

Notice of Funding Opportunity  
**Application due March 18, 2025**



Health Resources & Services Administration

HIV/AIDS Bureau/Office of Program Support

Ryan White HIV/AIDS Program Part C Capacity Development Program








# Ryan White HIV/AIDS Program Part C Capacity Development Program

Opportunity number: HRSA-25-049

Modified on 1/24/25:  
Updated  
TA Webinar  
information



# Contents

Before you begin	3
 <b>Step 1: Review the Opportunity</b>	<b><a href="#">4</a></b>
Basic information	5
Eligibility	6
Program description	8
Award information	18
 <b>Step 2: Get Ready to Apply</b>	<b><a href="#">21</a></b>
Get registered	22
Find the application package	22
Application writing help	22
 <b>Step 3: Write Your Application</b>	<b><a href="#">24</a></b>
Application contents & format	25
 <b>Step 4: Learn About Review &amp; Award</b>	<b><a href="#">35</a></b>
Application review	36
Selection process	40
Award notices	41
 <b>Step 5: Submit Your Application</b>	<b><a href="#">42</a></b>
Application submission & deadlines	43
Application checklist	44
 <b>Step 6: Learn What Happens After Award</b>	<b><a href="#">46</a></b>
Post-award requirements & administration	47
 <b>Contacts &amp; Support</b>	<b><a href="#">51</a></b>



# 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 18, 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	<a href="#">5</a>
Eligibility	<a href="#">6</a>
Program description	<a href="#">8</a>
Award information	<a href="#">18</a>

# Basic information

Health Resources and Services Administration

HIV/AIDS Bureau/Office of Program Support

Ryan White HIV/AIDS Program Part C Capacity Development Program

## Summary

Funding under this program is intended to strengthen organizational capacity to respond to the changing health care landscape and increase access to high-quality HIV primary health care services for low-income and underserved people with HIV.

This notice of funding opportunity (NOFO) supports one short-term activity that can be completed by the end of the one-year period of performance.

## Funding detail

**Application type:** New

**Expected total available funding in FY 2025:** \$9,000,000

**Expected number and type of awards:** 60 grants

**Funding range per award:** up to \$150,000 per organization

We plan to fund awards in one 12-month budget period for a total 1-year period of performance of September 1, 2025 to August 31, 2026.

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



Have questions?

Go to [Contacts and Support](#).

## Key facts

**Opportunity name:** Ryan White HIV/AIDS Program Part C Capacity Development Program

**Opportunity number:** HRSA-25-049

**Announcement version:** Modification # 1

**Federal Assistance Listing Number:** 93.918

**Statutory authority:** 42 USC § 300ff-54(c)(1)(B) (Title XXVI, § 2654(c)(1)(B) of the Public Health Service Act)

## Key dates

**NOFO issue date:** January 16, 2025

**Informational webinar:** See Webinar Section

**Application deadline:** March 18, 2025

**Expected award date is by:** September 1, 2025

**Expected start date:** September 1, 2025

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

# Eligibility

## Who can apply

You can apply if your organization is in the United States.

## Types of eligible organizations

These types of domestic\* organizations may apply:

- Public or non-profit private entity
- Community-based organization
- 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
- 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. Foreign entities are not eligible for this award.** (§ 2652 of the PHS Act).

## Other eligibility criteria

### 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 does not have a 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 purpose of this program is to strengthen organizational capacity to respond to the changing health care landscape and increase access to high-quality HIV primary health care services for low-income and underserved people with HIV.

## Background

### The Ryan White HIV/AIDS Program

The HRSA Ryan White HIV/AIDS Program (RWHAP) 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.

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 of the RWHAP:

- From 2018 to 2022, HIV viral suppression among Ryan White program patients 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 decreased. For more, see the [Annual Client-Level Data Report 2022](#).
- In February 2019, the [Ending the HIV Epidemic in the U.S. \(EHE\)](#) initiative was launched to further expand federal efforts to reduce HIV transmission by linking people with HIV to the care, treatment, and support services needed to help them reach viral suppression. For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients, specifically focusing on linking to care and treatment, people with HIV who are newly diagnosed, diagnosed but currently not in care, or who are in care but not yet virally suppressed.

## 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 CDC's Data Security and confidentiality guidelines at: [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action](#)
- 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

You may submit a proposal for only one of the following two categories:

- HIV Care Innovation
- Infrastructure Development

In choosing your activities, you are encouraged to review tools and resources developed under RWHAP Part F Special Projects of National Significance (SPNS) Program and HAB Technical Assistance projects. Through each of these programs and funding mechanisms, HRSA has a number of evidence based, evidence informed and emerging strategies that may be useful for you to consider as part of your capacity building efforts.

You are encouraged to review and submit proposals that incorporate one or more of these tools, interventions, or strategies within your organization in accordance with the allowable service categories defined in [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#) as resources permit.

You must then select only one activity under your selected category. You may propose an expansion of an activity previously supported under FY 2023 or FY 2024 RWHAP Part C Capacity Development Program funding ([HRSA-23-052](#); [HRSA-24-062](#)) or RWHAP Part D Supplemental ([HRSA-23-050](#); [HRSA-24-061](#)) for either category. However, we will not accept applications that propose the same activity in FY 2025 that were funded previously under the NOFOs listed above.

A description of the activities by category is below.

