U.S. Department of Health and Human Services

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

HIV/AIDS Bureau

Division of State HIV/AIDS Programs

AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF)

Funding Opportunity Number: HRSA-24-064

Funding Opportunity Type(s): Limited Competition, New

Assistance Listings Number: 93.917

Application Due Date: October 24, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: July 20, 2023

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. §§ 243(c) and 300ff-26 (§§ 311(c) and 2616 of the Public Health Service Act).

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2024 AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF). The purpose of this program is to provide funding to states/territories to prevent, reduce, or eliminate ADAP waiting lists, including through cost-containment measures. Section 311 of Title III of the Public Health Service (PHS) Act authorizes the Secretary to utilize resources to control epidemics of any disease. These funds are to be used in conjunction with the Ryan White HIV/AIDS Program (RWHAP) Part B ADAP administered by the HRSA, HIV/AIDS Bureau (HAB), Division of State HIV/AIDS Programs (DSHAP).

Funding Opportunity Title:	AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF)
Funding Opportunity Number:	HRSA-24-064
Due Date for Applications:	October 24, 2023
Anticipated FY 2024 Total Available Funding:	$75,000,000
Estimated Number and Type of Award(s):	Up to 25 grants
Estimated Award Amount:	Up to $10,000,000 per award for applicants with a current ADAP waiting list, up to $7,000,000 per award for applicants without a current ADAP waiting list, subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	April 1, 2024 through March 31, 2025 (1 year)
Eligible Applicants:	All 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa,

	the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands. Tribes and tribal organizations are not eligible. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Wednesday, August 16, 2023
3 – 4:30 p.m. ET

Weblink: https://hrsa-gov.zoomgov.com/j/1612363665?pwd=MHdtQkU3WHg2bWk5ZDA5WkF5dlphUT09

Attendees without computer access or computer audio can use the dial-in information below.

Meeting ID: 161 236 3665
Passcode: Z6SeNVrR
One tap mobile
+16692545252,,1612363665#,,,,*47617124# US (San Jose)
+16469641167,,1612363665#,,,,*47617124# US (US Spanish Line)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 964 1167 US (US Spanish Line)
+1 646 828 7666 US (New York)
+1 415 449 4000 US (US Spanish Line)
+1 551 285 1373 US
+1 669 216 1590 US (San Jose)
833 568 8864 US Toll-free
Meeting ID: 161 236 3665
Passcode: 47617124
Find your local number: https://hrsa-gov.zoomgov.com/u/acRi6yErfZ

HRSA will record the webinar and make it available on the TargetHIV website.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) Part B AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF). The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of State HIV/AIDS Programs (DSHAP) administers this program.

ADAP ERF awards are intended for states/territories that demonstrate the need for additional resources to prevent, reduce, or eliminate ADAP waiting lists, including through cost-containment measures (for example, the provision of health care coverage assistance). HRSA will base ADAP ERF awards upon your ability to successfully demonstrate need for additional funding. An external objective review committee (ORC) will evaluate this need based on criteria published in this notice of funding opportunity (NOFO), with priority given to addressing existing waiting lists.

HRSA first funded the ADAP ERF initiative in August 2010, when numerous states/territories were experiencing ADAP waiting lists. At the time of this NOFO publication, there are no ADAP waiting lists. States/territories that establish a waiting list after the publication of this NOFO must report the waiting list to HRSA immediately and use funding awarded under this NOFO to remove clients from the waiting list. Previously, eligibility for this funding was limited to states/territories that had historically imposed waiting lists. HRSA continues to anticipate an increase in potential clients in need of ADAP services due to loss of income and/or loss of health care coverage among people with HIV. States/territories may use ERF funds to address current or projected increases in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in their ADAP.

2. Background

This program is authorized by 42 U.S.C. §§ 243(c) and 300ff-26 (§§ 311(c) and 2616 of the Public Health Service Act). ADAPs ensure access to medication to treat HIV for eligible clients through the direct purchase of medication and through covering the costs of health care coverage premiums, deductibles, co-payments, and co-insurance. The state/territory determines client eligibility, which includes documented diagnosis of HIV, financial eligibility, and residence eligibility criteria. Financial eligibility is usually determined as a percentage of the Federal Poverty Level (FPL). ADAPs are expected to confirm client eligibility on a timely basis.

The HRSA 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 quickly respond to emerging needs of RWHAP clients.

Strategic Frameworks and National Objectives

National objectives and strategic frameworks like Healthy People 2030, the National HIV/AIDS Strategy (NHAS) (2022–2025); the Sexually Transmitted Infections National Strategic Plan for the United States (2021 – 2025); and the Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025) are crucial to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and provide a blueprint for collective action across the Federal Government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to the extent possible.

Expanding the Effort: Ending the HIV Epidemic in the U.S.

According to recent data from the 2021 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2017 to 2021, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 85.9 percent to 89.7 percent. Additionally, racial and ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.[1]

In February 2019, the Ending the HIV Epidemic in the U.S (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. This initiative seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. 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 achieve viral suppression.

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

[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021. https://ryanwhite.hrsa.gov/data/reports. Published December 2022. Accessed December 13, 2022.

suppressed, to the essential HIV care, treatment, and support services needed to help them achieve viral suppression.

Using Data Effectively: Integrated Data Sharing and Use

HRSA and CDC's Division of HIV Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, conducting needs assessments, determining unmet need estimates, reporting, quality improvement, enhancing the HIV care continuum, and public health action. HRSA strongly encourages RWHAP recipients to:

- Follow the principles and standards in the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action
- Establish data sharing agreements between surveillance and HIV programs to ensure clarity about the process and purpose of the data sharing and utilization.

Integrated data sharing, analysis, and utilization of HIV data by state and territorial health departments can help further progress toward reaching the NHAS goals and improve outcomes on the HIV care continuum.

