Notice of Funding Opportunity

Application due March 18, 2025

HRSA
Health Resources & Services Administration

HRSA HIV/AIDS Bureau
Division of Policy and Data

Improving Mental Health and Engagement in Care Among People with HIV — Implementation Technical Assistance Provider

Opportunity number: HRSA-25-058

Modified on 1/28/25
Updated TA Webinar information

Contents

Before you begin

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

SAM.gov registration (this can take several weeks)

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

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

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

See Step 2: Get Ready to Apply

Apply by the application due date

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

Health Resources and Services Administration (HRSA)

HRSA HIV/AIDS Bureau

Division of Policy and Data

Adapting interventions to better serve people with co-occurring HIV and mental health conditions.

Summary

This four-year funding opportunity is supported by the HRSA Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) Program. This funding uses implementation science to adapt and evaluate the implementation of interventions that better serve people with co-occurring HIV and mental health conditions. The focus is on people with HIV who are out of care or experiencing barriers to retention in care, and who also have mental health conditions. This initiative is for people who are RWHAP eligible.

This RWHAP SPNS initiative funds one implementation technical assistance provider (ITAP) and one evaluation provider (EP). The ITAP is funded under this opportunity and will be responsible for identifying the intervention strategies and selecting and issuing subawards to the implementation sites. The EP is funded separately under a companion NOFO. The ITAP and EP are required to co-lead the initiative. The HRSA HIV/AIDS Bureau (HAB) encourages you to read and familiarize yourself with the program expectations of the EP companion NOFO, HRSA-25-059 (EP).

The funded ITAP will:

- Lead the identification of mental health interventions that the implementation sites will then adapt and implement. The ITAP will collaborate with the EP to ensure alignment with the evaluation.
- Lead the process of soliciting and selecting up to 10 implementation sites, in collaboration with the EP.
- Issue subawards to implementation sites and monitor sites in accordance with federal regulations.
- Provide, track, measure, and report implementation of technical assistance (TA) that adheres to the core components of the selected interventions.

Have questions? Go to Contacts and Support.

Key facts

Opportunity name: Improving Mental Health and Engagement in Care Among People with HIV — Implementation Technical Assistance Provider

Opportunity number: HRSA-25-058

Announcement version: Modification #1

Federal assistance listing: 93.928

Statutory authority: 42 USC §§ 300ff-54(b) and 300ff-101 (§§ 2654(b) and 2691 of the Public Health Service Act); and Consolidated Appropriations Act, 20242024, Pub. L. 118-47, Division D, t title II.

Key dates

NOFO issue date: January 16, 2025

Informational webinar: See Webinar Section

Application deadline: March, 18, 2025

Expected award date is by: July 1, 2025

Expected start date: August 1, 2025

- Coordinate closely with the EP to ensure that implementation TA aligns with the evaluation plan.
- Lead the development and implementation of a communications and dissemination plan for the initiative, including by creating user-friendly multimedia materials.
- Support the EP-led implementation science multisite evaluation of the initiative, as needed.

Funding details

Application type: New

Expected total available funding in FY 2025: $2,250,000 (Year 1), $4,000,000 per year (Years 2 and 3), $2,750,000 (Year 4)

Expected number and type of awards: One cooperative agreement

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

We plan to fund awards in four 12-month budget periods for a total four-year period of performance from August 1, 2025, to July 31, 2029.

Eligibility

Who can apply

Eligible applicants include domestic entities eligible for funding under Ryan White HIV/AIDS Program Parts A - D of Title XXVI of the Public Health Service (PHS) Act.

Types of eligible organizations

These types of domestic* organizations may apply:

- Public and nonprofit private entities.
- State and local governments.
- Academic institutions.
- Local health departments.
- Nonprofit hospitals and outpatient clinics.
- Community health centers receiving support under Section 330 of the PHS Act.
- Faith-based and community-based organizations.
- Indian tribes or tribal organizations with or without federal recognition.

* "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, or the Republic of Palau.

Individuals are not eligible applicants under this NOFO.

Completeness and responsiveness criteria

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

We will not consider an application that:

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

Application limits

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

Cost sharing

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

Program description

Purpose

This initiative has the following three objectives:

- **Objective 1:** Support a national cohort of implementation sites to adapt and implement culturally responsive interventions to engage and retain people with co-occurring HIV and mental health conditions in HIV primary care and mental health services.
- **Objective 2:** Evaluate the implementation of interventions using implementation science frameworks. The EP will document and share evaluation findings throughout the initiative to support successful implementation. The evaluation will assess:
  - Intervention adaptations.
  - Barriers and facilitators to implementation.
  - Implementation strategies.
  - Cost.
  - Other implementation, client, and service outcomes.
- **Objective 3:** Create and disseminate user-friendly multimedia materials to help other RWHAP organizations replicate effective interventions.

This RWHAP SPNS initiative funds one ITAP and one EP. The EP is funded separately under a companion NOFO. The ITAP and EP are required to co-lead the initiative. Full information on required activities and roles and responsibilities can be found in the program objectives and requirements section.

This initiative focuses on people with HIV and mental health conditions who are out of care or experiencing barriers to retention in care. You may identify additional priority populations, including those identified by the National HIV/AIDS Strategy (NHAS) [PDF], when you are selecting the implementation sites.

Learnings from this initiative will help the RWHAP determine what implementation strategies work to engage people with HIV in care and improve mental health and HIV outcomes in different settings among different priority populations. The ITAP and EP will document and widely share lessons learned with the RWHAP community and beyond to help other organizations replicate these interventions to improve mental health and quality of life among people with HIV in their own settings.

