), Equipment, Disposition.
  - 2 CFR 200.314(a), Supplies.
  - 2 CFR 200.320, Methods of procurement to be followed.
  - 2 CFR 200.333, Fixed amount subawards.
  - 2 CFR 200.344, Closeout.
  - 2 CFR 200.414(f), Indirect (F&A) costs.
  - 2 CFR 200.501, Audit requirements.
- The HHS Grants Policy Statement (GPS). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.
- See the requirements for performance management in 2 CFR 200.301.

Health information technology interoperability

If you receive an award, you must agree to the following conditions when implementing, acquiring, or upgrading health IT. These conditions also apply to all subrecipients.

- Compliance with 45 CFR part 170, subpart B. Make sure your activities meet these standards if they support the activity.
- Certified Health IT for Eligible Clinicians and Hospitals. Use only health IT certified by the ONC Health IT Certification Program for activities related to Sections 4101, 4102, and 4201 of the HITECH Act.

If 45 CFR part 170, subpart B standards cannot support the activity, we encourage you to:

- Use health IT that meets non-proprietary standards.
- Follow specifications from consensus-based standards development organizations.
- Consider standards identified in the ONC Interoperability Standards Advisory.

Non-discrimination legal requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the Laws and Regulations Enforced by the HHS Office for Civil Rights.

Contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive order on worker organizing and empowerment

Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages worker organizing and collective bargaining and promotes equality of bargaining power between employers and employees.

You can support these goals by developing policies and practices that you could use to promote worker power.

Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan based on the NIST Cybersecurity Framework. Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

Protect:

- Limit access to only those who need it for award activities.
- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): Knowledge on Demand (hhs.gov).
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. See Incident-Response-Plan-Basics_508c.pdf (cisa.gov) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
    - Any unplanned interruption or reduction of quality, or

- An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Reporting

If you are funded, you will have to follow the reporting requirements in Section 4 of the Application Guide. The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress reports each year
- Annual performance reports through Electronic Handbooks.
- **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as 45 CFR part 75 Appendix I, F.*3.* and 45 CFR part 75 Appendix XII require.

Contacts and Support

In this step

Agency contacts

Program and eligibility

LaQuanta Smalley, MPH, BSN, RN
Senior Public Health Analyst, Division of Policy and Data, Clinical Quality Branch

Attn: Street Medicine Interventions for People with HIV who are Unsheltered - Capacity Building Provider (HRSA-25-055)
HIV/AIDS Bureau
Health Resources and Services Administration
Email your questions to: SPNS@hrsa.gov
Call: 301-287-0055

Tracy L. McClair, MSPH
Health Scientist – Implementation Science Team, Analysis, and Dissemination Branch

Attn: Street Medicine Interventions for People with HIV who are Unsheltered - Evaluation Provider (HRSA-25-057)
HIV/AIDS Bureau
Health Resources and Services Administration
Email your questions to: SPNS@hrsa.gov
Call: 301-945-5839

Financial and budget

Beverly Smith, MHS, RRT
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Email your questions to: bsmith@hrsa.gov
Call: 301-443-7065

HRSA Contact Center

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

Electronic Handbooks Contact Center

Grants.gov

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

SAM.gov

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

Helpful websites

- HRSA's How to Prepare Your Application page
- HRSA Application Guide
- HRSA Grants page
- HHS Tips for Preparing Grant Proposals
- Access, Care, and Engagement Technical Assistance Center
- Best Practices Compilation
- Center for Innovation and Engagement
- Center for Quality Improvement and Innovation
- Dissemination of Evidence-Informed Interventions
- Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)
- Ending Stigma Through Collaboration and Lifting All to Empowerment
- Engage Leadership Through Employment, Validation, and Advancing Transformation and Equity for Persons with HIV
- Integrating HIV Innovative Practices
- AIDS Education Training Center Program—National Coordinating Resource Center
- Black Women First Initiative
- HIV Implementation Science Coordination Initiative EHE Project Dashboard
- Substance Abuse and Mental Health Services Administration (SAMHSA) Evidence-Based Practices Resource Center
- Proctor, E.K., Bunger, A.C., Lengnick-Hall, R. *et al.* Ten years of implementation outcomes research: a scoping review. *Implementation Sci* **18,** 31 (2023). https://doi.org/10.1186/s13012-023-01286-z. This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution, and reproduction in any medium or formar, no

changes were made. The link to the Creative Commons license, is available at http://creativecommons.org/licenses/by/4.0/.