



Health Resources & Services Administration

HIV/AIDS Bureau








Division of State HIV/AIDS Programs

Ryan White HIV/AIDS Program (RWHAP) Access, Care, and Engagement Technical Assistance Center (ACE TA)

Opportunity number: HRSA-25-047



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Before you begin

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

SAM.gov registration (this can take several weeks)

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

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

Grants.gov registration (this can take several days)

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

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

Apply by the application due date

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



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



Step 1:

Review the Opportunity

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Basic information

Health Resources and Services Administration

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Summary

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2025 Ryan White HIV/AIDS Program (RWHAP) Access, Care, and Engagement Technical Assistance Center (ACE TA Center). This cooperative agreement will maintain and strengthen the ACE TA Center to build the capacity of RWHAP recipients and subrecipients to ensure people with HIV understand and use the range of health care coverage options available to facilitate access to and maintain engagement in care.

Funding details

Application type: Competing continuation

Expected total available funding: \$375,000

Expected number and type of awards: 1

Funding range per award: Up to \$375,000

We plan to fund awards in three 12-month budget periods for a total three-year period of performance of July 1, 2025 to June 30, 2028.

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



To help you find what you need this NOFO uses internal links. In Adobe Reader you can return to where you were by pressing Alt + Backspace.



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

Key facts

Opportunity name: Ryan White HIV/AIDS Program (RWHAP) Access, Care, and Engagement Technical Assistance Center (ACE TA)

Opportunity number: HRSA 25-047

Announcement version: New

Federal assistance listing: 93.917

Statutory authority: 42 U.S.C. §§ 243(c), 300ff-26, and 300ff-54(b) (§§ 311(c), 2606 and 2654(b) of the Public Health Service Act)

Key dates

NOFO issue date: December 6, 2024

Application deadline: February 11, 2025

Expected award date: June 1, 2025

Expected start date: July 1, 2025

Eligibility

Who can apply

Types of eligible organizations

These types of domestic* organizations may apply:

- Public institutions of higher education
- Private institutions of higher education
- Non-profits State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and the freely associated states
- Native American tribal governments
- Native American tribal organizations

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

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

Completeness and responsiveness criteria

We will review your application to make sure it meets these 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 notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) Access, Care and Engagement Technical Assistance Center (ACE TA Center), previously funded under Funding Opportunity Number [HRSA-22-024](#). This cooperative agreement will build the capacity of RWHAP recipients and subrecipients to ensure people with HIV understand and use the range of health care coverage options available to facilitate access to and maintain engagement in care.

The funded entity will work collaboratively with Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) on a national scale to achieve the following goals:

- Maximize engagement of people with HIV in health care through increased health literacy on how to access and engage with the health care system, including clinicians, support service providers, and other practitioners.
- Increase awareness and understanding of RWHAP recipients, subrecipients, providers, and people with HIV on how to enroll in and/or utilize health care coverage options available in the evolving health care landscape.
- Identify or develop strategies and messages to promote equitable access to health care coverage options for people with HIV to increase engagement in HIV care and maintain health care coverage through the assistance of outreach workers; health educators; case managers; peer navigators; health care navigators; certified application counselors, other assisters; and administrators.
- Improve health outcomes across the HIV care continuum for people with HIV, including maximizing health care coverage for people aging with HIV.

Background

This program is authorized by the technical assistance (TA) authorities in the RWHAP legislation (codified at title XXVI of the Public Health Service (PHS) Act). The 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 hard-to-reach populations.

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 \(NHAS\) \(2022–2025\)](#)

[Sexually Transmitted Infections National Strategic Plan for the United States \(2021–2025\)](#)

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

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

Expanding the effort

There have been significant accomplishments:

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

Using data effectively

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

We encourage you to:

- Follow the [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs](#).
- Create data-sharing agreements between surveillance and HIV programs.
- Progress towards NHAS goals through integrated data sharing, analysis, and use of HIV data by health departments.
- Complete CD4, viral load, and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems. CDC mandates the reporting of all such data to the National HIV Surveillance System (NHSS).
- Use our interactive [RWHAP Compass Dashboard](#) to visualize reach, impact, and outcomes of the Ryan White HIV/AIDS 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.

