

Notice of Funding Opportunity
Application due March 18, 2025



Health Resources & Services Administration

HIV/AIDS Bureau (HAB)

Division of Community HIV/AIDS Programs (DCHAP)








Ryan White HIV/AIDS Program Part F Dental Reimbursement Program (DRP)

Opportunity number: HRSA-25-051

Modified on 1/28/25
Updated TA Webinar
information



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Before you begin

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

SAM.gov registration (this can take several weeks)

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

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

Grants.gov registration (this can take several days)

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

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

Apply by the application due date

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

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Basic information

Health Resources and Services Administration (HRSA)

HIV/AIDS Bureau (HAB)

Division of Community HIV/AIDS Programs (DCHAP)

Dental Reimbursement Program

Summary

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

Funding detail

Application Type: New

Expected total available funding in FY 2025: \$9,300,000

Expected number and type of awards: 50 grants

Funding range per award: Varies

We plan to fund awards in a single seven-month budget period for a period of performance of September 1, 2025, to March 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 F Dental Reimbursement Program (DRP)

Opportunity number: HRSA-25-051

Announcement version: Modification #1

Federal assistance listing: 93.924

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

Key dates

NOFO issue date: January 15, 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

Types of eligible organizations

Only these types of domestic organizations (see note below) may apply:

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

Note: “Domestic” means the fifty 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, or the Republic of Palau.

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

Completeness and responsiveness criteria

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

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Is submitted after the [deadline](#).
- Does not include the total unreimbursed costs of oral health care provided to low-income people with HIV from July 1, 2023, through June 30, 2024, in fields 18a and 18g of the SF-424 application.
- Does not submit the required [Dental Services Report](#) information.
- We may verify the unreimbursed costs listed on the Dental Services Report and SF-424 application for Federal Assistance if there are differences. **If these amounts do not match, we may deem your application ineligible.**
- Also, we will not review any pages over the [page limit](#).

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

Our purposes are to:

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

This program will reimburse certain costs incurred by eligible entities that have provided uncompensated or partially uncompensated oral health care to people with HIV from July 1, 2023, through June 30, 2024.

Background

The RWHAP Part F Dental Reimbursement Program is authorized by 42 U.S.C. § 300ff-111(b) (Title XXVI, § 2692(b) of the Public Health Service (PHS) Act).

The Ryan White HIV/AIDS Program

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

The RWHAP has five statutorily defined Parts (Parts A, B, C, D, and F) that provide funding for core medical, support services, and medications; technical assistance (TA); clinical training; and the development of innovative interventions and strategies for HIV care and treatment to respond to emerging needs of RWHAP clients.

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

The HIV care continuum framework allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are required to assess the outcomes of their programs and should work with their community and public health partners to improve outcomes across the HIV care continuum. We

encourage recipients to use the performance measures developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

Strategic frameworks and national objectives

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.

Expanding the effort: Ending the HIV Epidemic in the United States

There have been significant accomplishments:

- From 2018 to 2022, HIV viral suppression among RWHAP clients improved from 87.1% to 89.6%. For more, see the [2022 Ryan White Services Report](#).
- Racial, ethnic, age-based, and regional disparities in viral suppression rates have been significantly reduced. For more, see the [Annual Client-Level Data Report 2022](#).
- The [Ending the HIV Epidemic in the U.S. \(EHE\)](#) initiative was launched to further expand federal efforts to reduce HIV infections. 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: integrated data sharing and use

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 HRSA's 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 using the AIDS Drug Assistance Program (ADAP).
- Develop data-sharing strategies with others to reduce administrative burden.
- Use electronic data sources to verify client eligibility when you can. See [HAB PCN 21-02, Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program](#).

Program resources and innovative models

HRSA offers 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.

Program requirements and expectations

- **Patient payment for services** — Recipients must have consistent and equitable policies and procedures related to verification of patients' financial status.
- **Payor of last resort and eligibility determination** — With the exception of programs administered by or providing the services of the Indian Health Service, the RWHAP is the payor of last resort. Recipients may not use RWHAP Part F DRP funds for a service if payment has been made, or reasonably can be expected to be made, by a state compensation program, under an insurance policy, under a Federal or State health benefits program, or by an entity that provides health services on a pre-paid basis.

Eligibility and confirmation should be determined in accordance with guidelines in [HAB PCN 21-02 Determining Client Eligibility & Payor of Last Resort \[PDF\]](#) in the RWHAP.