Mental health and HIV

People with HIV are more likely to have one or more occurring mental health conditions, compared to people without HIV. These mental health conditions include depression, anxiety, and post-traumatic stress disorder. Some populations who are disproportionately impacted by HIV also experience increased mental health disparities, including priority populations as defined by the National HIV/AIDS Strategy (2022–2025). Untreated mental health conditions among people with HIV result in reduced quality of life and poorer health outcomes, including lower rates of viral suppression and higher rates of mortality.

Untreated mental health conditions also contribute to lower engagement in HIV care. Approximately 21 percent of people with HIV in the United States were out of care between 2018 and 2020. Compared to people with HIV in care, those who are out of care are more likely to report mental health symptoms as a barrier to HIV care. They also self-report poorer health and more unmet non-HIV medical and mental health needs. It is estimated that 60 percent of HIV transmissions result from people with HIV who are out of care.

Although this initiative focuses on mental health, it is important to highlight the complex relationship between mental health, substance use, stigma, and the social determinants of health. Mental health and substance use conditions often reinforce each other, resulting in poorer health outcomes such as lower rates of viral suppression and increased rates of hospitalization. Many factors can contribute to the prevalence of mental health conditions among people with HIV at the biological, individual, social, and structural levels.

Key definitions

For this initiative, the following definitions will be used:

- **Implementation science** is the study of methods to promote or improve the systematic uptake of effective intervention strategies by public health practice, program, and policy. Intervention strategies may occur at the system, community, organization, and individual levels. At HRSA HAB, successful intervention strategies positively impact health and quality of life for people with HIV.
- **Intervention strategies:** HRSA HAB categorizes interventions into three levels, based on evidence of demonstrated effectiveness. The three levels are collectively known as “intervention strategies” and include:
    - **Evidence-based interventions:** Interventions that are demonstrated to effectively improve health and/or quality of life, based on published research. These interventions meet the CDC criteria for being evidence-based.

  - **Evidence-informed interventions:** Interventions that are demonstrated to effectively show promise, based on published research. Evidence-informed interventions may demonstrate impact and strength of evidence without meeting CDC criteria for being evidence-based.
  - **Emerging interventions:** Innovative practices that have not yet been published or do not have extensive evaluation data but have effectively improved health and/or quality of life.
- **Implementation strategies:** Methods to enhance the adoption or uptake of interventions in specific settings.
- **Culturally responsive care:** Services that are culturally grounded, attuned, and sensitive to the unique needs of each client and their cultural background.
- **Flexible service delivery:** The ability to quickly adjust services to meet the unique and evolving needs of clients—such as low-barrier care, street medicine, and nontraditional clinic hours.
- **Integrated care:** Clinicians' careful coordination of HIV primary care, mental health care, and supportive services. Clinicians work together systematically and use a multidisciplinary approach to ensure clients receive one consistent message about care and treatment and are included in planning their treatment. See the Substance Abuse and Mental Health Services Administration's 2023-2026 Strategic Plan.
- **Mental health:** The Substance Abuse and Mental Health Services Administration (SAHMSA) includes our emotional, psychological, and social well-being in its definition of mental health. Mental health affects how we think, feel, and act, and helps determine how we handle stress, relate to others, and make choices.
- **Out of care or experiencing barriers to retention in care:**
  - Newly diagnosed with HIV within the past 12 months, or
  - Diagnosed with HIV more than 12 months ago but not fully engaged in care, either by:
    - Not attending at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year (see HAB performance measure).
    - Being at risk of disconnecting from care by missing their last appointment in the last six months, leaving incarceration, or having another high-risk factor.
    - Not being virally suppressed—defined as having a viral load of 200 copies/mL or more—at the time of enrollment (see HAB performance measure).

- **Recovery:** SAMHSA's working definition of recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery signals a dramatic shift to expecting positive outcomes for individuals who experience mental health and substance use conditions or both.

Background

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

The HIV care continuum is key to the program. It shows the journey of someone with HIV from diagnosis to effective treatment, leading to viral suppression. Achieving viral suppression boosts the patient's quality of life and prevents HIV transmission.

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)
- SAMHSA Strategic Plan (2023–2026)
- Sexually Transmitted Infections National Strategic Plan for the United States (2021–2025)
- Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025)

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

Expanding the effort

There have been significant accomplishments:

- From 2018 to 2023, HIV viral suppression among RWHAP patients improved from 87.1% to 90.6%. For more, see the 2023 Ryan White Services Report (RSR).

- Racial, ethnic, age-based, and regional disparities in viral suppression rates have significantly reduced. For more, see the 2023 Ryan White Services Report (RSR).
- In 2020, the Ending the HIV Epidemic in the U.S. (EHE) initiative launched to further expand federal efforts to reduce HIV transmission. For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients, specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed, to the essential HIV care, treatment, and support services needed to help them reach viral suppression.

Using data effectively

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

We encourage you to:

- Follow the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs.
- Create data-sharing agreements between surveillance and HIV programs.
- Progress towards NHAS goals through integrated data sharing, analysis, and use of HIV data by health departments.
- Complete CD4, viral load, and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems. CDC mandates the reporting of all such data to the National HIV Surveillance System (NHSS).
- Use our interactive RWHAP Compass Dashboard to visualize reach, impact, and outcomes of the Ryan White program and to inform planning and decision making. The dashboard gives you a look at national, state, and metro area data and displays client demographics, services, outcomes, and viral suppression. It also includes data about clients in the AIDS Drug Assistance Program (ADAP).
- Develop data-sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden.
- Use electronic data sources to verify client eligibility when you can. See Policy Clarification Notice 21-02, Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program.