HRSA's RWHAP Compass Dashboard is a user-friendly, interactive data tool to allow users to visualize the reach, impact, and outcomes of the RWHAP and supports data utilization to understand outcomes and inform planning and decision making. The dashboard provides a look at national-, state-, and metro area-level data and allows users to explore RWHAP client characteristics and outcomes, including age, housing status, transmission category, and viral suppression. The RWHAP Compass Dashboard also visualizes information about RWHAP services received and the characteristics of those clients accessing the AIDS Drug Assistance Program (ADAP).

As outlined in Policy Clarification Notice 21-02, *Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program*, recipients and subrecipients should use electronic data sources (e.g., Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify client eligibility information, such as income and health care coverage (that includes income limitations), when possible. RWHAP recipients and subrecipients should first use available data sources to confirm client eligibility before requesting additional information from the client.

In addition, RWHAP recipients and subrecipients are encouraged to develop data sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden across programs. HRSA strongly encourages complete CD4, viral load (VL), and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease

progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic in the U.S. can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

Program Resources and Innovative Models

HRSA has several projects and resources that may assist RWHAP recipients with program implementation. These include a variety of HRSA HIV/AIDS Bureau (HAB) projects focused on specific TA, evaluation, demonstration, and intervention activities. A full list is available on TargetHIV. Recipients should be familiar with these resources and are encouraged to use them as needed to support their program implementation.

Examples of these resources include:

- Access, Care, and Engagement Technical Assistance Center (ACE TA)
- Best Practices Compilation
- Center for Innovation and Engagement (CIE)
- Center for Quality Improvement and Innovation (CQII)
- Dissemination of Evidence-Informed Interventions (DEII)
- Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)
- Ending Stigma through Collaboration and Lifting All to Empowerment (ESCALATE)
- Engage Leadership through Employment, Validation, and Advancing Transformation and Equity for persons with HIV (ELEVATE)
- Integrating HIV Innovative Practices (IHIP)

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Limited Competition, New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $75,000,000 to be available annually to fund 25 recipients. The actual amount available will not be determined until enactment of the final FY 2024 federal appropriation. If you have a current ADAP waiting list, you may apply for a ceiling amount of up to $10,000,000 total cost. If you do not have a current ADAP waiting list, you may apply for a ceiling amount of up to $7,000,000 total cost. The minimum award amount is $100,000, subject to the availability of funds. Total cost includes both direct and indirect costs per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is April 1, 2024 through March 31, 2025 (1 year).

HAB will base the amount of each award on your ability to demonstrate the need for funding to reduce or eliminate an existing ADAP waiting list or actively prevent the implementation of an ADAP waiting list, including through cost-cutting and/or cost-saving measures, or the need for additional funding for a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S., or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage. HRSA will base funding decisions on an external ORC review and scoring of the criteria published in Section V.1 of this notice.

HRSA places significant importance on the elimination of existing waiting lists and therefore:

- HRSA will use the ORC scores to establish the rank order for awarding funds.
- HRSA will make awards to all applicants that request funds to address an existing waiting list and that are recommended for an award by the ORC based on their ORC scores (see the funding priority in Section V.2).
- After funds to address an existing waiting list are determined, HRSA will award funds to remaining applicants recommended for an award by the ORC based on their ORC scores.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

All 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of

the Marshall Islands are eligible to apply for funding if they meet the following requirements:

Eligible applicants are limited to RWHAP Part B states/territories that need additional funding:

- to reduce or eliminate an existing ADAP waiting list,
- to actively prevent the implementation of an ADAP waiting list,
- to address a projected increase in treatment needs aligned with ending the HIV epidemic in the U.S., and/or
- to address other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.

States/territories that do not currently meet one or more of the above criteria are not eligible to apply. Tribes and tribal organizations are not eligible for this funding.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

Multiple Applications

Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov application due date.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-24-064 in order to receive notifications

including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's *SF-424 Application Guide*. You must submit the application in the English language and budget figures expressed in U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **40 pages** when we print them. HRSA will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items don't count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that don't count toward the page limit, we'll make this clear in Section IV.2.v Attachments.

If you use an OMB-approved form that isn't in the HRSA-24-064 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid going over the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-064 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended,

proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 5-15: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e), which sunsets / terminates on September 30, 2023. Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) website.

Program Requirements and Expectations

There are instances when the steady growth in the number of eligible clients combined with rising costs of complex HIV treatments has resulted in states/territories experiencing greater demand for ADAP services than available resources can cover. As a last resort, a state/territory may implement an ADAP waiting list when adequate funding is not available to provide medications to all eligible persons requesting enrollment in their ADAP and after all other feasible cost-containment strategies have been utilized. HRSA HAB defines a waiting list as a register of individuals who have applied for and been deemed eligible for a state's/territory's ADAP, but who the state cannot immediately serve due to insufficient resources. If an ADAP is proposing to implement a waiting list, the ADAP must be able to clearly demonstrate to HRSA HAB the need for a waiting list prior to establishing one.

An ADAP must have written policies and procedures for managing a waiting list that include:

- Criteria that are fair and equitable
- Compliance with state/territory laws and regulations that impact establishment of a waiting list

- A means for public input and communications to the public
- Methods for monitoring the waiting list to ensure that the policies and procedures are consistently followed across the state/territory; and
- A revisions and appeals process.

An ADAP must assess each applicant for ADAP eligibility prior to placing the individual on an ADAP waiting list and must confirm eligibility according to a pre-established schedule outlined in a waiting list policy and procedure. An ADAP must prioritize individuals by a pre-determined criterion and bring clients into the program as soon as funding becomes available. Clients on waiting lists should be provided with information about:

- Why a waiting list is necessary
- Waiting list criteria
- The estimated length of time one might remain on the waiting list
- Options for securing medications in the interim that include:
    - Recommendations or requirements for clients to work with a case manager
    - Patient Assistance Programs (PAPs) applications and assistance in applying
    - Other options available, e.g., RWHAP Part A Local Pharmacy Assistance Program (LPAP)
    - Continuous assistance for applying and re-applying, as necessary, for other programs

HRSA HAB strongly discourages the use of a waiting list as a cost containment strategy, unless determined to be absolutely necessary. Establishment of a waiting list will result in increased monitoring of the RWHAP Part B grant by the DSHAP project officer and in required reporting to HRSA HAB of data on the waiting list.
At the time of the publication of this NOFO, there are no ADAP waiting lists.