## HIV Care Innovation activities

### Activity: Strategic partnerships

#### Background

Strategic, non-traditional partnerships are vital for the success of the Ryan White HIV/AIDS Program in addressing the complex challenges of re-engaging those with HIV who

have fallen out of care and early linkage to primary HIV care. By strengthening partnerships with organizations beyond the traditional healthcare setting—such as substance use treatment facilities, Federal and State prison systems, other correctional systems, and community supervision programs, work-release programs, homeless shelters, housing and employment services, mental health, and social service agencies—the program can access hard-to-reach populations and provide a more whole person care support system. These collaborations can help identify and address barriers to care, such as stigma, transportation, childcare, housing, and economic instability, which disproportionately affect people with HIV. By leveraging the trust and reach of these non-traditional partners, the program can create more effective, culturally competent, and sustainable pathways to re-engagement, ensuring that people with HIV receive the comprehensive care they need to achieve optimal health outcomes.

### Directions

If you select this activity, it must address at least one of the following components **and** address at least one or more of the stages of the [HIV care continuum](#):

#### Partnership Development

- Craft and execute a plan to collaborate with strategic, non-traditional partners (e.g. treatment facilities, homeless shelters, local jail or prison, housing and employment programs, emergency rooms, etc.) that focus on serving people at highest risk of HIV/AIDS with a priority population of hard-to-reach and underserved people with HIV to engage and/or re-engage them into care or provide early linkage to medical and support services. The plan should describe how this partnership will address existing or emerging obstacles to care and how the partnership will strengthen your capacity to meet the continuum of service needs for people with HIV. Develop memoranda of understanding (MOUs) or partnership agreements to outline roles, responsibilities, plans for managing services via referrals and linkage to care, and shared goals with these non-traditional partners.
- Develop and maintain a robust network of culturally responsive referral partnerships that include but are not limited to health care providers, mental health services, substance use treatment facilities, social services programs, education and vocational training programs and organizations addressing housing and food insecurity. The partnerships should focus on identifying shared goals, and executing activities that improve coverage, access, and quality of services for people with HIV.

## Training and Capacity Building

- Train community health workers and/or peer navigators from the community, such as members of faith base organizations with skills to identify and engage those with HIV, emphasizing culturally competent care and confidentiality. You can also train peers, especially those with lived experience, to provide support and navigate care systems, offering mentorship and fostering trust within the community.
- Hire a Strategic Partnerships Lead to meet, engage, and identify health-related partners in the local community, establish partnerships, educate partners on those Ryan White HIV/AIDS Programs in the community, and to oversee and implement the partnership plan.
- Develop and promote tools, trainings, and resources for primary care professionals, behavioral health professionals, treatment facilities, social service organizations providing housing and employment services, and other community organizations serving with those priority populations with HIV and those groups at highest risk for HIV infection.

## Activity: Streamlining eligibility for Ryan White HIV/AIDS Program services

### Background

Consistent with the efforts of HRSA HAB to implement best practices for facilitating rapid entry to HIV care and treatment, streamlining RWHAP eligibility attempts to minimize client burden by utilizing available data sources before requesting additional information from the client.

Many data sources are available to verify eligibility. Some examples of available sources of data that could verify eligibility are listed below (Agency names may differ by state or locality):

- Health information exchanges
- Medicaid enrollment
- State tax filings
- Enrollment and eligibility information collected from health care marketplaces
- State or local housing authority

Recent reports indicate some program recipients have begun to streamline their eligibility processes across their respective states, jurisdictions, and participating community-based organizations.

Many HIV programs, including RWHAP recipients and subrecipients, could benefit from adopting these best practices.

## Directions

For this activity, you should describe the method(s) you will use to conduct a local/regional systems assessment of:

- Ryan White HIV/AIDS Program recipient organizations
- Care delivery systems
- Health Information Exchanges
- Income based federal programs such as:
  - Low Income Home Energy Assistance Programs (LIHEAP)
  - Medicaid
  - Supplemental Nutritional Assistance Program (SNAP)
  - Supplemental Security Income (SSI)
  - Temporary Assistance for Needy Families (TANF)

This assessment should identify current administrative systems, electronic data sources, and tools utilized to determine and confirm client eligibility, and obtain client consent.

Discuss how you will promote sharing and collaboration across all RWHAP Parts and others who engage in the peer-to-peer information exchange.

## Activity: Inclusive care for underrepresented communities with disproportionately high rates of HIV

### Background

This activity will focus on educating health care professionals and front-line service staff about the health and social needs of underrepresented communities with disproportionately high rates of HIV and how the provision of inclusive care can reduce HIV-related disparities in these populations.

### Directions

If you select this activity, you should implement inclusive care, education, and training in the clinical setting, and establish collaborative networks with other educational and training programs and community-based social service organizations serving underrepresented communities.

The activity must address at least one of the following two educational and training components critical to inclusive care for underrepresented communities with disproportionately high rates of HIV in at least one or more stages of the [HIV care continuum](#).

**Educational and training components (choose one of the two options below):**

**1. Didactic Training and Education**

- Activities in this category should include training and education for clinical and front-line service staff on topics such as cultural competency and stigma, which can affect the quality of care and health outcomes.
- Educational content should address the social determinants of health, medical and pharmacological management of underrepresented communities with disproportionately high rates of HIV.
- For mental health and psychosocial service providers, learning activities may also include training and education on trauma-informed, person-centered care.