Program resources and innovative models

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

Program objectives and requirements

Overview

The ITAP and EP are co-leaders of this initiative. You are required to continuously collaborate and communicate with the EP, as well as with HRSA HAB, to achieve the goals of this program.

The table below shows the requirements for the ITAP and EP for initiative activities. Details about the ITAP's lead activities follow. In consultation with HRSA HAB, the ITAP and EP must collaboratively refine their roles and responsibilities within the first 90 days of the award and develop a comprehensive joint work plan.

Program Objectives (O) and Requirements (R)		ITAP	EP
O1	Support a national cohort of implementation sites to adapt and implement culturally responsive interventions to engage and retain people with co-occurring HIV and mental health conditions in HIV primary care and mental health services.	Lead	Support
R1.1	Select and adapt interventions to engage and retain the priority population in HIV primary care and mental health services.	Lead	Support
R1.2	Select and issue subawards to up to 10 implementation sites.	Lead	Support
R1.3	Train and monitor implementation sites on adhering to and adapting the intervention. Monitor compliance with federal regulations.	Lead	Limited support [1]
R1.4	Coordinate and facilitate multisite meetings.	Lead	Support
O2	Evaluate the implementation of interventions using implementation science frameworks.	Support	Lead
R2.1	Develop and implement a multisite evaluation plan grounded in implementation science.	Support	Lead
R2.2	Develop and implement a process and digital platform for collecting and reporting implementation, service, client, and cost data.	Support	Lead
R2.3	Provide implementation science and evaluation-related TA to implementation sites.	Limited support	Lead
O3	Create and disseminate user-friendly multimedia materials to help other RWHAP organizations replicate effective interventions from the initiative.	Lead	Support

R3.1	Develop a communications and dissemination plan and produce user-friendly multimedia replication materials.	Lead	Support

Details of the ITAP requirements

The objectives and program requirements are based on the overarching initiative. This section provides details on objectives and program requirements that the ITAP will lead or support.

Objective 1

Requirement 1.1, Lead: Select and adapt interventions designed to engage and retain the priority population in HIV primary care and mental health services.

In consultation with HRSA HAB, you must complete the following tasks within the first six months of award:

- Research and identify relevant interventions as defined by requirement 1.1 of this NOFO. You will scan existing interventions that are not in the peer-reviewed literature and consult subject matter experts, including people with lived experience.
- Develop criteria and select interventions. Interventions may occur at the individual, community, and systems level, as long as they have a measurable impact on clients within the initiative period. The selection criteria must consider whether the interventions:
    - Are appropriate for people who are out of care or experiencing barriers to retention in care.
    - Prioritize HIV and mental health care and treatment.
    - Are replicable.
    - Are feasible.
    - Address one or more of SAMHSA's 10 Guiding Principles of Recovery.
    - Incorporate accessible service models such as integrated care or flexible service delivery.
- Create an intervention inventory of resources to help sites implement the selected interventions.

Requirement 1.2, Lead: Select and issue subawards to up to 10 implementation sites.

By the end of the first year of the initiative, you will issue subawards for implementation sites to adapt and implement the selected interventions.

In collaboration with HRSA HAB and the EP, you will develop and implement a competitive application process to select implementation sites. You must ensure

funding is accessible to organizations that are rooted in the community and led by people with lived experience.

Consider the following when establishing the selection criteria:

- **Site eligibility:** Implementation sites must be eligible for RWHAP funding. Sites must directly provide mental health services or partner with a mental health service organization.
- **Organizational impact.** The sites must be able to have an impact on HIV and mental health disparities and respond to community needs. This impact could be based in site locations and staffing structures.
- **Geographic distribution.** Sites must be located in a variety of geographic areas to respond to diverse community needs.
- **Cultural responsiveness.** Sites must be able to adapt and implement the selected interventions to be culturally responsive to the communities they serve.
- **Organizational capacity:** Sites must be able to participate in an RWHAP SPNS initiative, including:
  - Dissemination activities, such as documenting and writing procedures and processes.
  - The multisite evaluation, including data reporting, data security, data analysis, and IRB processes.

You should consider the following funding structure for implementation site subawards, based on the four-year life cycle of RWHAP SPNS initiatives:

- Year 1: $100,000 per site
- Years 2 and 3: $275,000 per site per year
- Year 4: $150,000 per site

Requirement 1.3, Lead: Provide training and monitoring to implementation sites on intervention fidelity and adaptations. Monitor compliance with federal regulations.

- Based on the needs of the implementation sites, you will collect resources and develop new materials to help them successfully adapt and implement the interventions you've selected.
- You will ensure that implementation sites are implementing the interventions and complying with federal regulations.
- You will monitor the implementation sites to ensure fidelity to the core elements of the selected interventions. When new staff members are hired at implementation sites, you will make sure there is a process to train them on implementing the interventions.
- In collaboration with the EP, you will lead and collaborate with the implementation sites to develop logic models for each site's approach. These

models will outline the core elements, implementation strategies, and potential barriers and facilitators to successful implementation. The logic models will guide you in monitoring ongoing fidelity to the intervention. They can be adjusted as needed to reflect mid-implementation adjustments.