Cost-containment strategies employed by ADAPs can include cost-cutting measures and cost-saving measures. Eligible states/territories may request ADAP ERF funding to implement measures to help reverse cost-cutting measures and/or enhance cost-saving measures.

Examples of cost-cutting measures include:

- reductions in ADAP financial eligibility below 300 percent of the FPL
- capped enrollment
- formulary reductions with respect to antiretroviral and/or medications to treat opportunistic infections and complications of HIV disease; and/or
- restrictions with respect to ADAP funded health care coverage assistance eligibility criteria

Examples of cost-saving measures include:

- RWHAP Part B structural or operational changes such as expanding health care coverage

- strategies to increase enrollment in health care coverage
- improved systems and procedures for the collection of rebates and/or program income; and
- data sharing agreements to facilitate coordination of benefits

ADAPs are required to secure the best price available for all products on their ADAP formularies in order to achieve maximum results with these funds. As covered entities, ADAPs are eligible to participate in the 340B Drug Pricing Program under Section 340B of the PHS Act. Funds received as a result of participating in the 340B Drug Pricing Program must be returned to the RWHAP Part B program, with priority given to ADAP (see Policy Clarification Notices 15-03 and 15-04 for more information). You must ensure that you use rebates and program income consistent with RWHAP requirements.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

In addition, provide brief up-to-date information, in this order:

- General demographics of the state/territory
- Demographics of the populations with HIV in the state/territory
- Brief description of the state ADAP and key environmental factors impacting the program
- Description of the need for additional resources to prevent, reduce, or eliminate an ADAP waiting list and to address cost-containment measures (including cost-cutting and/or cost-saving measures) or to address a current or projected increase in treatment needs aligned with ending the HIV epidemic, or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.
- Description of the planned use of ADAP ERF, if received.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (3) Impact
Resolution of Challenges	(2) Response
Organizational Information	(4) Resources/Capabilities and (5) Support Requested
Budget Narrative	(5) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1 (Need)*
  This introduction section should briefly describe how you will utilize ADAP ERF in support of preventing, reducing, or eliminating an ADAP waiting list, including through cost-cutting or cost-saving measures, or to address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. during the period of performance or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 (Need)*
  The purpose of this section is to demonstrate the need for additional resources to meet the projected ADAP client service needs for FY 2024.

  A. State/Territory's ADAP Profile
  Provide the following information regarding eligibility for this award and the structure, functions, and operational processes of the ADAP and the clients that it serves.

  a) Eligibility for ADAP ERF Funding
  i. Do you have an existing ADAP waiting list as of the date of this application? (Yes/No)

ii. Do you need ADAP ERF funds to actively prevent the implementation of an ADAP waiting list? (Yes/No)
iii. Do you currently have or project an increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage? (Yes/No)

Reminder: States/territories who answer "No" to all three questions above are not eligible to apply for ADAP ERF funds.

b) ADAP Funding Summary for FY 2022

In a table format, please list all the following sources of funding for ADAP (i.e., i. through xii. below), the amount received, the amount expended, and the amount of unspent funds and unobligated balances during the FY 2022 period of performance (April 1, 2022 through March 31, 2023). If you did not receive funding from one or more of the categories listed below, please list the source and enter zero. Also include the total number of ADAP clients served under each funding stream in FY 2022. Please include the table as **Attachment 4**. A sample table format is provided in **Appendix B**.

i. ADAP Base
ii. ADAP Supplemental
iii. RWHAP Part B Base Contribution to ADAP
iv. RWHAP Part B Supplemental Contribution to ADAP
v. ADAP ERF Award
vi. RWHAP Part A Contribution to ADAP
vii. State Funds
viii. Pharmaceutical Rebates
ix. Carryover
x. Program Income
xi. Other Sources (describe)
xii. Total of ADAP Funding

c) Cost-Cutting Measures for FY 2022 and FY 2023

Please identify which, if any, of the following cost-cutting measures were in place or newly implemented in FY 2022 and FY 2023 for your ADAP:

i. Enrollment cap (if so, specify the maximum number of enrollees)
ii. Capped number of prescriptions per month (if so, specify the cap)
iii. Capped expenditure (if so, specify the amount and timeframe)
iv. Drug-specific enrollment caps for antiretroviral medication (if so, specify the cap)
v. Reduction in formulary (if so, specify the reduction)
vi. Decrease in financial eligibility criteria (if so, specify the decrease)
vii. Other (please specify)

d) Cost-Saving Measures for FY 2022 and FY 2023

Please identify which, if any, of the following cost-saving measures were in place or newly implemented in FY 2022 and FY 2023 for your ADAP:

i. Expansion of health care coverage assistance (if so, specify the services currently offered)
ii. Enrolling eligible clients in health care coverage (if so, specify how many were enrolled and through what mechanism)
iii. Enrolling eligible clients into Medicaid
iv. Improved client eligibility confirmation processes (if so, specify improvements)
v. Decrease in administrative expenditures (if so, specify decreases)
vi. Other (please specify)

B. Factors Affecting State/Territory ADAP Capacity to Meet Need

Provide a detailed narrative description of any key factors impacting the ADAP's need for additional resources to prevent, reduce, or eliminate a waiting list or to address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage. Include a description of why the ADAP is unable to meet the need with existing resources, any anticipated funding shortfalls for ADAP, and the cost-cutting measures that would need to be implemented if additional funding is not received. If you reported any unspent funds or unobligated balances in the ADAP Funding Summary for FY 2022, please explain why these emergency funds are needed given these other available resources.