**2. Model of Care Infrastructure and Clinical Application for underrepresented communities with disproportionately high rates of HIV**

- Activities in this category should include activities that facilitate an inclusive infrastructure of care.
- Examples may include modifying existing electronic health records (EHR), medical intake, or registration forms to be more inclusive and integrating social determinants of health (SDOH) data into EHR systems.
- These activities can assist clinicians in providing more precise health and social risk assessments, making predictions about health care utilization and outcomes in underrepresented communities with disproportionately high rates of HIV, and in providing tailored clinical care.
- This activity may include other structural approaches such as integrating other services that support inclusive care, e.g. onsite pharmacy care, developing referral mechanisms and facilitating referrals to other medical and social support services that support person-centered care for underrepresented communities with disproportionately high rates of HIV.
- This activity may include strategies that create a more physically inclusive and supportive infrastructure.

**Activity: Coordination or integration of HIV primary care with oral health and/or behavioral health care**

**Background**

The [NHAS](#) outlines the importance of improved coordination and integration of HIV primary care with other services. Integration between oral health care or behavioral health care services (including mental health services) and primary care can help improve health outcomes for people with HIV and reduce HIV-related disparities.

**Directions**

You may select this activity to coordinate or integrate behavioral health care to support the need and access to behavioral and mental health services for people with HIV. Applicants can develop strategies, policies, and procedures to improve care coordination and integration of HIV primary care with oral health and/or behavioral health care. Specific activities may include developing policies and procedures to facilitate onsite provision of oral health care or behavioral health services; training staff to understand workflow and processes; and developing policies and procedures to track and coordinate referrals for oral health care or behavioral health services.

The proposed activity must address one or more of the stages of the HIV care continuum. **Hiring clinical staff is not allowable as part of this activity.**

For resources and further insights into integrating oral health and primary care, please see [Integration of Oral Health and Primary Care Technical Assistance Toolkit](#) and other tools for creating innovative oral health care programs available on TargetHIV.org.

## Activity: Intimate partner violence screening and counseling

### Background

There is an intersection between people who experience Intimate Partner Violence (IPV) and HIV risk and barriers to HIV care and treatment. In addition, pregnant women are more likely to experience IPV throughout the course of their pregnancy; thereby increasing their risk for adverse pregnancy outcomes.

Addressing IPV's impact on health requires compassionate patient-centered and trauma-informed services and organizations. These approaches also supplement physical and behavioral health needs.

### Directions

If you select this activity, you should implement IPV screening, using an evidence-based tool and counseling in the clinical setting and establish referral networks to community-based social service organizations that can facilitate access to safe and stable housing, food, emotional support, and access to legal services.

The activity must address one or more of the stages of [the HIV care continuum](#).

For resources to prevent and address intimate partner violence, see the CDC's [Intimate Partner Violence: Resource for Action](#), the HRSA-developed [Preventing and Responding to IPV: an Implementation Framework for HRSA Supported Settings of Care](#), Futures without Violence [IPV Counseling and Screening Toolkit](#), and the [National Maternal Mental Health Hotline](#).

# Infrastructure Development activity

## Activity: Emergency preparedness

### Background

Investment in emergency preparedness can help build much needed capacity of safety net clinics to protect their vulnerable populations at risk during public health emergencies and natural disasters.

The Department of Health and Human Services (HHS) supports developing and strengthening the capabilities of health care systems, and their providers, to maintain services and continuity of care during public health emergencies and medical disasters. Integration of Electronic Health Record (EHR) systems with HIV data can reduce double entries and improve accuracy of data collection and reporting.

### Directions

The areas of focus for this activity are to address the development of organizational assessments of vulnerability, creation of an emergency preparedness plan, staff training and evaluation through drills and exercises, and identification of and collaboration with the local emergency management planners. The activity should result in the development of an implementation plan/toolkit and/or policies and procedures for effective preparation and response to natural disasters (e.g., hurricanes, floods, tornadoes) and public health emergencies (e.g., disease outbreaks) that will maintain continuity of operations and result in minimal interruption to care and treatment for people with HIV. For resources addressing this topic, access the [HHS Administration for Strategic Preparedness and Response](#) (ASPR) website; ASPR's 2022-2026 Health Care Preparedness and Response Capabilities Report, and the [ECRI Institute website](#).

## Activity: Telehealth

### Background

The ability to provide patients access to care remotely through telehealth modalities has increased. Since telehealth allows for care delivery without regard to distance and without the need to travel, this modality can expand access to quality health care for patients in rural or remote areas and, to patients that otherwise may have difficulty accessing in-person care.