- In consultation with HRSA HAB, you will develop a TA tracking system to record all identified or requested TA needs and the actions you took in response.
- You will develop a TA data reporting plan, which will include easy-to-understand analyses and visualizations. Your TA data reporting plan must support TA data tracking updates, which you must provide to HAB each quarter.
- In coordination with the EP and HRSA HAB (as needed), you will monitor each implementation site, including by making annual site visits to ensure compliance with federal requirements, monitor implementation progress, and provide TA.
    - You will develop a site visit protocol to guide the content and focus of the site visits, with input from the EP on evaluation-related items.
    - Site visit protocols should address TA needs related to intervention planning, implementation, and data submission and quality.
- You will provide TA to help sites sustain interventions after the federally funded program ends.

Requirement 1.4, Lead: Coordinate and facilitate multisite meetings.

In collaboration with HRSA HAB and the EP, you will coordinate and facilitate at least two multisite meetings per year. The meetings must include at least two representatives from the ITAP, EP, HRSA HAB, and each implementation site.

- These meetings are peer focused, with the goal of fostering knowledge sharing, learning, and innovation across the initiative.
- You should plan to hold these meetings at HRSA headquarters or in the Washington, DC, metropolitan area.
- You will submit and present a final report to HRSA and HAB after the meetings, reporting on their major activities.
- You will coordinate at least two work planning meetings per year with the EP and HRSA HAB, where you will assess progress and adjust plans as needed to ensure success. You could hold these in person immediately after the multisite meetings.
- Note that you may also require routine coordination and monitoring meetings to effectively coordinate and collaborate.

Objective 2

You will provide support or limited support for the requirements within Objective 2. This will include supporting the EP's evaluation of how interventions are implemented, using an implementation science framework.

For full information on the activities the EP will conduct and that you will support, please see the companion NOFO focusing on the EP.

Objective 3

Requirement 3.1, Lead: Develop a communications and dissemination plan and create user-friendly multimedia replication materials.

- In coordination with the EP and HRSA HAB, you will develop and implement a communication and dissemination work plan and timeline for disseminating evaluation findings and replication materials. This plan will outline how you will create, review, and promote materials and strategies that will help other organizations replicate successful interventions from this initiative.
- You will create user-friendly multimedia dissemination products, including practical guidance to help other organizations replicate the approaches implemented by the sites. You will support the EP in collaborating with implementation sites and HRSA HAB to create manuscripts that describe the design and outcomes of the project.
- Along with the EP, you will review all draft dissemination products to ensure rigor, quality, and consistency before they are submitted to HRSA HAB for review.
- Along with the EP, you will manage the completion of all dissemination products through the HRSA clearance process in collaboration with your HRSA project officer.
- Your communication and dissemination plan must include:
    - **Publication and dissemination committee:** You will form a committee consisting of EP staff, HRSA HAB staff, and implementation site representatives. The committee will generate study questions, topics for presentations and publications, concept sheets and analyses, and a dissemination plan for the initiative's products.
    - **Dissemination products and strategies:** These will include user-friendly multimedia materials that describe findings from the initiative. They should include materials aligned with RWHAP service categories [PDF] so they can easily be replicated. You will work with the EP to ensure that evaluation findings are included in the dissemination products.
    - **Priority audiences:** You must ensure that products and strategies are culturally responsive and accessible to all priority audiences. These include HIV care and treatment providers, support service providers, and communities impacted by HIV and mental health disparities. Other audiences may include clinicians, program administrators, RWHAP program leaders, and policymakers.

        - You should tailor your dissemination mechanisms based on the needs of the priority audiences. You will use TargetHIV and the RWHAP Best Practices Compilation to share all products from this initiative with RWHAP recipients and providers, HIV service delivery staff, and other partners. Other mechanisms may include websites, social media, webinars, conferences, and academic journals.
    - **Dissemination timeline:** You should develop and disseminate materials throughout the initiative, not just at the end. The purpose is to promote real-time learning and dissemination of best practices within the RWHAP. Your timeline should incorporate HRSA HAB review and review by subject matter experts, as needed.
    - **Project websites:** You will collaborate with the EP and HRSA HAB to develop and maintain a public, project-specific page on TargetHIV.org to communicate about the project. In addition to the public website, you must create and maintain a secure, password-protected site (such as on Sharepoint) to host the initiative's files. This site will be shared with you, the implementation sites, the EP, and HRSA HAB staff.
    - **Promoting replication:** You will collaborate with national and regional RWHAP Part F AIDS Education and Training Centers (AETC) programs to make it easier to replicate successful interventions.[2] The network of RWHAP AETC programs is uniquely positioned to help increase the capacity of HIV service providers to implement mental health interventions to improve health outcomes of people with HIV.
    - **Conferences:** You will plan and coordinate a presentation with the implementation sites, in collaboration with the EP and HRSA HAB, at the National Ryan White HIV/AIDS Conferences in 2026 and 2028. For the NRWC, each implementation site is responsible for its own travel costs, ground transportation, per diem, and hotel accommodations.

Key personnel

HIV and mental health expertise are critical to this initiative. People with lived experience, mental health professionals, and other key partners must be a part of the ITAP, EP, and implementation site teams.

When possible, consider hiring individuals with lived experience into key roles. Lived experience includes people living with HIV, people in recovery with mental health and/or substance use conditions, or people who have changed their behaviors to reduce the risk of HIV. Lived experience, along with other relevant personal or professional expertise, is acceptable instead of education, as appropriate.

Timeline of lead activities

This chart shows a high-level anticipated timeline of lead activities for this project.