Examples of factors include, but are not limited to:

- Trends or changes in the HIV disease prevalence over the past 2 calendar years (January 1, 2021 through December 31, 2022) that have affected the ADAP.
- Increases in clients engaged in care due to ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.
- Changes to the state/territory's service delivery system that may include client need and/or administrative burden as a result of the changing health care landscape.
- Changes in client population or demographics over the last 2 calendar years including, but not limited to, increased eligible applicants, increased percentage of eligible clients below 100 percent of the FPL, high unemployment rates, increased co-morbidities (e.g., opioid addiction), and/or increased number of out-of-care clients seeking treatment.
- Increased program costs including, but not limited to, the cost of ADAP medications and/or cost to ADAP for health care coverage premiums, deductibles, and/or cost sharing.

- Decreased or level funding from state or federal resources for ADAP and/or HIV services.
- Decreased program income and/or pharmaceutical rebates.

You should support this description by including data sources as appropriate when discussing trends and changes (including environmental changes) that have resulted in this need.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion 2 (Response)*

ADAP Average Annual Client Costs and Forecasting

Provide a calculation of the projected average cost per client for medication assistance and/or health care coverage for the FY 2024 ADAP ERF period of performance (April 1, 2024 through March 31, 2025). Important Note: You do not need to provide an average cost per client for a type of assistance for which you are not requesting funding.

Determine the average cost per client through your own calculations, or through the cost calculation template in **Appendix A**. Whichever calculation methodology is used, provide the step-by-step calculations utilized in developing the average cost per client. Use the calculated **average cost per client in developing the proposed budget for the use of the ADAP ERF funds and/or to project the impact of proposed cost-containment measures**. Provide the calculation(s) that show how you multiplied the average cost per client by the projected number of clients to be served to determine the budget request for medication assistance and/or health care coverage assistance.

1) ADAP Average Annual Client Costs

a) Medication Costs

If requesting funding for medication assistance, please provide:

i. Current projected annual average medication cost per client, and
ii. All calculations used to determine such cost.

b) Health Care Coverage Assistance Costs

If requesting assistance for health care coverage assistance, please provide:

i. Current projected annual average health care coverage assistance cost per client, and
ii. All calculations used to determine such cost.

2) Forecasting

a) States/Territories Requesting Funds to Purchase Medications or Health Care Coverage Assistance:

i. For applicants with an existing ADAP waiting list, provide the current number of individuals on the waiting list.

ii. Describe the projected impact of ADAP ERF, together with FY 2024 RWHAP Part B funds, any RWHAP Part B carryover funds, funding provided by the state/territory, resources generated by rebates and program income, RWHAP Part A contributions, and any other projected resources in addressing:
    1) Your projected/potential ADAP waiting list,
    2) Your current waiting list, and/or
    3) Your other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.

b) States/Territories Requesting Funds for other Cost-Cutting or Cost-Saving Measures:
For each proposed cost-cutting or cost-saving measure indicated in the work plan, describe the specific projected impact of ADAP ERF on enhancing cost-saving measures, reversing cost-cutting measures, improving ADAP operations, and/or maximizing available ADAP resources.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 (Response) and 3 (Impact)*
  Describe the steps that you will take to carry out each of the activities proposed during the entire work period. Please present this in the form of a work plan (HRSA suggests a table format), which is uploaded as **Attachment 1**, and a narrative.

  A. Planned Services and Work Plan
  List each planned ADAP ERF service (e.g., purchase of ADAP medications, purchase of health care coverage premiums, payment of medication co-payments, deductibles, or co-insurance) and/or cost-containment measures (i.e., cost-cutting or cost-saving measures) designed to improve ADAP operations and maximize available ADAP resources. Only costs allowed under ADAP service category (as defined in HRSA HAB 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds) can be funded through ADAP ERF. Any unallowable costs will be deducted from your proposed budget prior to calculation of award.

  HRSA encourages you to use a table format with the following sections:
  1) **Planned Expenditure Summary** listing the amount budgeted by service category, cost-containment measures/initiatives, and recipient administrative costs;
  2) **Planned Expenditures by Service Category** with columns for Planned Service, Service Unit Description, # of Service Units, # of Clients, and amount budgeted for each service;
  3) **Planned Expenditure by Cost-Containment Measures/Initiatives** listing each planned cost-containment initiative with the date initiated and the amount budgeted for each initiative;

4) **Specific, Measurable, Attainable, Realistic and Time-Sensitive (SMART) Objectives:** SMART objectives are Specific—identifying priority population and activity, Measurable—indicating how much or how many, Attainable—must be realistically accomplished using resources provided, Realistic—addressing and establishing reasonable programmatic steps, and Time-sensitive—indicating a timeline during which you will accomplish the objective. Provide the SMART objective associated with the planned service category, cost-containment measures/initiatives, and recipient administrative costs that will be funded with FY 2024 ADAP ERF funds; and
5) **Service Unit Definition:** Describe the definition of the unit of service for the planned service category, cost-containment measure/initiative, and recipient administrative cost that you will fund with FY 2024 ADAP ERF.

B. Planned Services and Work Plan Narrative

Provide a narrative that describes the following for each planned service, cost-containment measure/initiative, and recipient administrative cost identified in the work plan:

1) How you will assure that you will spend funds allocated for each service/activity within the 12-month period of performance;
2) If you have an existing ADAP waiting list, how the services/activities will reduce the number of persons on the waiting list;
3) If you do not have an existing waiting list:
    a) How the services/activities will prevent the implementation of an ADAP waiting list in FY 2024 (April 1, 2024- March 31, 2025) or address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage; and
    b) How the services/activities will improve ADAP operations and maximize ADAP resources.

C. Anticipated Impact of ADAP ERF

Provide a brief description of the anticipated impact of the proposed ADAP ERF-funded planned service, cost-containment measure/initiative, and recipient administrative cost activities on currently implemented or anticipated cost-containment measures.