[HRSA's Office for the Advancement of Telehealth](#) defines telehealth as “the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health.” This definition includes patient counseling and case



management. Telehealth also includes clinical activities such as [mHealth](#), telehomecare, remote monitoring, e-health, and tele-ICUs

### Directions

If you select this activity, you must develop and acquire, through lease or purchase, computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and/or other equipment that furthers the objectives of the proposed telehealth activity. You must describe technology requirements and each type of equipment to be employed. Include a concise description of the equipment's relevance to the project, its cost-effectiveness, timeliness, accuracy of care, and ease of use. Discuss the telehealth reimbursement environment and whether Medicare, Medicaid, and/or private insurance in your state(s) cover telehealth services. For resources addressing this topic, access [HRSA's National Consortium of Telehealth Resource Centers](#) or [HRSA Telehealth Programs](#)

## Activity: Dental equipment for expanding dental service capacity

### Background

The American Dental Association recommends that oral health care be a part of all clinical care plans for people with HIV. A large proportion of people with HIV have unmet dental care needs due in part to lack of access or transportation, costs of care, fear, or other barriers. To address these unmet needs, the RWHAP supports a comprehensive approach to oral health care for low-income people with HIV, including the co-location of oral health care services with outpatient ambulatory health care.

### Directions

If you select this activity, you must purchase dental equipment for the purpose of developing, enhancing, or expanding oral health care services for people with HIV. Specifically, this activity involves creating or expanding a dental operator in a clinic or in a mobile unit (e.g., van) through purchasing such equipment as dental patient chairs, sterilization units, X-ray imaging instruments, dental operating lights, operator cabinets, hand pieces, etc.). **Purchase of a van is not allowable under this activity.**

# Award information

## Funding policies & 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.

### 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:

- Funding restrictions included in [PCN 16-02](#)
- Charges that are billable to third party payors (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, Department of Housing and Urban Development (HUD) funding for housing services, other RWHAP funding including AIDS Drug Assistance Program)
- To directly provide housing or health care services (e.g., HIV care, counseling and testing) that duplicate existing services
- Payments for clinical research
- Payments for nursing home care
- Cash payments to intended clients of RWHAP services
- Purchase or improvement to land
- Purchase, construction, or major alterations or renovations on any building or other facility (see [45 CFR part 75](#) – subpart A Definitions)
- PrEP or non-occupational Post-Exposure Prophylaxis (nPEP) medications or the related medical services. As outlined in the updated [November 16, 2021 RWHAP and PrEP program letter](#), the RWHAP statute provides grant funds to be used for

the care and treatment of people with HIV, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as clinician visits and laboratory costs. RWHAP Part C Capacity funds can be used toward risk reduction counseling and targeted testing, a component of primary HIV care, which may include counseling and testing and information on PrEP to eligible clients and their partners, within the context of a comprehensive PrEP program.

- Purchase of sterile needles and syringes for the purpose of hypodermic injection of any illegal drug use. Some aspects of syringe services programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See [Syringe Services Programs](#).
- Development of materials designed to directly promote or encourage intravenous drug use or any type of sexual activity.
- Research
- Foreign travel
- Long-term activities; instead, the activities should be short-term in nature with a targeted completion by the end of the one-year period of performance.

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

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

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

## Indirect costs

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

Indirect costs are determined using one of two methods:

**Method 1 – Approved rate.** You currently have an indirect cost rate approved by your cognizant federal agency at 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	<a href="#">22</a>
Find the application package	<a href="#">22</a>
Application writing help	<a href="#">22</a>

# 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-25-049.

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.

## Join the webinar

More information on HRSA-25-049's webinar will be posted at a later date to the related documents tab [here](#):

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

We will record the webinar. Visit the HRSA's [open opportunities](#) website to learn more about the resources available for this funding opportunity.

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



# Step 3:

# Write Your Application

## In this step

Application contents & format

25



# Application contents & format

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

**Application page limit:** 25 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
<a href="#">Project abstract</a>	Use the Project Abstract Summary form
<a href="#">Project narrative</a>	Use the Project Narrative Attachment form
<a href="#">Budget narrative</a>	Use the Budget Narrative Attachment form
<a href="#">Attachments</a>	Insert each in the Other Attachments form
<a href="#">Other required forms</a>	Upload using each required form

## Required format

You must format your narratives and attachments using our required formats for fonts, size, color, format, margins, etc. 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](#).

In addition, please name your project title “FY 2025 RWHAP Part C Capacity Development Program” and include the following information:

- Identification of the category (HIV Care Innovation or Infrastructure Development) and the selected activity.
- A summary of the proposed activity and its intended impact to strengthen organizational infrastructure to respond to the changing health care landscape;

and/or to increase capacity to develop, enhance, or expand access to high-quality HIV primary health care services for low-income and underserved people with HIV.

- The funding amount requested for the one-year period of performance.

## Project narrative

In this section, you will describe all aspects of your project. Project activities must comply with the [nondiscrimination requirements](#).

Use the section headers and the order listed.

### Introduction

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

- Briefly describe the purpose of your project.
- Clearly indicate the category under which the proposed activity falls, either:
  - HIV Care Innovation
  - Infrastructure Development
- Discuss why your local community and/or organization needs capacity development funds and how the proposed activity will develop, enhance, or expand access to high quality HIV primary care services for low income and underserved people with HIV.
- If the proposed activity is an expansion of a previously funded activity, clearly describe how the proposed activity builds upon and furthers the objectives of the previously funded activity in maximizing impact.

### Need

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

**For HIV Care Innovation activities only:**

- Describe and document the priority population(s) in your service area and their unmet health care needs.
  - More specifically, describe how this priority population(s) is disproportionately affected by the HIV epidemic and has poor health outcomes.
- Describe the service needs based on your assessment of the gaps in the [HIV care continuum](#) for the priority populations with HIV in your community.
- Provide data on the 5 stages of the HIV care continuum for your priority population(s) with HIV using the most recent 3 calendar years of available data.