HRSA HAB expects all RWHAP recipients and subrecipients to establish, implement, and monitor policies and procedures to determine client eligibility based on the following three factors: 1) A documented HIV diagnosis, 2) low-income, and 3) residency within the service area. RWHAP recipients and subrecipients must conduct timely eligibility

confirmations, according to their policies and procedures, to assess changes to the client's income and/or residency status. The purposes of the eligibility and confirmation procedures are to ensure that the program only serves eligible clients and that the RWHAP is the payor of last resort.

In order to extend finite RWHAP grant resources to low-income people with HIV, recipients and subrecipients must vigorously pursue and rigorously document enrollment into, and subsequent reimbursement from, health care coverage for which their clients may be eligible. Examples include Medicaid, Medicare, Children's Health Insurance Program (CHIP), state-funded HIV programs, employer-sponsored health insurance coverage, and health plans offered through other private health insurers.

Recipients cannot use RWHAP Part F DRP funds to supplement the maximum cost allowance for services reimbursed by third party payments such as Medicaid, Medicare, or other insurance programs. Please note that recipients cannot use direct or indirect federal funds such as RWHAP Parts A, B, C, D and Part F Community Based Dental Partnership Program (CBDPP) to duplicate reimbursement for services funded under Part F DRP. Additionally, recipients cannot bill RWHAP Parts A, B, C, D or Part F CBDPP for services reimbursed by RWHAP Part F DRP.

Other financial management issues — Funds received from DRP must be allocated to the accredited dental schools and other accredited dental education programs (see [eligible applicants' section](#)) that provided oral health services to low-income people with HIV. HRSA expects that these reimbursement funds will provide expanded access to oral health care for people with HIV.

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

Award information

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.

Maintenance of effort

Federal funds must add to any existing non-federal funds for your proposed activities. If you receive an award, you will have to spend at minimum what you spent in the last fiscal year before the award. This policy is required by Section 2692(b)(4) of the PHS Act. We will enforce these statutory requirements through all available mechanisms. You must provide [supporting documentation of your maintenance of effort](#) in your attachments.

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

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 D funds can be used toward psychosocial support services, a component of family-centered care, which may include counseling and testing and information on PrEP to eligible clients' partners and affected family members, within the context of a comprehensive PrEP program.
- Purchase of sterile needles and syringes for the purpose of hypodermic injection of any illegal drug use. Some aspects of syringe services programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See [Syringe Services Programs](#).
- Development of materials designed to directly promote or encourage intravenous drug use or 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 3.1.4 (**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 [\[HRSA Grants Policy Bulletin Number: 2021-01E\]\(https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/grants-policy-bulletin-2021.pdf\)](#).

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

Indirect costs

Indirect costs are costs you incur 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.

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 because 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](#).

Please see [HAB PCN 15-03: Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income](#) and [HAB PCN 15-04: Utilization and Reporting of Pharmaceutical Rebates for more information](#).



Step 2:

Get Ready to Apply

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Get registered

SAM.gov

You must have an active account with SAM.gov to apply. 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 click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will 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-25-051.

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 this NOFO'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.

The Webinar will be recorded.

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



Step 3:

Prepare Your Application

In this step

Application contents and format

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Application contents and format

Applications include three (3) main components. This section includes guidance on each.

Application page limit: 10-page limit for the overall application.

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	Included in the page limit?
Project abstract	Use the Project Abstract Summary form	No
Attachments	Insert each in the Other Attachments form	Yes, unless otherwise marked.
Other required forms	Upload using each required form	No
Dental Services Report	Use the system noted in the Dental Services Report section. Submit at the same time as your application on Grants.gov	No, submit this on the Dental Services Report website

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. For more information, see Section 3.1.2 of the [Application Guide](#).

In addition, please name your project title “FY 2025 RWHAP Part F Dental Reimbursement Program” and include the following information:

- The total unreimbursed costs of oral health care provided to people with HIV from July 1, 2023, through June 30, 2024, that are entered in fields 18a and 18g of the

SF-424 Application for Federal Assistance. This amount should also match the unreimbursed cost reported on Tab Two of the DSR.

Dental Services Report

You must submit a Dental Services Report on or before the application [deadline](#).

- For instructions on completing the report, see [reporting requirements on our website](#) under “Dental Services Report.”
- For instructions on submitting the report, see submission methods.