Year	Lead: ITAP	Lead: EP
Year 1	• Develop joint work plan with EP. • Coordinate and co-facilitate project planning meetings. • Conduct a comprehensive search to select mental health interventions. • Develop a technical assistance plan, including a process for TA tracking. • Select and issue subawards to implementation sites. • Develop a communications and dissemination plan.	• Develop joint work plan with ITAP. • Co-facilitate project planning meetings. • Support selection of mental health interventions. • Support selection of implementation sites. • Support development of the communications and dissemination plan. • Develop a multisite evaluation plan grounded in implementation science. • Submit evaluation protocol for Institutional Review Board (IRB) review and approval. • Support sites with IRB applications and submissions, as needed.
Years 2 and 3	• Train sites on implementing their selected interventions (year 2 only). • Coordinate and co-facilitate multisite and project planning meetings. • Monitor subrecipients, including through an annual site visit. • Provide TA to sites on adapting and implementing the interventions. • Develop replication materials and begin disseminating as appropriate.	• Train sites on all aspects of the evaluation. • Co-facilitate multisite and project planning meetings. • Lead data collection and, in year 3, analysis for the multisite evaluation. • Attend annual subrecipient site visits. • Provide TA to sites on the evaluation. • Work on publications.

Year	Lead: ITAP	Lead: EP
Year 4	• Continue to coordinate and co-facilitate multisite and project planning meetings. • Continue to monitor subrecipients, including through an annual site visit. • Provide TA to sites on sustaining the interventions. • Finalize replication materials and other dissemination products.	• Continue to co-facilitate multisite and project planning meetings. • Complete data collection for the multisite evaluation. • Continue to attend the annual subrecipient site visits. • Continue to provide TA to sites on the evaluation. • Finalize data analysis and integrate evaluation findings into dissemination products. • Finalize any publications.

Award information

Cooperative agreement terms

Our responsibilities

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

- Facilitate the availability and expertise of key federal partners in planning, developing, and implementing the project, including staff from SAMHSA, the National Institute of Mental Health (NIMH), and other relevant agencies.
- Facilitate effective collaborative relationships with the ITAP, EP, and other relevant partners.
- Provide relevant project information and resources, including TA resource centers.
- On an ongoing basis, review activities, procedures, measures, and tools to accomplish the goals and objectives of this initiative.
- Participate in designing and implementing evaluation tools, evaluation plans, and other project materials.

Review and participate in disseminating project activities, products, findings, best practices, evaluation data, and other information developed as part of this project to RWHAP providers and the broader health care community.

- Coauthor and publish technical manuscripts describing project design, implementation, outcomes, and other topics in scientific journals.

Your responsibilities

You must follow all relevant laws and policies. In addition to the requirements and activities mentioned in the program objectives and requirements section, you must also:

- Complete all reporting requirements, developing and sharing replication resources and tools—including step-by-step implementation guidance, manuscripts for publication, and communications about project design and outcomes—at various venues throughout the project.
- Help HRSA share information with constituencies upon request.
- Collaborate with the assigned HRSA HAB project officer and other HRSA HAB staff as necessary to plan and execute TA and implementation activities.

Funding policies and limitations

Policies

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

General limitations

- For guidance on some types of costs we do not allow or restrict, see Budget 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.
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2025, the salary rate limitation is $225,700. This limitation may be updated.

Program-specific statutory or regulatory limitations

You cannot use funds under this notice for the following:

- Charges that are billable to third-party payers such as private health insurance, prepaid health plans, Medicaid, or Medicare.
- To directly provide medical or support services (for example, HIV care, counseling, and testing) that supplant existing services.
- Cash payments to intended recipients of RWHAP services.
- Purchase or construction of new facilities, or capital improvements to existing facilities.
- Purchase or improvement to land.
- Fundraising expenses or lobbying activities and expenses.
- Syringe Services Programs that have not received HRSA's prior approval or do not comply with HHS and HRSA policy.
- To develop materials designed to directly promote or encourage intravenous drug use or sexual activity.
- Pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP) medications or related medical services. (Please note that RWHAP recipients and subrecipient providers may provide prevention counseling and information to eligible clients' partners—see RWHAP and PrEP Program Letter, November 16, 2021.)
- International travel.

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

Indirect costs

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

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

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

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

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

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at 45 CFR 75.307.

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

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

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

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

Grants.gov

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number HRSA-25-058.

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? Got to Contacts and Support.

Step 3:
Prepare Your Application

In this step

Application contents and format

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

Application page limit: 60 pages

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

Make sure you include each of these:

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

Required format

You must format your narratives and attachments using our required formats for fonts, size, 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.

Include the following within the project abstract:

- **Summary of the project:** Provide a brief summary describing the proposed project.
- **Goals and objectives:** Describe overall project goals and objectives.

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 and succinctly describe your ability to successfully meet and carry out program requirements and expectations.
- Briefly describe your plan for meeting the objectives of this initiative.
- Briefly describe how you plan to co-lead, communicate, and collaborate with the EP to ensure the success of the initiative.

Need

See merit review criterion 1: Need

- Provide a summary that demonstrates a comprehensive understanding of the relationship between HIV and mental health conditions. Include how co-occurring HIV and mental health conditions affect people who are out of care or experiencing barriers to retention in care. Describe how factors at the individual, social, and structural levels contribute to mental health conditions and disparities among people with HIV.
- Discuss the client-level, clinical, and systemic challenges that affect wider-scale adoption of interventions that improve health outcomes for people with co-occurring HIV and mental health conditions.
- Provide a summary that demonstrates your understanding of the need to conduct an implementation science initiative to assess the implementation of interventions within this project.
- Discuss the challenges associated with implementing, evaluating, and replicating mental health interventions within this project.
- When appropriate, cite literature and publications.