- You must clearly define the numerator and the denominator for each stage. Use the same numerators and denominators as outlined in the [HAB Performance Measure Portfolio](#).
- Discuss any relevant barriers in the service area that the project hopes to overcome.
- Use and cite demographic data whenever possible.

**For Streamlining RWHAP Eligibility only:**

- You should describe the method(s) you will use to conduct a local/regional systems assessment of RWHAP recipient organizations, care delivery systems, and/or income based federal programs, to identify current administrative systems, electronic data sources, and tools utilized to determine client eligibility, confirm eligibility, and obtain client consent.
- Discuss how you will promote sharing and collaboration across all RWHAP Parts and others who engage in the peer-to-peer information exchange.

**For the Infrastructure Development activity only:**

- Outline the community or organization's needs you plan to address.
- Describe the gaps in organizational capacity that exist due to current limitations in system infrastructure. Include alterations you have made to the current service delivery system and how lessons learned will be applied to this activity.
- Provide information specific to the selected activity and describe how these gaps or limitations are affecting the optimal provision of quality HIV primary care services and/or affecting your organization's ability to optimize your response to the changing health care landscape. Discuss any relevant barriers in the service area that the project hopes to overcome.

## Approach

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

Tell us how you'll address your stated needs and meet the program requirements and expectations described in this NOFO.

- Describe how you will engage people with HIV and/or organizations that represent them in the implementation of this activity, including decision-making.
- Discuss how you will carry out your activity
- Include the partners and/or agencies or programs you will work with on your proposed activity, if applicable
- Identify the tasks each partner will perform and the amount of funding, if any
- Include letters of agreement and/or memoranda of understanding from each partner and/or collaborating agency or agencies as [Attachment 9](#)

- Describe how you intend to share relevant information, lessons learned, and products developed through your funded activity with other providers in the community or collaborators to your project.
- Propose a plan for continuing the project when federal funding ends. We expect you to keep up key strategies or services and actions that have led to improved practices and outcomes for people with HIV.
- If you chose the evidence-informed interventions, specify the intervention proposed. This requirement does not apply to any other activity.

## High-level work plan

See merit review criteria 2: [Response](#) & 4: [Impact](#)

- Describe how you'll achieve each of the objectives during the period of performance.
- Provide a timeline that includes each activity and identifies who is responsible for each.
- Identify how key stakeholders will help plan, design, and carry out all activities, including the application.
- You will also include a more detailed work plan that you will submit as [Attachment 1](#).

## Resolving challenges

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

- Discuss challenges that you are likely to encounter in your work plan and explain approaches that you'll use to resolve them.
- Describe the specific activities or strategies you will use to mitigate or resolve anticipated challenges in implementing your proposed activity.

## Performance reporting and evaluation

See merit review criteria 3: [Evaluation measures](#) & 5: [Resources & capabilities](#)

### Outcomes

- Describe the expected outcomes of the funded activities.
- Describe the systems and processes that you'll use to track performance outcomes.

### Performance Measurement and Reporting

- Describe how you'll collect and manage data in a way that helps you improve the way you carry out your activity.

- For the Strategic Partnerships activity only: track at minimum, the following measures for the period of performance:
  - Partnership Development
    - The number of strategic partnerships and types of organizations
    - The number of signed MOUs
  - Implementation of Evidence-Based Programs – the number of pregnant women with HIV and people with HIV in the Evidence Based Programs

### Program Evaluation

- Describe the evaluation plan that will be used to monitor ongoing processes and progress toward the goals and objectives. Describe barriers and your plan to overcome them.
- If applicable, describe your plan to evaluate how the project performs and how the results will contribute to your program's clinical quality management (CQM) program.
- Discuss how CQM of this activity contributes to the CQM goals of your HIV program

## Organizational information

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

- Briefly describe the organizational skills, capabilities, and resources, including staff that will contribute to your organization's ability to carry out the proposed activity.
- Highlight key staff with relevant expertise and experience with similar work. This information should align with the staffing plan provided in [Attachment 6](#) and the biographical sketches of key personnel provided in [Attachment 4](#).
- Describe the organizational resources that you'll use to sustain, without additional funds from the federal government, the project activities or enhancements supported by this award beyond the one-year period of performance.
- Describe your experience with the fiscal management of grants and contracts. Include information on your organization's experience managing multiple federal grants.
- Discuss the organization's ability to secure agreements with community-based organizations, health care providers, and consultant services. Additionally, briefly discuss the organization's ability to recruit and hire staff or contract staff within a reasonable timeframe to compete project activities.

# Budget & 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, as applicable. **(Note: maintenance of effort is required for HIV Care Innovation activities ONLY).**

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](#).
- For further guidance on the classification of administrative costs, see [HAB PCN 15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, and D](#).
- Review [HAB PCN 16-02 Eligible Individuals and Allowable Uses of Funds for allowable uses of RWHAP funds](#).

The line-item budget submitted must not exceed the total funding ceiling amount. In addition, the total amount requested on the SF-424-A and the total amount listed on the line-item budget must match. Please list personnel separately by position title and the name of the individual for each position title or note if position is vacant. In addition, designate the full-time equivalent (FTE) of each listed personnel. Upload the line-item budget as [Attachment 5](#).