Award information

Cooperative agreement terms

Our responsibilities

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

- Make available experienced HRSA personnel to inform, support, or participate in planning, developing, and/or delivering cooperative agreement activities.
- Ensure cooperative agreement activities build upon past progress, needs assessment and evaluation results, success, and lessons learned by providing access to materials and information from previous work in this area.
- Coordinate communication and develop partnerships with personnel from HRSA, other state and federal agencies, including other TA providers focused on equitable access to health care coverage, and other federally funded training and capacity building programs.
- Participate in designing, developing, directing, and/or delivering procedures, strategies, tools, training, TA, and peer learning activities, including the selection of sites to receive targeted training and TA.
- Provide ongoing monitoring and review of the design, development, direction, and/or delivery of cooperative agreement activities, including procedures, evaluation measures, and quality improvement efforts for accomplishing the goals of the cooperative agreement.
- Participate, as appropriate, in conference calls, meetings, and learning sessions that are conducted to support cooperative agreement activities.
- Participate in cooperative agreement trainings, TA, or other meetings with RWHAP recipients, subrecipients, and other stakeholders.
- Review and provide substantive and stylistic input on cooperative agreement materials and activities.
- Inform methods for evaluating the process and outcomes of cooperative agreement activities and use evaluation findings to inform future work.
- Participate in disseminating cooperative agreement activities, progress, and results (e.g., formal, or informal presentations to internal and external stakeholders, presentations at national or regional conferences), including best practices and lessons learned.

Your responsibilities

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

- Track, assess, and keep RWHAP recipients and subrecipients apprised of legislative, regulatory, policy, and programmatic changes in the health care environment, with particular attention to Medicaid, Medicare, and private health care coverage options.
- Assess the training and TA needs of RWHAP recipients and subrecipients related to building capacity for outreach and enrollment of people with HIV into health care coverage options, addressing health literacy, and ensuring equitable access to health care coverage options for people with HIV.

- Establish measures and methods for assessing needs and evaluating the process and outcome of cooperative agreement activities and use findings to improve future work.
- Develop and update culturally appropriate tools, training, and/or TA for RWHAP recipients, subrecipients, and people with HIV to enroll and engage people with HIV in health care coverage.
- Identify, assess, and disseminate best practices pertaining to outreach and enrollment activities implemented by RWHAP recipients and subrecipients that would facilitate health care coverage to support access to health care.
- Work with established networks in both rural and urban areas to continue to train RWHAP recipients and subrecipients, including outreach workers; health educators; community health workers; case managers; peer navigators; health care navigators, certified application counselors, and other assisters; and administrators in healthcare coverage options including enrollment and engagement for people with HIV.
- Market the ACE TA Center and its resources.
- In close collaboration with HRSA HAB, identify or develop strategies and messages to increase client engagement in care and maintain health care coverage through the assistance of outreach workers; health educators; community health workers; case managers; peer navigators; health care navigators, certified application counselors, and other assisters; and administrators.
- Develop culturally appropriate health literacy materials focused on people with HIV and the RWHAP care and treatment system, health care providers, and people with HIV regarding the use of the health care system to improve the health outcomes of people with HIV.
- Identify, assess, and disseminate best practices to facilitate health care coverage for people aging with HIV to support access to health care.
- Develop methods and models for peer learning opportunities across RWHAP recipients and subrecipients, building on and leveraging currently available opportunities (e.g., meetings, conferences).
- Identify and incorporate best practices and innovations in the delivery of virtual training and TA.
- In response to feedback from HRSA HAB and/or RWHAP recipients, subrecipients, and people with HIV, modify approaches to the content, design, and/or delivery of tools, training, and TA to improve their quality, utility, effectiveness, and impact.
- Disseminate promising or best practices, project accomplishments, results from project evaluation activities, and other pertinent information to key stakeholders and constituents.

- Develop a multi-year evaluation plan comprised of both quantitative and qualitative data as well as process and impact outcomes.
- Provide HRSA HAB with a complete, updated, and accessible copy of all federally supported materials, including online content, prepared under this cooperative agreement in an electronic zip file format on an annual basis for the duration of the project period.