Approach

See merit review criterion 2: Response

Objective 1

- Propose a plan to help a national cohort of implementation sites adapt and implement culturally responsive interventions.
- **Requirement 1.1:** Describe your ability to research, select, and support the adaptation of interventions.
- **Requirement 1.2:** Discuss how you plan to select and issue subawards to up to 10 implementation sites. Describe the selection process and criteria you propose to use to ensure an equitable approach to site selection. Describe how you will engage the EP in this process. Discuss how you will ensure that you issue subawards before the end of Year 1.
- **Requirement 1.3:** Describe how you will provide ongoing technical assistance to implementation sites on adhering to and adapting the selected interventions.
    - Discuss the technical assistance methods you will use to meet the needs of the implementation sites.
    - Discuss how you will train implementation site staff to implement interventions with fidelity.
    - Include examples of TA needs that might occur and how you will address them, across the following:
        - Developing the program.
        - Developing the logic model.
        - Implementing the program.
        - Adapting interventions to be culturally responsive.
        - Integrating the intervention with other programs and services.
        - Developing dissemination products.
    - Describe your plan for systematically responding to identified and requested TA.
    - Describe a system and plan for tracking all TA provided, analyzing the TA tracking data, and reporting that data regularly throughout the initiative.
    - Describe how you will work with sites to develop a sustainability and integration plan so they can continue interventions after the federally funded program ends.
    - Describe your plan to conduct at least one implementation site visit per year to assess their fidelity to the intervention, assess intervention strategies, and provide TA.
        - Describe your ability to monitor subrecipients, according to federal regulations.

        - Describe your plans and details for a site visit protocol, including timely documentation and sharing of all findings.

- **Requirement 1.4:** Describe your approach to coordinating and facilitating multisite meetings with the EP, HRSA HAB, and implementation sites twice a year. Describe how these meetings will foster knowledge sharing, learning, and innovation across the initiative.

Objective 2

- Describe your ability to support the EP's evaluation of how interventions are implemented, using an implementation science framework.
- From the lens of a supporting role, provide examples of factors you would want the EP to consider to effectively achieve Objective 2.

Objective 3

- **Requirement 3.1:** Propose a plan to create and disseminate user-friendly multimedia materials that incorporate findings from the initiative.
    - Describe your approach to coordinating the work of the publications and dissemination committee, in conjunction with the EP.
    - Propose a plan with strategies and types of user-friendly materials that will help other RWHAP recipients replicate effective interventions.
        - Include a plan to disseminate reports, products, and project outputs to priority audiences. Describe how you will tailor dissemination strategies and materials to priority audiences. Include how you will ensure products are culturally responsive and accessible to communities impacted by HIV and mental health disparities.
        - Provide examples of different ways you would disseminate materials to ensure products reach the priority audiences.
        - Propose a dissemination timeline. Include a strategy for disseminating appropriate materials throughout the award period.
        - Propose venues to disseminate materials to priority audiences, including:
            - National and regional AETC program events.
            - National conferences geared toward HIV primary care.
            - Social services providers.
            - Other audiences including clinicians, program administrators, care providers, and policymakers.
        - Describe how you will refine this plan with the EP and engage them in implementing it.

- Propose a plan to collaborate continuously with the EP to achieve initiative goals. Discuss your approach and proposed tools (as applicable) to:
  - Co-lead all aspects of the initiative, including coordinating required activities.
  - Develop a joint work plan and define roles and responsibilities within the first 90 days of the award.
  - Facilitate effective communication across the ITAP, EP, HRSA HAB, and implementation sites throughout the entire initiative.

High-level work plan

See merit review criteria 2: Response and 4: Impact

- In a work plan format, detail how you'll achieve each of the initiative objectives during the period of performance. This includes:
  - Supporting a national cohort of implementation sites to adapt and implement culturally responsive interventions.
  - Supporting the evaluation of intervention implementation using implementation science frameworks.
  - Creating and disseminating user-friendly multimedia materials to help other RWHAP organizations replicate effective interventions from the initiative.
- Include the detailed work plan in your attachments with the following information:
  - Goals for the entire proposed four-year period of performance.
  - Objectives that are specific, time-framed, and measurable (Year 1 only).
  - Action steps to achieve the stated objectives (Year 1 only).
  - Staff responsible for each action step, including any consultants.
  - Anticipated start and completion dates.

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

Resolving challenges

See merit review criterion 2: Response

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan and the proposed methods described in the approach section.

Explain the methods and approaches that you'll use to resolve them.

Evaluation and technical support capacity

See merit review criteria 3: Performance reporting and evaluation and 5: Resources and capabilities

- Describe the expected outcomes (desired results) of the funded activities.
- Describe a plan to assess and monitor your program performance and engage in continuous quality improvement. Your program assessment processes should monitor your ongoing processes and the progress toward the goals and objectives of the project. Include descriptions of the inputs (such as organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.
- Describe how the proposed key personnel (including any consultants or contractors, if applicable) have the necessary knowledge, experience, training, and skills to design and implement public health programs, specifically to improve mental health and engagement in care for people with HIV.
- Describe how your proposed project staff will include and/or work with people of lived experience.
- Describe your capacity (including any partner organizations, if applicable) to oversee a national cohort of implementation sites in implementing mental health interventions with fidelity. Include strength of skills, training, and knowledge of proposed key project staff in issuing subawards, monitoring, and supporting sites to implement interventions. See Reporting for more information.
- Describe your experience systematically tracking and measuring the provision of TA and aligning TA decision-making to the goals of a study.
- Describe the capacity of the proposed project staff to provide TA to sites on implementing selected interventions with fidelity and adapting them to be culturally responsive. Describe the experience of proposed project staff (including partner organization staff, if applicable) in providing TA to organizations that provide HIV and mental health care services.
- Describe the capacity of proposed project staff to develop user-friendly replication and dissemination materials in collaboration with the EP and implementation sites.