To create your budget narrative, see detailed instructions in Section 3.1.5 of the [Application Guide](#).

# Attachments

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

## Attachment 1: Proof of non-profit status (required)

Does not count toward the page limit.

If your organization is a non-profit, you need to attach proof. We will accept any of the following:

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

## Attachment 2: Funding preference (required)

Does not count toward the page limit.

Provide information, including supporting documentation, data, and other details according to the instructions for [funding preferences](#) for either rural areas or underserved populations. **HRSA will review the information to determine whether you qualify for a funding preference.** See [Funding Preferences](#) for more information.

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

Does not count toward page limit.

Submit a copy of the current agreement.

## Attachment 4: Biographical sketches of key personnel (required)

Does not count toward the page limit.

Include biographical sketches for people who will hold the key positions you describe in Attachment 6, not to exceed 2 pages. Do not include personally identifiable

information. If you include someone you have not hired yet, provide a letter of commitment from that person with the biographical sketch.

## Attachment 5: Program specific line item budget (required)

Counts toward page limit.

Submit as a PDF document a program-specific line-item budget for the 1-year period of performance. SF-424A Section B does not count in the page limit; however, the line-item budget itself does count toward the page limit. Reference section See Section 4.1.iv of the Application Guide. [Application Guide](#).

## Attachment 6: Staffing plan for job descriptions for key personnel (required)

Counts toward page limit.

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. Key staff/personnel includes the program director and other individuals who contribute to the programmatic development or execution of the activity in a substantive and measurable way, regardless of funding source. For each staff, note all sources of funding and the corresponding time and effort. It may be helpful to supply this information in a table. Provide a job description for any vacant positions on the proposed project. Keep each job description to one page in length as much as is possible.

## Attachment 7: Work plan (required)

Counts toward page limit.

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



## Attachment 8: Maintenance of effort (required for HIV Care Innovation activity ONLY)

### Counts toward page limit.

Specify the nonfederal funds that support your proposed activities. These include cash, in-kind, or other contributions. Do not include any federal funds.

You must provide a baseline aggregate total of the actual expenditure of non-federal funds for EIS activities for your fiscal year prior to the application deadline and estimates for your next fiscal year using the following table.

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

Recipients must maintain non-federal expenditures for EIS at a level equal to or greater than their total non-federal expenditures for EIS during the most recently completed fiscal year prior to the competitive application deadline.

The costs associated with the RWHAP Part C EIS include:

- Counseling of individuals with respect to HIV
- High risk-targeted HIV testing
- Referral and linkage to care
- Other clinical and diagnostic services related to HIV diagnosis, and periodic medical evaluations
- Providing therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV

## Attachment 9: Letters of agreement & memoranda of understanding (if applicable)

### Counts toward page limit.

Provide any documents that describe working relationships between your organization and others you refer to in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of the contractors and any deliverable. Make sure you sign and date any letters of agreement.

## Attachment 10-15: Other relevant documents (if applicable)

Counts toward page limit.

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

## Other required forms

You will need to complete some other forms. Upload the listed 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.
Key Contacts	With application.
Grants.gov Lobbying Form	With application.
Project/Performance Site Location(s) (SF-P/PSL)	With application.



# Step 4:

# Learn About Review & Award

## In this step

Application review	<a href="#">36</a>
Selection process	<a href="#">40</a>
Award notices	<a href="#">41</a>

# 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	20 points
2. Response	25 points
3. Performance reporting and evaluation	10 points
4. Impact	15 points
5. Resources & capabilities	10 points
6. Support requested	20 points

## Criterion 1: Need (20 points)

See Project Narrative [Introduction](#) and [Need](#) sections.

For the HIV care innovation activities ONLY:

- The strength of the applicant's justification for the need for capacity development funds in the proposed service area and for the identified target population(s) based on the identified gap(s) in their HIV care continuum.
- The completeness of the baseline data reported for each stage in the organization's HIV care continuum for the most recent three calendar years of available data with clear numerators and denominators that align with the HHS Common HIV Core Indicators.

**Infrastructure Development ONLY:**

- The strength of the applicant's justification for the need for capacity development funds to address gaps in organizational capacity that exists due to current limitations in system infrastructure.
- The extent to which the applicant clearly describes how the system limitations are affecting the optimal provision of quality HIV primary care services.

**For expansion of a previously funded activity only:**

- How well the application describes the problem and its contributing factors.

## Criterion 2: Response (25 points)

See Project Narrative [Approach](#), [High-level work plan](#), and [Resolving challenges](#) sections.

### Approach (15 points)

- The extent to which the activities described in the application can address the need and attain the project objectives.
- The clarity and strength of the roles for identified partners in the proposed project, and the tasks for each partner as described in the letters of support/commitment, if applicable.
- The extent to which people with HIV and/or organizations that represent them are engaged in the implementation of the activity, including decision-making.
- The strength and reasonableness of the proposed resources, organizational support, and organizational capacity to sustain project activities without additional federal funds beyond the one-year period of performance.

### Work Plan (5 points)

- The strength and clarity of the proposed goals and objectives in the work plan ([Attachment 7](#)) and their relationship to the identified project.
- How well the application outlines the proposed work plan as evidenced by measurable and appropriate objectives.

### Resolution of Challenges (5 points)

- How well the application outlines challenges likely to be encountered in designing and carrying out the activities in the work plan.
- How well the application explains approaches that they'll use to resolve the challenges.