Funding policies & limitations

Policies

We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.

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 Project Budget Information in Section 3.1.4 of the [Application Guide](#). You can also see 45 CFR part 75, or any superseding regulation, [General Provisions for Selected Items of Cost](#).
- You cannot earn profit from the federal award. See [45 CFR 75.400\(g\)](#).
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2024, the salary rate limitation is \$221,900. This limitation may be updated.

Program-specific statutory or regulatory limitations

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

- Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, Department of Housing and Urban Development funding for housing services, other RWHAP funding including the AIDS Drug Assistance Program);

- Provision of core medical or support services;
- To directly provide housing or health care services (e.g., HIV care, counseling, and testing)
- Clinical research;
- International travel;
- Pre-Exposure Prophylaxis (PrEP) or non-occupational post-exposure prophylaxis (nPEP) medications or related medical services. As outlined in the June 22, 2016 [RWHAP and PrEP program letter](#), the RWHAP legislation provides grant funds to be used for the care and treatment of people with HIV, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as physician visits and laboratory costs. However, RWHAP Part C recipients and subrecipients may provide prevention counseling and information, which should be part of a comprehensive PrEP program.
- HIV test kits;
- Cash payments to intended recipients of services;
- Syringe Services Programs (SSP) - Purchase of sterile needles or syringes for the purposes of hypodermic injection of any illegal drug. 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;
- Purchase or improvement of land; and
- Purchase of, construction, or major alterations or renovations on any building or other facility ([see 45 CFR part 75 – subpart A Definitions](#)).

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.

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

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Get registered

SAM.gov

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

To register, go to [SAM.gov Entity Registration](#) and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register.

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-25-047.

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

For more information about this opportunity, join the webinar on Wednesday, December 18, 2024, at 2PM ET. You can join at <https://hrsa-gov.zoomgov.com/j/1613031317?pwd=ipKgUJxvDFNPhQaeVxL72kM9lf2aT.1>

If you are not able to join through your computer, you can call in at (833) 568-8864 with meeting ID 161 303 1317, Passcode ATSG6LTm.

We will record the webinar. If you are not able to join live, you can replay it at [TargetHIV](#).

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



Step 3:

Prepare Your Application

In this step

Application contents and format

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Application contents and format

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

Application page limit: 60 pages

Submit your information in English and express 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, color, format, and margins. See the formatting guidelines in Section 3.2 of the [Application Guide](#).

Project abstract

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

Project narrative

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

Use the section headers and the order listed.

Introduction

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

Briefly describe the purpose of your project. Include a discussion showing an expert understanding of the issues related to the activities included in this NOFO among your employees, subcontractors, and any partnering/collaborating organizations.

Describe how the proposed project will address the goals of this cooperative agreement as outlined in this NOFO. Include a discussion that exhibits an expert understanding of health care access, RWHAP recipients' and subrecipients' capacity for outreach and enrollment, health equity, health literacy, and program evaluation. Include how you will address the intended national scope of this announcement. Also, include a discussion that exhibits expertise in nationwide collaborations with state and federal agencies and national organizations, including other TA providers focused on equitable access to health care coverage, relevant for the purpose of this NOFO, and program evaluation.

Need

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

- Describe your understanding of and relevant work related to the [National HIV/AIDS Strategy \(NHAS\)](#) and the HIV care continuum. Describe the current state of health care access outreach and enrollment activities for people with HIV nationwide and provide an assessment of the challenges and strategies that may affect the TA work.
- Describe how you will assess, in collaboration with HRSA, best practices for outreach and enrollment to engage people with HIV in health care coverage options, equitable access to health care coverage, and increased health literacy of the RWHAP recipients, subrecipients, and clients regarding use of the health care system to improve the health outcomes of people with HIV. Use and cite data whenever possible to support the information provided. Discuss any relevant barriers the proposal hopes to overcome as well as any challenges in meeting the expectations identified by HRSA.