1) Describe how you will monitor progress toward meeting the goals and objectives of the proposed period.
2) Describe how these activities will support the continued function of the ADAP.
3) Describe the anticipated outcomes resulting from ADAP ERF supported activities.

D. Monitoring
Provide a brief description of the methods in place to monitor and assess the effectiveness of the activities proposed on the ADAP ERF work plan. The narrative should include a description of how the ADAP will measure and monitor progress on outcomes and how the ADAP will address problems identified through monitoring.

Important Note: HRSA expects that the ADAP will utilize its current RWHAP Part B clinical quality management program when implementing services funded through the ADAP ERF award.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2 (Response)*

State/Territory Actions to address ADAP Challenges
Please describe for each of the following sections how the program has addressed the specific challenges and barriers facing the ADAP through the employment of cost-cutting and/or cost-saving strategies in FY 2022 and FY 2023. Support each section by data showing how these strategies benefit the ADAP:

1) **Program Efficiencies:**
   Please describe any challenges regarding program efficiencies and how your program has addressed challenges, including through the use of ADAP ERF funding, by improving operations in order to reduce costs and improve efficiency. Support your decision with data showing how the improved operational efficiencies will benefit ADAP.

2) **Ability to Enroll Clients in Other Payor Sources:**
   Please describe any challenges to enrolling clients in other payor sources, and how your program has addressed challenges by improving systems to increase enrollment in other forms of health care coverage including Medicare Part D, Medicaid, and other health care coverage options. Be sure to support your decision with data showing how improved enrollment in other payor sources will benefit the ADAP.

3) **Reallocation of ADAP Resources:**
   Please describe any challenges/limits with ADAP resources, and if/how you have reallocated funds to address ADAP challenges. Be sure to indicate if this reallocation represents a one-time augmentation to the program or an expected long-term, sustainable reallocation of funds.

4) **Generation and Collection of Rebates and Program Income:**
   Please describe any challenges with the generation or collection of rebates and program income. Include how your ADAP has modified its processes or the monitoring of those processes to ensure that you purchase drugs at the best possible cost and/or that rebates and/or program income are fully

collected and applied back to the RWHAP Part B program, with priority given to ADAP.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria 4 (Resources and Capabilities) and 5 (Support Requested)*

A. ADAP Oversight/Administration

Provide a brief narrative that describes the organizational structure and resources that contribute to the administration of the ADAP in maintaining compliance with legislative requirements and program expectations, including those of ADAP ERF funding. Include an organizational chart for the ADAP as **Attachment 3**.

B. Compliance with Reporting Requirements

Describe how you will be able to meet reporting requirements by tracking and reporting ADAP ERF specific expenditures and client utilization.

iii. *Budget*

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

In addition, the ADAP ERF requires the following:

Please complete Sections A, B, E, and F of the SF-424A Budget Information—Non-Construction programs form included with the application package, and then provide a line item budget using Section B Object Class Categories of the SF-424A. In Section B, budget categories are limited to two columns. The required columns are:

1) **Medications/Health Care Coverage:** The first column should include all FY 2024 ADAP ERF funds allocated to prevent, reduce, and/or eliminate your waiting list or to address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program who are newly diagnosed or re-engaged in care through the purchase of medication and/or health care coverage assistance. It may NOT include any funds for planning and evaluation or clinical quality management as defined by the RWHAP Part B program. These funds may not be used to supplant funds budgeted for any other federal award or state program.

2) **Other Cost-Containment:** The second column should include all funds allocated to award activities to address any other cost-cutting and/or cost-saving measures to be charged to the FY 2024 ADAP ERF award. It may NOT include any funds for planning and evaluation or clinical quality management as defined by the RWHAP Part B. These funds may not be used to supplant funds budgeted for any other federal award or state program.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2023, the salary rate limitation is **$212,100.** Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, the ADAP ERF requires a narrative that explains the amounts requested for each line in the budget. The budget narrative should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the "other" category is justified. The budget narrative MUST be concise. Do NOT use the justification to expand the project narrative.

Caps on Expenses: ADAP ERF funding recipient administrative costs may not exceed 10 percent of the total grant award. For further guidance on the treatment of costs under the 10 percent administrative limit, refer to HAB PCN 15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Part A, B, C, and D.

Staffing: Due to the emergent nature of this award, HRSA expects that if any additional personnel are needed to administer this award, salaries for such staff will fit within the administrative cost cap. Usual and ordinary expenses for salaries associated with RWHAP awards must be allocated to the RWHAP Part B award, and therefore cannot be allocated to this award.

Payor of Last Resort: Charges that are billable to third party payers are unallowable. Third party payers include Medicaid, Children's Health Insurance Programs (CHIP), Medicare (including Medicare Part D), basic health plans, and private insurance, including those purchased through the Health Insurance Marketplace.) The RWHAP is the payor of last resort, and recipients must vigorously pursue alternate sources of payments. HRSA expects recipients to determine eligibility for all clients and to confirm eligibility on a timely basis (please see HAB PCN 21-02). Recipients are required to use effective strategies to coordinate with third party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons.

v. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Work Plan (required)

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative.

Attachment 2: Agreement and Compliance Assurances (required)

Please complete and include Appendix D, Agreements and Compliance Assurances.

Attachment 3: ADAP Organizational Chart (required)

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 4: ADAP Funding and Utilization Summary for FY 2022 (required)

Attachments 5–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not

qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (https://sam.gov/content/home | SAM Knowledge Base)
- Grants.gov (https://www.grants.gov/)

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

For more details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is ***October 24, 2023 at 11:59 p.m. ET***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Summary of emails from Grants.gov in HRSA's *SF-424 Application Guide,* Section 8.2.5 for additional information.