Instructions

- We will only accept actual counts of people with HIV who received oral health care services from your institution or program as the basis of your application for DRP funding.
- **Funding and payment coverage:** You should only report direct reimbursements from third party payers (public and private) as payment for services provided in Section 2 Tabs 1 & 2. You should not report funding from the RWHAP or other federal grant programs as reimbursements in these items.
- **Unreimbursed costs:** The total unreimbursed costs of oral health care provided to people with HIV from July 1, 2023, through June 30, 2024, that are entered in fields 18a and 18g of the SF-424 Application for Federal Assistance must match the amount reported in Section 4 Tab 2 on the Dental Reimbursement Program Dental Services Report. We may verify the unreimbursed costs listed on the DSR and SF-424 application for Federal Assistance if there are differences. ***If these amounts do not match, we may deem your application ineligible.**
- **Narratives:** Please include narrative responses in Section 4 Tab 3, not to exceed one page in length for each item. Your responses will better inform us about your institution or program; your collaborations in the larger community; your training of students, residents, and providers; and other accomplishments. Your responses will also help us target technical assistance activities, document the value of funds expended, and demonstrate the importance of continued RWHAP funding for oral health care.

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: Maintenance of effort documentation

Counts toward page limit.

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

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

As an example—if your fiscal year begins July 1, you report actual expenditures of state funds for oral health care services for people with HIV from July 1, 2023, through June 30, 2024, in column one. In column two, you report estimated expenditures for the next fiscal year (July 1, 2024, through June 30, 2025).

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

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

FY Before Application: Actual Non-Federal Expenditures	First FY of Award: Estimated Non-Federal Expenditures
\$	\$

Attachment 2: 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.
Project/Performance Site Location(s) (SF-P/PSL)	With application.
Grants.gov Lobbying Form	With application
Key Contacts	With application

SF-424 Application for Federal Assistance

Applicants must enter the total unreimbursed costs of oral health care provided to people with HIV from July 1, 2023, through June 30, 2024, in fields 18a and 18g of the SF-424 application for Federal Assistance. These totals must match the amount reported in [Dental Services Report](#) in Section 4 Tab 2. We may verify the unreimbursed costs listed on the DSR and SF-424 application for Federal Assistance if there are differences. ***If these amounts do not match, we may deem your application ineligible.**



Step 4:

Learn About Review and Award

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Application review

Initial review

We review each application to make sure it meets basic requirements. We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Is submitted after the [deadline](#).
- Does not include the total unreimbursed costs of oral health care provided to low-income people with HIV from July 1, 2023, through June 30, 2024, in fields 18a and 18g of the SF-424 application.
- Does not submit the required [Dental Services Report information](#).
- We may verify the unreimbursed costs listed on the DSR and SF-424 application for Federal Assistance if there are differences. **If these amounts do not match, we may deem your application ineligible.**

Also, we will not review any pages over the page limit.

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:

- Eligibility, including accreditation status.
- Completeness, accuracy, and compliance with the NOFO requirements.
- The amount of available funds.
- Assessed risk.

We may:

- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Choose to fund no applications under this NOFO.

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

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Application submission and deadlines

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

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 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](#).

Dental Services Report

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

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"/> Project abstract	Use the Project Abstract Summary Form.	No
Attachments	Insert each in a single Attachments form.	
<input type="checkbox"/> Maintenance of effort documentation		Yes
<input type="checkbox"/> Other Relevant Documents (if applicable)		Yes
Other required forms*	Upload using each required form.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		No
<input type="checkbox"/> Project/Performance Site Location(s)		No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)		No
<input type="checkbox"/> Grants.gov Lobbying Form		No
<input type="checkbox"/> Key Contacts		No
Dental Services Report	Use the Dental Services Report website .	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 [30](#)

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, 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.
 - [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](#).
- The requirements for performance management in [2 CFR 200.301](#).

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 to promote 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, Federal Financial Report, and the final report** noted under Section 6 of HRSA's [SF-424 Application Guide](#) are not required for the DRP.



Contacts and Support

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Agency contacts

Program and eligibility

Catishia Mosley, MSPH

Public Health Advisor, Division of Community HIV/AIDS Programs

Attn: RWHAP Part F DRP

HIV/AIDS Bureau

Health Resources and Services Administration (HRSA)

Email your questions to: AskPartFDental@hrsa.gov

Call: 301-945-0903

Financial and budget

Toni Hines

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

Email your questions to: THines@hrsa.gov

Call: 301-443-1655

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](#)
- [Access, Care, and Engagement Technical Assistance Center \(ACE TA\)](#)
- [Best Practices Compilation](#)