Organizational information

See merit review criterion 5: Resources and capabilities**

- Describe your organization's mission, structure, and scope of current activities. Explain how these elements all contribute to your organization's ability to carry out the program requirements and reach its goals and objectives.

- Include a staffing plan with job descriptions for key personnel (attachment 2) that identifies staff credentials and commitments to the proposed project components. If you will use consultants and/or contractors to provide any of the proposed services, describe their roles and responsibilities on the project.
- Include a project organizational chart (attachment 5). The chart should be a one-page figure that depicts the project structure of the ITAP, not the entire organization. It should include subrecipients, contractors, and other significant collaborators, if applicable.
- Demonstrate the experience of your organization with similar projects. Include experience:
    - Co-leading or collaborating with another organization on a project or initiative. Include experience in cross-organizational communication, planning, and negotiating roles and responsibilities.
    - Collaborating with evaluation providers.
    - Working with the population of focus, including familiarity with the cultures and languages of communities disproportionately impacted by HIV and mental health disparities.
    - Researching and adapting interventions, particularly related to mental health.
    - Training sites on implementing interventions with fidelity and helping sites adapt interventions (particularly mental health interventions) to be culturally responsive.
    - Coordinating, facilitating, and delivering technical assistance to provider organizations. Include experience facilitating multisite meetings and learning collaboratives. Include experience with tracking and reporting TA.
    - Creating and disseminating materials that promote the replication of interventions.

Budget and budget narrative

See merit review criterion 6: Support requested

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

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

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

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

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

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

In addition, this NOFO requires you to do the following:

- Separate the line-item budgets for each of the four years in the period of performance, using the Section B Budget Categories of the SF-424A and breaking down subcategorical costs as appropriate. You'll include these as attachment 7.
- Include costs for the annual implementation site visits, and coordination of the two multisite meetings in each of the four years of the initiative.
- Include travel to the biennial National Ryan White Conference on HIV Care and Treatment, to be held in the Washington, DC, metropolitan area.
- List each key position in the budget, including the principal investigator and project director.
- For all staff listed on the budget, identify what percentage of their full-time equivalence (FTE) you will allocate to this award, the full salary amount, and all other funding sources used to pay the full salary. For subsequent budget years, the justification narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive budget changes during the project period.

Attachments

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

Attachment 1: Work plan

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

You should use the work plan as a tool to manage the project by measuring progress, identifying necessary changes, and quantifying project accomplishments. The work

plan should directly relate to your approach section and the program requirements. Include all aspects of:

- Planning and providing TA.
- Collaborating with the EP to ensure that your TA activities align with the multisite evaluation.
- Publishing and disseminating findings.

Attachment 2: Staffing plan and job descriptions

See Section 3.1.7 of the Application Guide.

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

For key personnel, attach a one-page job description including the role, responsibilities, and qualifications.

Attachment 3: Biographical sketches

Include biographical sketches for people who will hold the key positions you describe in attachment 2. These should be two pages at most. 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 4: Agreements with other entities

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 subrecipients and contractors and any deliverables. Make sure you sign and date any letters of agreement.

Attachment 5: Project organizational chart

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

Attachment 6: Tables and charts

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

Attachment 7: Line-item budgets for Years 1 through 4

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

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

Step 4: Learn About Review and Award

In this step

Application review

Initial review

We review each application to make sure 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 the following criteria.

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

Criterion 1: Need (10 points)

See Project Narrative Introduction and Need sections.

The panel will review your application for:

- Strength, clarity, and relevance of the:
  - Ability to successfully meet and carry out program requirements and expectations.
  - Project purpose and plan for meeting the initiative's objectives.
  - Plan to co-lead, communicate, and collaborate with the EP.
- Strength, clarity, and relevance of your demonstrated understanding of:
  - The relationship between HIV and mental health conditions.
  - How factors at the individual, social, and structural levels contribute to mental health conditions and disparities among people with HIV.

- Client-level, clinical, and systemic challenges that affect wider-scale adoption of interventions that improve health outcomes for people with co-occurring HIV and mental health conditions.
- The need to conduct an implementation science initiative to assess the implementation of interventions to improve mental health among people with HIV who are out of care or experiencing barriers to retention in care.
- Challenges associated with implementing, evaluating, and replicating mental health interventions for people with HIV who are out of care or experiencing barriers to retention in care.

- How well the application cites literature and publications to corroborate the assessment of need.

Criterion 2: Response (40 points)

See Project Narrative Approach, High-level work plan, and Resolving challenges sections.

The panel will review your application for:

Approach (30 points)

Objective 1 (15 points)

Strength, clarity, and relevance of the following components of the plan to train and help a national cohort of implementation sites adapt and implement culturally responsive interventions, including:

- Researching, selecting, and supporting the adaptation of interventions.
- Selecting and issuing subawards to up to 10 implementation sites. This includes the selection process, criteria, and approach to equitable site selection.
- Providing ongoing technical assistance to implementation sites on adhering to and adapting the selected interventions.
- Conducting at least one visit to each implementation site per year to assess their fidelity to the intervention, assess intervention strategies, and provide TA .
- Leading, coordinating, and facilitating multisite meetings with the EP, HRSA HAB, and implementation sites twice a year.