Approach

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

- Tell us how you'll address the stated purpose and goals and meet each of the [recipient responsibilities](#) listed in this NOFO. Include innovative strategies, procedures, and activities for collaborating meaningfully with HRSA HAB, CDC Division of HIV/AIDS Prevention (DHAP), and other state and federal agencies. This includes other TA providers focused on equitable access to health care coverage

and programs; efficiency implementing the proposed project; and effectiveness in meeting purpose and goals of the cooperative agreement.

- Discuss why the approach chosen is appropriate for this project. Discuss how the chosen approach aligns with the overview provided in the Need section and will contribute to the success of the proposed project over the entire period of performance.

High-level work plan

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

- Describe how you'll achieve each of the objectives during the period of performance. Include methods for assessing TA needs, updating existing tools, and training, developing new tools and training, project implementation, dissemination, training of recipients, sustainability, evaluation, and meaningful collaboration. Be sure all methods discussed in the Approach section are included and appropriately described in the work plan. Identify the type and number of resources to be developed (e.g., tools, trainings, TA opportunities) and appropriate milestones (e.g., a significant or important event in the project period).
- Develop a time-framed and measurable work plan in table format that corresponds with the work plan narrative and include as **Attachment 1**. The work plan table should identify for each project activity and the specific action steps, intended target population(s) including people aging with HIV, measurable outcome(s), targeted end date, and person(s) responsible for implementation. The work plan must include goals, objectives, and outcomes that are SMART (specific, measurable, achievable, realistic, and time measurable). The work plan must include the goals, objectives, and action steps for the entire three-year period of performance and be broken out by each year of the project.

Resolving challenges

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

Discuss challenges that you're likely to encounter in designing and carrying out the activities in the work plan. Explain approaches that you will use to resolve them.

Discuss challenges with partner organizations, identified resources, effectively addressing identified health inequities, health literacy, and processes for maintaining engagement of national and local participants.

Performance reporting and evaluation

See merit review criteria 3: [Evaluation Measures](#) & 5: [Resources & Capabilities](#)

- Describe the anticipated or intended outcome or impact of proposed activities on RWHAP recipients, subrecipients, and people with HIV. Discuss your plan for the program performance evaluation, including process, outcome, and/or impact evaluation. Describe how the proposed evaluation plan will allow you to determine whether you were successful in realizing this anticipated or intended outcome or impact.
- Describe how you will monitor processes, track progress toward fulfilling the goals and objectives of the project, modify objectives as needed, and measure outcomes over time. Identify specific performance measures and corresponding benchmarks you'll use to support process, outcome, and/or impact evaluation. Identify the data collection and analytical strategies, methods, systems, tools and/or techniques that you'll use. Describe how you'll share with key stakeholders and/or broadly disseminate evaluation findings, best practices, and/or accomplishments to advance work in this area. Describe how you'll use evaluation findings to support continuous quality improvement across project activities and throughout the entire period of performance.
- Describe the current experience, technical knowledge, and skills of employees or contractors who will implement the program performance evaluation, and identify any materials published and previous work of a similar nature.

Organizational information

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

- Describe the ability, capacity, expertise, and experience held by your organization and any subcontractors/partners/collaborators to fulfill the stated purpose and the recipient responsibilities listed in this NOFO. Describe past performance managing collaborative federal grants at the national level. Include examples of completed resources from past projects. You should demonstrate a minimum four-year story of experience doing work directly related to the proposed project on a national scale.
- Provide a staffing plan and job descriptions for key personnel as **Attachment 2**. Provide biographical sketches of key personnel as **Attachment 3**. The staffing plan, job descriptions, and biographical sketches should support the narrative description of your ability, capacity, expertise, and experience described in the narrative.
- Briefly describe your mission, structure, and the scope of your current activities. Explain how they support your ability to carry out the program requirements.

Include a project organization chart as **Attachment 5**. The organizational chart should be a one-page figure that depicts the organizational structure of only the proposed activities to be funded through this cooperative agreement, not the entire organization. It should include subcontractors and other significant partners/collaborators.

- Provide any relevant letters of agreement or contract documents exhibiting partner commitment to the proposed project as **Attachment 4**. Applications proposing partners/collaborators must provide information on how you will monitor and assess performance by partner organizations, and how the individual efforts of the partner organization help to implement the activities in the cooperative agreement's overall work plan.