5. Intergovernmental Review

ADAP ERF is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to one year, at no more than $10,000,000 per year if you have a current ADAP waiting list or $7,000,000 per year if you do not have a current ADAP waiting list. The funding amount requested includes direct **and** indirect costs. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- Any costs unallowable under the ADAP service category (as defined in HAB PCN 16-02).
- Payment for any item or service to the extent that payment has been made (or reasonably can be expected to be made), with respect to that item or service, under any state compensation program, insurance policy, federal or state benefits program, or any entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Service).
- Planning and evaluation activities as defined by the RWHAP Part B.
- Cash payment to intended recipients of RWHAP services.
- Clinical quality management.
- International travel.
- Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).
- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy.
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.
- Pre-Exposure Prophylaxis (PrEP) medications and related medical services or Post-Exposure Prophylaxis (PEP), as the person using PrEP or PEP is not living with HIV and therefore not eligible for RWHAP funded medication.

For further information regarding allowable and non-allowable costs, please refer to https://ryanwhite.hrsa.gov/grants and at 45 CFR 75 Subpart E Cost Principles.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307. Rebates generated as a result of awarded funds must be used for the statutorily permitted purposes under the RWHAP Part B with a priority for ADAP.

Per 45 CFR § 75.305(b)(5), to the extent available, you must disburse funds available from program income and rebates before requesting grant funds. Please see HAB PCNs 15-03: Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income and 15-04: Utilization and Reporting of Pharmaceutical Rebates for more information.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Reviewers will evaluate and score the merit of your application based upon these review criteria, including the severity of need described in the application. Scores will be negatively impacted if you do not provide a clear explanation of the need for emergency funds, especially in the context of any unexpended funding as reported in the ADAP Funding Summary for FY 2022.

Five review criteria are used to review and rank ADAP ERF applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (50 points) – Corresponds to Section IV's Introduction and Needs Assessment

The extent to which the application demonstrates the need for additional resources to prevent, reduce, or eliminate a waiting list, including through reversing cost-cutting measures and/or enhancing cost-saving measures, or to address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.

Introduction (5 points)

The extent to which the description of how the state/territory will utilize RWHAP ADAP ERF in support of preventing, reducing, or eliminating a waiting list or addressing a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage is feasible in addressing the problem.

State/Territory's ADAP Profile (20 points)

The strength, completeness, and clarity of the information in the State/Territory ADAP Profile for FY 2022 and 2023. The strength and clarity of the demonstrated need for additional resources through the data presented, including the complete utilization of available resources, the implementation of cost-cutting and/or cost-saving measures and/or an increase in clients utilizing the ADAP.

Factors Affecting the State/Territory ADAP Capacity to Meet Need (25 points)

- The strength and clarity of the narrative (and supporting data) describing the demonstrated need for additional resources to prevent, reduce, or eliminate a waiting list or address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage. (10 points)
- The strength and clarity of the description as to why the ADAP is unable to meet the need with existing resources (especially in light of any unobligated and/or unspent funds reported), any anticipated funding shortfalls for ADAP, and the cost-cutting measures that would need to be implemented if additional funding is not received. (15 points)

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

ADAP Average Annual Client Costs and Forecasting (5 points)

The strength, completeness, and clarity of the following:

- A step-by-step methodology for calculating average cost per client for medication assistance and/or health care coverage assistance (depending on the type of assistance requested);

- Accurate calculations of annual client costs, reflected in plan and budget; and
    - **Note:** If the calculations are incorrect, the error will be noted along with its impact on your average client cost calculations and budget request.
- Information provided in the Forecasting section on the impact of the requested funding on preventing, reducing, or eliminating a waiting list or addressing a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.

Work Plan and Work Plan Narrative (10 points)

The strength and feasibility of the following:

- The proposed services, cost-containment measures/initiatives, and projected expenditures detailed in the work plan to address the problem and align with the project objectives of preventing, reducing, or eliminating a waiting list or addressing a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.
- Evidence that funds allocated for each service/activity will be spent within the 12-month period of performance.
- For applicants with an ADAP waiting list, proposed services/activities to reduce the number of persons on the waiting list:
    - Proposed services/activities to improve ADAP operations and maximize ADAP resources; and
    - Proposed services/activities to prevent the implementation of a waiting list in FY 2024.

State/Territory Actions to Address ADAP Challenges (10 points)

The strength and clarity of the following:

- The description of the specific challenges facing the ADAP in the following areas:
    - program efficiencies;
    - the ability to enroll clients in other payor sources;
    - reallocation of ADAP resources; and/or
    - generation or collection of rebates and program income.
- The cost-cutting or cost-saving strategies taken in response to these challenges and the extent to which they could prevent, reduce, or eliminate an ADAP waiting list or address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage in FY 2023.
- The data provided for each challenge area demonstrates how these strategies benefit the ADAP.

Criterion 3: IMPACT (10 points) – Corresponds to Section IV's Work Plan
The strength and feasibility of the following:

- Your description of the methods in place to monitor and assess the effectiveness of the activities proposed on the ADAP ERF work plan.
- Your description of how you will monitor progress toward meeting the proposed goals and objectives;
- Your description of how the proposed activities support the continued function of the ADAP;
- Your description of the anticipated outcomes resulting from ADAP ERF.

Criterion 4: RESOURCES/CAPABILITIES (5 points) – Corresponds to Section IV's Organizational Information

- The strength and completeness of the description of your ability to implement the ADAP ERF, as evidenced by:
    - The strength of the organizational structure and resources that contribute to the administration of the ADAP to maintain compliance with legislative requirements and program expectations, including those of ADAP ERF funding.
    - The clarity of the organizational chart for the ADAP in **Attachment 3**.