## Criterion 3: Evaluative measures (10 points)

See Project Narrative [Performance reporting and evaluation](#) section.

- How strong and effective the method is to monitor and evaluate progress toward meeting project goals and objectives.
- Evidence that the evaluative measures will be able to assess:
  - To what extent the program objectives have been met.
  - To what extent these can be attributed to the project.
  - How well the application describes how results are shared with program staff and key stakeholders.
- How well the application describes the program's CQM program, how supplemental CQM activities are linked to the overarching RWHAP CQM work, and other resources devoted to CQM, if applicable.

## Criterion 4: Impact (15 points)

See Project Narrative [High-level work plan](#) section.

- The extent to which the activities described in the application can address the problem and attain the project objectives.
- How effective are the proposed goals, objectives, and work plan activities ([Attachment 7](#)) to address the health outcome gaps in the [HIV care continuum](#) for people with HIV.
- The extent to which activities outlined in the work plan can reasonably be completed in the 12-month period of performance and the organization presents a plan for sustaining activities without additional federal funds beyond the federal funding period.

## Criterion 5: Resources and capabilities (10 points)

See Project Narrative [Organizational information](#) and [Performance reporting and evaluation](#) sections.

- Project personnel or partners are qualified by training and/or experience to implement and carry out the project (Attachment 2).
- The strength and reasonableness of the proposed resources, organizational support, and organizational capacity to sustain project activities without additional federal funds beyond the one-year period of performance
- The clarity and strength of the roles for identified partners in the proposed project, and the tasks for each partner as described in the letters of support/commitment, if applicable.

- The extent to which people with HIV and/or organizations that represent them are engaged in the implementation of the activity, including decision-making.
- Extent to which the organization has the capabilities and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- The staffing plan (Attachment 4) is consistent with the proposed activity.
- The applicant's experience with the administration of multiple grant awards.

## Criterion 6: Support requested (20 points)

See [Budget & budget narrative](#) section.

- How reasonable the proposed budget is in relation to the objectives, the activities, and the anticipated results.
- Extent to which costs, as outlined in the budget and required resources sections, are reasonable and align with the scope of work.
- Extent to which the time and effort of key staff have adequate time devoted to the project to achieve project objectives.
- The budget justification narrative fully explains each line item and justifies the resources requested, including proposed staff.
- The program-specific line-item budget, budget justification narrative, and SF-424A are aligned with each other.

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.

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.

## Funding preferences

This program includes funding preferences, based on section 2654(c)(3) of the PHS Act. If we determine that your application meets these criteria, we will move it up in our ranking of fundable applications. HRSA will grant only **one** funding preference to any qualified applicant that justifies their qualification. Qualifying for a funding preference does not guarantee that you will receive funding.

Qualifications to meet the funding preferences:

### Qualification 1: Rural Areas

The criterion for this funding preference is based on the provision of HIV primary care services in a rural area. RWHAP recipients are defined as rural if their service area (in part or in whole) or main organizational address is in a HRSA Federal Office of Rural Health Policy (FORHP)-designated rural area. FORHP classifies all non-metropolitan counties, as defined by the Office of Management and Budget, as rural. In addition, FORHP uses Rural-Urban Commuting Area (RUCA) codes to identify other rural areas.



For more information about what defines a rural area, visit [FORHP's website](#). To determine if your organization serves a rural area, refer to [HRSA's Rural Health Grants Eligibility Analyzer](#).

If your service area (either in part or in whole) or main organizational address is defined as rural by FORHP's [Rural Health Analyzer](#), print out a screenshot of the result and include the printout as supporting documentation in .pdf format as [Attachment 2](#).

If your organization does not provide HIV primary care services in a rural area, you can indicate "Not applicable" on [Attachment 2](#).

### Qualification 2: Underserved Populations

The criterion for this funding preference is the provision of HIV primary care services to underserved populations. Underserved populations include communities and subpopulations that do not have access to adequate HIV primary care services, as defined by HAB [PCN 16-02](#). These gaps in the provision of HIV primary care services must be defined and documented in [Attachment 2](#).

State in [Attachment 2](#) whether your organization provides HIV primary care services for underserved populations. Provide:

- Data and information on overall HIV primary care gaps, including any inadequate or unavailable HIV primary care services, as defined by [HAB PCN 16-02](#); and
- Data and information on specific HIV subpopulations served by your organization that are disproportionately affected by inadequate or unavailable HIV primary care services, as defined by [HAB PCN 16-02](#).

If your organization does not provide HIV primary care services to underserved populations, you can indicate "Not applicable" on [Attachment 2](#).