NOTE: Applicants have the option to submit proposals with collaborating organizations if the partnership enhances the capability and approach of the cooperative agreement purpose and goals. You must clearly demonstrate that you and any partners bring the following experience and expertise:

- ensuring equitable access to health care coverage options for people with HIV, and
- providing health literacy trainings and technical assistance, and
- disseminating enrollment health care coverage options at the state, local health department, and HIV service provider levels, and
- conducting program evaluation.

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 [supplies](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

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

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

As you develop your budget, consider:

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

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

In addition, the RWHAP ACE TA Center program requires the following:

- Project Activity Budget. You must submit a separate program-specific line-item budget for each year of the three-year period of performance. Upload this budget as **Attachment 8**.

Note: If indirect costs are included in the budget, please attach a copy of your organization's indirect cost rate agreement as **Attachment 9**. Indirect cost rate agreements will not count toward the page limit.

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

Counts toward page limit.

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

Attachment 2: Staffing plan and job descriptions

Counts toward page limit.

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. It must include the role, responsibilities, and qualifications.

Attachment 3: Biographical sketches

Does not count towards the page limit.

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

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

Attachment 4: Agreements with other entities

Counts toward page limit.

Provide any documents that describe working relationships between your organization and others you refer to in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of the contractors and any deliverable. Make sure you sign and date any letters of agreement. If letters of support are required for eligibility, include them in this attachment. Letters of support must be dated and specifically indicate a commitment to the project/program (e.g., in-kind services, dollars, staff, space, equipment).

Attachment 5: Project organizational chart

Counts toward page limit.

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

Attachment 6: Tables and charts

Counts toward page limit.

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

Attachment 7: Program Specific Line-Item Budget

Does not count in the page limit.

You must submit a separate program-specific line-item budget with a separate budget for each year of the three-year period of performance. NOTE: HRSA recommends that you convert the budget or scan it into PDF format for submission. Do not submit Excel spreadsheets. Please submit the line-item budget in table format. The budget should include personnel name and title, fringe benefits, total personnel costs, consultant costs by individual consultant, supplies, staff travel, other expenses by individual expense, total direct costs, indirect costs, and total costs. Include annual salary and total project full-time equivalent (FTE).

Attachment 8: Indirect Cost Rate Agreement, if applicable

Does not count in the page limit.

If indirect costs are included in the budget, please attach a copy of your organization's federal indirect cost rate agreement or a statement that your organization elects to charge a *de minimis* rate of up to 15 percent of the modified total direct costs.

Attachment 9-15: Other Relevant Documents

Does not count in the page limit.

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

Other required forms

You will need to complete some other forms. Upload the 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

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Application review

Initial review

We review each application to make sure it meets eligibility criteria, including [completeness and responsiveness](#) criteria. If your application does not meet these criteria, it will not be funded.

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

Merit review

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

Criterion	Total number of points = 100
1. Need	15 points
2. Response	35 points
3. Evaluation measures	5 points
4. Impact	15 points
5. Resources & capabilities	25 points
6. Support requested	5 points

Criterion 1: Need (15 points)

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

The panel will review your application for how well it:

- Describes the problem and its contributing factors.
- Demonstrates an understanding of the issues related to enrolling and engaging people with HIV in health care options, ensuring equitable access to health care coverage options for people with HIV, maximizing health care coverage for people aging with HIV, and increasing the health literacy of RWHAP recipients, subrecipients, and clients regarding use of the health care system to improve the health outcomes of people with HIV.
- Exhibits expertise in nationwide collaborations with state and federal agencies, including other TA providers focused on equitable access to health care coverage and national organizations.

- Demonstrates a thorough understanding of the HIV care continuum, the NHAS, and the current state of health care coverage options, and provides an assessment of the challenges and strategies that may impact the TA work.
- Demonstrates a thorough understanding of strategies and practices to address disparities in access to health care coverage.
- Demonstrates a thorough understanding of existing health literacy modalities and best practices to assist providers serving people with HIV through TA.