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Organizational Information, Budget and Budget Narrative

- The reasonableness of the proposed budget for the period of performance (1 year) in relation to the objectives and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The accuracy with which you based your budget request on the average cost per client calculated, and/or the accuracy with which you based your budget request on the number of individuals on the ADAP waiting list.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

Funding Preferences

This program provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and

equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Name of the funding preference: Current ADAP Waiting List

Qualification(s) to meet the funding preference: You will receive a funding preference if you demonstrate within the application that you have a current ADAP waiting list or if by January 15, 2024, you notify the Director of the Division of State HIV/AIDS Programs that you have started a waiting list.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems; ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of April 1, 2024. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Please 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 and assist HRSA recipients in meeting their civil rights obligations. 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

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on a semi-annual basis. More information will be available in the NoA.

2) **Other Required Reports and/or Products**.

ADAP Data Report (ADR). Acceptance of this award indicates that you will comply with data requirements of the ADR and will mandate compliance by each of your contractors and subcontractors. The ADR captures information necessary to demonstrate program performance and accountability. Please refer to the ADR webpage for more information. Further information will be available in the NOA.

Program Terms Report. You must submit a Program Terms Report through the HRSA Electronic Handbook (EHB) using the format provided in that system. Further information will be available in the NoA.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Marie Mehaffey
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 945-3934
Email: MMehaffey@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Glenn Clark, MSW
AIDS Drug Assistance Program Advisor, Division of State HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
Phone: (301) 443-6745
Email: GLClark@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

The EHBs login process changed on May 26, 2023 for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

Appendix A: Model for Calculating Average Client Costs

Average Client Cost Calculations

Provide a calculation of your projected average cost per client for medication assistance and/or health care coverage assistance for the FY 2024 ADAP ERF period of performance (April 1, 2024 – March 31, 2025). **Important Note:** You do not need to provide an average cost per client for a type of assistance for which you are not requesting funding. Determine the average cost per client through your own calculations or through the cost calculation template in this Appendix. Use the average cost per client calculated in developing the proposed budget for the use of the ADAP ERF funds and/or to project the impact of proposed cost-containment measures. **States/territories must provide the step-by-step calculations and clearly identify all data elements required to complete the calculations, not just the resulting average client cost.**

Due to the timing of this NOFO, the calculations in this model are based on client utilization and ADAP cost data for the January 1, 2023 to June 30, 2023 period. The calculations should incorporate all clients who received at least one medication through ADAP during the January 1, 2023 to June 30, 2023 period, including clients who were enrolled in ADAP temporarily or part of the year (e.g., because they experienced changes in their health care coverage, moved out of state, or died).

I. Average Cost per Client to Provide Medications

Step 1: Baseline Average Annual Client Medication Cost:
Determine the total amount spent to purchase prescription medications (not health care coverage) in the January 1, 2023 to June 30, 2023 period. Divide this amount by the total number of ADAP clients who received at least one (1) prescription medication in the same period. Multiply that amount by two (2) to determine the ADAP's baseline average annual medication cost per client.

Step 2: Average Annual Client Rebate Reduction:
Determine the total amount of rebate income received by the state/territory.

- If you operate a 340B Rebate State ADAP, this includes all 340B rebates and other negotiated rebates (e.g., ADAP Crisis Task Force rebates) you received in the January 1, 2023 to June 30, 2023 period.
- If you operate a 340B State Direct Purchase ADAP, this includes all negotiated rebates (e.g., ADAP Crisis Task Force rebates) you received in the January 1, 2023 to June 30, 2023 period.

Divide the total amount of rebate income by the total number of ADAP clients that received at least one prescription medication in the January 1, 2023 to June 30, 2023 period. Multiply that amount by two to determine the average rebate reduction per client.

Note: The health care coverage section below addresses the impact of rebates for health care coverage deductibles and co-payments.

Step 3: Adjusted Average Client Medication Cost:
Subtract the Average Annual Client Rebate Reduction amount determined in Step 2 from the Baseline Average Annual Client Medication Cost determined in Step 1.

Step 4: Average Annual Client Dispensing Fee:
Determine the total number of prescriptions filled in the January 1, 2023 to June 30, 2023 period. Multiply that number by the dispensing fee for a single pharmacy prescription in the January 1, 2023 to June 30, 2023 period. Divide the resulting product by the total number of ADAP clients that received at least one prescription in the same period. Multiply that amount by two for the average annual dispensing fee cost per client.

Step 5: Average Annual Medication Cost per Client:
Add the Average Annual Client Dispensing Fee cost determined in Step 4 to the Adjusted Average Annual Medication Cost calculated in Step 3. The sum of these two amounts will be your State's Average Medication Cost per Client.

Example:

Step 1	In the January 1, 2023 to June 30, 2023 period, the ADAP spent a total of $7,410,000 for prescription drugs; a total of 1,000 clients received at least one prescription medication.	$7,410,000/1,000 = **$7,410** $7,410 x 2 = **$14,820**	Baseline Average 6-Month Client Medication Cost Baseline Average Annual Client Medication Cost
Step 2	In that same period, the ADAP received $555,000 in total 340B rebates and $100,000 in negotiated rebates.	$555,000 + $100,000 = $655,000 $655,000/1,000 clients = **$655** $655 x 2 = **$1,310**	Total Rebates Received by the ADAP Average 6-Month Client Rebate Reduction Average Annual Client Rebate Reduction
Step 3	Adjusted Average Annual Cost per Client: Baseline Average Annual Client Medication cost minus Average Annual Client Rebate Reduction	$14,820 - $1,310 = **$13,510**	
Step 4	The ADAP filled 10,000 prescriptions in the January 1, 2023 to June 30, 2023 period of CY 2022 and the dispensing fee per prescription was	$10 x 10,000 = **$100,000** $100,000/1,000 clients = **$100**	Total Dispensing Fee Expenditures Average 6-Month Client Dispensing Fee

	$10; 1,000 ADAP clients received at least 1 ADAP prescription.	$100 x 2 = **$200**	Average Annual Client Dispensing Fee
Step 5	Add amount calculated in Step 3 to amount calculated in Step 4.	$13,510 + $200 = **$13,710**	Average Annual Medication Cost per Client

Note: For States/Territories with Hybrid/Dual ADAPs:

Step 1: *Determine the number and percentage of clients who received medications through the 340B Rebate model and the number and percentage who received medications through the 340B Direct Purchase model.*

Step 2: *For each cohort of clients, determine the total amount spent to provide medications for that cohort.*

Step 3: *Determine the average client costs for the rebate cohort, follow the instructions above in Steps 2 through 5. For the direct purchase cohort, follow the instructions above in Steps 2 through 5.*

II. Average Cost per Client to Provide Health Care Coverage Assistance

All ADAPs providing access to prescription medications through health care coverage assistance must provide step-by-step calculations of average costs per client, making sure all required data elements for each calculation are clearly identified.