**Attachment 2 is required for all applicants. HRSA will review the information and determine whether your application qualifies for a funding preference, although receipt of a funding preference is not a guarantee of funding.**

## 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 & deadlines	<a href="#">43</a>
Application checklist	<a href="#">44</a>

# Application submission & 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

### Application

**You must submit your application by March 18, 2025, at 11:59 p.m. ET.**

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

## 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?
<input type="checkbox"/> <a href="#">Project abstract</a>	Use the Project Abstract Summary Form.	No
<input type="checkbox"/> <a href="#">Project narrative</a>	Use the Project Narrative Attachment form.	Yes
<input type="checkbox"/> <a href="#">Budget narrative</a>	Use the Budget Narrative Attachment form.	Yes
<a href="#">Attachments</a>	Insert each in a single Other Attachments form.	
<input type="checkbox"/> 1: Proof of Non-Profit Status (required)		No
<input type="checkbox"/> 2: Funding Preference (required)		No
<input type="checkbox"/> 3: Federally negotiated indirect cost rate (if applicable)		No
<input type="checkbox"/> 4: Biographical Sketches of Key Personnel (required)		No
<input type="checkbox"/> 5: Program specific line-item budget (required)		Yes
<input type="checkbox"/> 6: Staffing Plan and Job Descriptions for Key Personnel (required)		Yes
<input type="checkbox"/> 7: Work Plan (required)		Yes
<input type="checkbox"/> 8: Maintenance of Effort (MOE) (required)		Yes
<input type="checkbox"/> 9: Letters of agreement & MOUs (if applicable)		Yes
<input type="checkbox"/> 10: Other relevant documents (if applicable)		Yes
<input type="checkbox"/> 11: Other relevant documents (if applicable)		Yes
<input type="checkbox"/> 12: Other relevant documents (if applicable)		Yes

Component	How to Upload	Included in page limit?
<input type="checkbox"/> 13: Other relevant documents (if applicable)		Yes
<input type="checkbox"/> 14: Other relevant documents (if applicable)		Yes
<input type="checkbox"/> 15: Other relevant documents (if applicable)		Yes
<b><a href="#">Other required forms*</a></b>	Upload using each required form.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		No
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)		No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)		No
<input type="checkbox"/> Key Contacts		No
<input type="checkbox"/> Grants.gov Lobbying Form		No
<input type="checkbox"/> Project/Performance Site Location(s) (SF-P/PSL)		No

\* Only what you attach in these forms counts against the page limit. The form itself does not count.



# Step 6:

# Learn What Happens After Award

## In this step

Post-award requirements & administration [47](#)

# Post-award requirements & administration

## Administrative & 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, Supply.
  - [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.
- The HHS [Grants Policy Statement](#) (GPS). This document is incorporated by reference in your NOA. 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 that where your activities involve implementing, acquiring, or upgrading health IT, you, and all your subrecipients will:

- Meet the standards and specifications in [45 CFR part 170, subpart B](#), if those standards support the activity.
- If the activities relate to activities of eligible clinicians in ambulatory settings or hospitals under Sections 4101, 4102, and 4201 of the HITECH Act, that you will use only health IT certified by the [Office of the National Coordinator for Health Information Technology \(ONC\) Health IT Certification Program](#).

If standards and implementation specifications in [45 CFR part 170, subpart B](#) cannot support the activity, we encourage you to use health IT that meets non-proprietary standards and specifications of consensus-based standards development organizations. This may include 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](mailto: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.** The recipient must submit a progress report to us on a semi-annual basis. The first progress report is due six months after the period of performance start date. Additionally, a final report is due 90 days after the period of performance ends. The final report collects:
  - information relevant to program-specific goals and progress on the work plan (e.g. number of clients served, partnerships, etc.);
  - performance measurement data on HIV care continuum stages (to include baseline data and numerator/denominator for each HIV care continuum stage;
  - impact of the overall project;
  - the degree to which the recipient achieved the mission, goal, and objectives outlined in the program;
  - recipient accomplishments;
  - barriers and challenges encountered; and
  - responses to summary questions regarding the recipient's overall experiences during the one-year period of performance. Recipients will be expected to provide end-of-the-period of performance outcome data and demonstrate the impact of the project's activity. Further information will be available in the award notice.
- **Integrity and Performance Reporting**

**Please Note:** Recipients currently funded under the RWHAP Part C EIS and/or Part D WICY program who are successfully awarded through this NOFO will be required to provide updated progress on the impact of capacity funded activities. Recipients will provide updates through routine monitoring and progress reports (non-competing continuation applications). HRSA will request these updates for up to one year following the completion of the funded period of performance.

Further information will be available in the NOA.



# Contacts & Support

## In this step

Agency contacts	<a href="#">52</a>
Grants.gov	<a href="#">52</a>
SAM.gov	<a href="#">52</a>
Helpful websites	<a href="#">53</a>

# Agency contacts

## Program and eligibility

**Brian Fitzsimmons**

Public Health Advisor

Attn: RWHAP Part C Capacity Development Program

HIV/AIDS Bureau

Health Resources and Services Administration

Email your questions to this program's in-box: [AskPartCCapacity@hrsa.gov](mailto:AskPartCCapacity@hrsa.gov)

Call: 301-443-5671

## Financial and budget

**Bria Haley**

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

Email your questions to this program's in-box: [BHaley@hrsa.gov](mailto:BHaley@hrsa.gov)

Call: 301-443-3778

## 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 1-800-518-4726, 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](#)
- [Best Practices Compilation](#)
- [Center for Innovation and Engagement \(CIE\)](#)
- [Dissemination of Evidence-Informed Interventions \(DEII\)](#)
- [Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV \(E2i\)](#)
- [Ending Stigma through Collaboration and Lifting All to Empowerment \(ESCALATE\)](#)
- [Integrating HIV Innovative Practices \(IHIP\)](#)
- [AIDS Education Training Center Program – National Coordinating Resource Center](#)