Objective 2 (5 points)
Strength, clarity, and relevance of your approach to supporting the EP's evaluation using an implementation science framework.

Objective 3 (10 points)

- Strength, clarity, and relevance of your plan to create and disseminate user-friendly multimedia materials throughout the period of performance that incorporate findings from the initiative and reach priority audiences.
- Strength, clarity, and relevance of your plan to ensure that you collaborate continuously with the EP to achieve initiative goals.

High-level work plan (5 points)

How well the work plan includes:

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

Resolving challenges (5 points)

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

Criterion 3: Performance reporting and evaluation (10 points)

See project narrative Evaluation and technical support capacity section.

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

- Expected outcomes (desired results) of the funded activities.
- Plan to assess program performance and engage in continuous quality improvement.

Criterion 4: Impact (10 points)

See project narrative High-level work plan section.

The panel will review your application for the strength, clarity, and relevance of the work plan to achieve each of the three objectives of the initiative during the period of performance.

Criterion 5: Resources and capabilities (25 Points)

See Project Narrative Organizational information and Evaluation and technical support capacity sections.

The panel will review your application for:

Organizational information (10 points)

- The appropriateness of your staffing plan to carry out the program requirements, goals, and objectives.
- The extent to which your organization's mission, structure, and scope of activities enable it to carry out the program requirements and reach its goals and objectives.
- The extent to which your organization has relevant experience:
  - Co-leading or collaborating with another organization, including evaluation providers, on a project or initiative.
  - Working with communities disproportionately impacted by HIV and mental health disparities.
  - Researching and adapting interventions, particularly related to mental health.
  - Training sites on implementing interventions with fidelity and helping sites adapt interventions to be culturally responsive.
  - Coordinating, facilitating, and delivering technical assistance to provider organizations.
  - Creating and disseminating materials that promote the replication of interventions.
- Strength of your plan to include people with lived experience.

Technical support capacity (15 points)

- The knowledge, experience, training, and skills of your proposed project staff (including any consultants or contractors) regarding:
  - Implementing public health programs, specifically to improve mental health and engagement in care for people with HIV.
  - Overseeing a national cohort of implementation sites in implementing mental health interventions with fidelity.
  - Systematically tracking and measuring the provision of TA and aligning TA decision-making to the goals of a study.
  - Providing TA to implementation sites on implementing selected interventions with fidelity and adapting them to be culturally responsive.
  - Developing user-friendly replication and dissemination materials in collaboration with the EP and implementation sites.

Criterion 6: Support requested (5 points)

See Budget and budget narrative section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- How well costs align with the project's scope.
- The extent to which key staff have adequate time devoted to the project to achieve project objectives.
- How clearly the budget describes:
  - Subawards and/or contracts for proposed subrecipients, contractors, and consultants in terms of scope of work.
  - How costs were derived.
  - Payment mechanisms and deliverables that are reasonable and appropriate.

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.

Award notices

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

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

Step 5: Submit Your Application

In this step

Application submission and deadlines

See Find 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 Get registered. You will have to maintain your registration throughout the life of any award.

Deadlines

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? Contacts and Support if you need help.

Other submissions

Intergovernmental review

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

Application checklist

Make sure that you have everything you need to apply:

Component	How to upload	Included in page limit?
☐ Project abstract	Use the Project Abstract Summary form.	No
☐ Project narrative	Use the Project Narrative Attachment form.	Yes
☐ Budget narrative	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in a single Other Attachments form.	
☐ 1 . Work plan		Yes
☐ 2. Staffing plan and job descriptions		Yes
☐ 3. Biographical sketches		No
☐ 4. Agreements with other entities		Yes
☐ 5. Project organizational chart		Yes
☐ 6. Tables and charts		Yes
☐ 7. Line-item budgets for Years 1 through 4		Yes
Other required forms	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		No
☐ Budget Information for Non-Construction Programs (SF-424A)		No
☐ Disclosure of Lobbying Activities (SF-LLL)		No
☐ Project/Performance Site Location(s)		No
☐ Grants.gov Lobbying Form		No
☐ Key Contacts		No

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

Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, and any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
  - 2 CFR 200.1, Definitions, Modified Total Direct Cost.
  - 2 CFR 200.1, Definitions, Equipment.
  - 2 CFR 200.1, Definitions, 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.

Health information technology interoperability

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

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

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

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

Nondiscrimination 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 personally 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:

- We require progress reports each year that describe progress made towards achieving all initiative objectives and program requirements.
- We require you to submit the Federal Financial Report (SF-425) each year.

Contacts and Support

In this step

Agency contacts

Program and eligibility

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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
- Black Women First Initiative
- HIV Implementation Science Coordination Initiative: EHE Project Dashboard
- Substance Abuse and Mental Health Services Administration Evidence-Based Practices Resource Center

Endnotes

1. The recipient may not have a formal responsibility but should be engaged and aware of the activities. Their level of responsibility may depend on how the ITAP and EP refine the roles of each activity. ↕
2. The RWHAP AETC program provides education, training, and capacity-building resources to support its mission to offer timely, high-quality, state-of-the-science information to health care professionals working with existing and emerging populations affected by HIV. ↕