Step 1: Total Health Care Coverage Expenditures:
Add the total amount spent on health care coverage premiums, deductibles, and co-payments/co-insurance in the January 1, 2023 to June 30, 2023 period. This includes amounts spent for ADAP eligible clients who are also eligible for Medicare Part D, including payments for Part D premiums, deductibles, co-payments, and True out of Pocket (TrOOP).

Step 2: Rebate Reduction:
Determine the total amount of manufacturer's rebates received in the January 1, 2023 to June 30, 2023 period on health care coverage deductibles, co-payments/co-insurance, and Medicare Part D TrOOP expenditures.

Step 3: Adjusted 6-Month Total Insurance Cost:
Subtract the total amount of manufacturers' rebates received from the Total Health Care Coverage Expenditures calculated in Step 1. This is your Adjusted 6-Month Total Health Care Coverage Cost.

Step 4: Average Annual Cost per Client for Health Care Coverage Assistance (including COBRA, High Risk Health Insurance Pools, private insurance, State-sponsored insurance, and Medicare Part D):
Divide results from Step 3 by the total number of clients on whose behalf the ADAP paid at least one premium, co-payment/co-insurance, deductible, or TrOOP payment in the January 1, 2023 to June 30, 2023 period. Multiply by two for average annual cost per client for health care coverage assistance.

Example:

The ADAP spent $1,500,000 in the January 1, 2023 to June 30, 2023 period to pay for health care coverage premiums and $300,000 on co-payments/co-insurance, deductibles, and TrOOP, providing assistance to 300 ADAP eligible clients.			
Step 1	Add health care coverage premiums expenditures to expenditures for co-payments/co-insurance, deductibles, and TrOOP.	$1,500,000 + $300,000 = **$1,800,000**	Total 6-Month Health Care Coverage Expenditures
Step 2	Determine the total amount of rebates received by adding the manufacturers rebates received from January 1, 2023 to June 30, 2023 on health care coverage co-payments/co-insurance/deductibles.	**$50,000**	Total 6-Month Rebates Received
Step 3	Total 6-Month Health Care Coverage Expenditures minus Total 6-Month Rebates Received	$1,800,000 - $50,000 = **$1,750,000**	Adjusted Total Health Care Coverage Cost
Step 4	Divide Adjusted Total Health Care Coverage Cost by total clients served. Multiply the Average 6-Month Cost per Client by two to calculate the Average Annual Cost per Client.	$1,750,000/300 = $5,833 $5,833 x 2 = **$11,666**	Average 6-Month Cost Per Client Health Care Coverage Assistance Average Annual Cost Per Client for Health Care Coverage Assistance

Appendix B: Sample Format for ADAP Funding and Utilization Summary for FY 2022

Funding Source	Amount Received	Amount Expended	Amount of Unspent Funds	# of Undupl. Clients Served
ADAP Base				
ADAP Supplemental				
RWHAP Part B Base				
RWHAP Part B Supplemental				
ADAP ERF				
Part A				
State Funds				
Pharmaceutical Rebates				
Carryover				
Program Income				
Other sources (describe)				
Totals for each column				

Appendix C: Sample Format for FY 2024 ADAP Emergency Relief Funds Work Plan

Ryan White HIV/AIDS Program FY 2024 ADAP Emergency Relief Funds (X09) Revised Work Plan Template

Section A. Identifying Information	
Recipient name:	
Person preparing this report:	
Preparer's phone number:	

Section B. Planned Expenditure Summary	
	Amount Budgeted
1. Planned Expenditures by Service Category (Section C)	$0
2. Planned Expenditures by Cost-Containment Measure/Initiatives (Section D)	$0
3. Recipient Administrative Costs (capped at 10%)	
Total Amount Requested:	$0

Section C. Planned Expenditures by Service Category				
Services	Service Unit Description	# of Service Units	# of Clients	Amount Budgeted
1. Purchase ADAP Medications	1 Prescription			
2. Purchase of Health Insurance Premiums	1 Coverage Month			
3. Payment of Medication Co-payments, Deductibles or Co-insurance	1 Payment			
Total Planned Expenditures by Service Category (Reported in Section B):				$0

Section D. Planned Expenditure by Cost-Containment Measure/Initiative		
Cost-Containment Initiative	Date Initiated mm/dd/yy	Amount Budgeted
1.		
2.		
3.		
4.		
5.		
Total Planned Expenditures by Cost-Containment Measure (reported in Section B):		$0

Appendix D: Agreements and Compliance Assurances

FY 2024 Ryan White HIV/AIDS Program ADAP Emergency Relief Funds Awards Agreements and Compliance Assurances

I, the Governor of the State or Territory or his/her official designee for the Ryan White HIV/AIDS Part B Program Grant, _____, pursuant to Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, hereby certify that:

Pursuant to §§ 2616 and 311 of the PHS Act, these funds will be used specifically for the provision of medications and/or cost containment strategies that prevent, reduce, or eliminate an ADAP waiting list in the State or Territory.

These funds and services will be allocated and administered in accordance with the *FY 2024 Part B Ryan White HIV/AIDS Program Agreements and Compliance Assurances* submitted to the Health Resources and Services Administration.

SIGNED: _____ **Title:** _____
Governor or Official Designee

Date: _____