Criterion 2: Response (35 points)

See Project Narrative [Approach](#), [Work Plan](#), and [Resolving Challenges](#) sections.

Approach (20)

The panel will review your application for the strength of:

- The proposed project in relation to the overall goal of providing TA and tools to RWHAP recipients and subrecipients. The strength of the TA and tools to increase their capacity to enroll and engage people with HIV in health care coverage options, ensure equitable access to health care coverage options for people with HIV, maximize coverage for people aging with HIV and to increase the health literacy of RWHAP recipients, subrecipients, and clients.
- The proposed methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations.
- The proposed process for developing effective tools and strategies for collaboration, TA modalities, and how the utilization of the tools, strategies and TA modalities will meet the goals of the cooperative agreement.

Work Plan (10)

The panel will review your application for how well:

- The work plan includes clear and realistic goals and objectives for each year of the three-year project period that will meet the requirements of the program and corresponds to the described methodology.
- The activities of the work plan are measurable and achievable. How well the work plan includes project activity, action steps, intended population of focus, to include people aging with HIV, measurable outcomes, target end dates and the person(s) responsible for each step during each year of the three-year project period.
- The work plan includes goals, objectives, and outcomes that are SMART (specific, measurable, achievable, realistic, and time measurable), and includes appropriate milestones of any products to be developed.

- The proposed work plan for assesses best practices for enrollment in health care coverage options and determining which entities may need TA.

Resolution of Challenges (5)

The panel will review your application for how well the applicant demonstrates an understanding of challenges:

- They are likely to encounter in designing and implementing the activities described in the work plan, and approaches that they will use to resolve such challenges.
- Of working with partner organizations and identified resources, and processes for maintaining engagement of national and local participants.

Criterion 3: Performance reporting and evaluation (5 points)

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

The panel will review your application for:

- The strength of the proposed plan for program performance evaluation and continuous quality improvement.
- The extent that the evaluation plan monitors ongoing processes and the progress towards the goals and objectives of the project.
- The strength and feasibility of the proposed methods staff will employ to ensure that proposed activities are being successfully documented and completed, based on the overall work plan.
- The strength and feasibility of proposed performance measures and benchmarks for process and outcome evaluation.
- The strength of the proposed data collection strategy to collect, analyze, and track data to measure process and impact/outcomes and explain how the data will be used to inform program development in the subsequent activities of the project.
- The extent that the applicant demonstrates an understanding of any potential obstacles for implementing the program performance evaluation and how they will address those obstacles.

Criterion 4: Impact (15 points)

See Project Narrative High-level [Work Plan](#) section.

The panel will review your application for:

- The strength of the proposed process and outcome measures in the work plan to assess the impact of activities on the HIV care continuum and the NHAS.
- The strength of the proposed method for disseminating best practice models, methodologies, project accomplishments, and results.
- The extent to which the applicant demonstrates how developed tools, resources and approaches used will provide continuing TA to HRSA recipients and subrecipients.

Criterion 5: Resources & capabilities (25 points)

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

The panel will review your application to determine:

- The strength of the applicant organization's current mission and structure, and scope of current activities in relation to the proposed project.
- The strength and clarity of the project organizational chart depicting the proposed TA activities to be funded through the cooperative agreement including any subrecipients and other significant partners/collaborators (**Attachment 5**).
- How well the applicant demonstrates experience related to working with RWHAP recipients and subrecipients, and key stakeholder organizations; providing TA and creating TA modules and materials; and supporting peer learning opportunities across RWHAP recipients and subrecipients to realize RWHAP care and treatment system level changes.
- How well the applicant clearly demonstrates that the applicant and any partners bring experience and expertise in health literacy, ensuring equitable access to health care coverage options for people with HIV, maximizing coverage for people aging with HIV and enrollment in health care coverage options at the local and state health department levels and at HIV service provider levels.
- The strength of the proposed methods to monitor and assess performance methods and activities being completed by partner organizations and how the individual efforts of the partner organization(s) help to implement the activities in the cooperative agreement overall work plan.
- The strength of the expertise of staff as it relates to the program requirements.

- The strength of the organizational capacity of any partner organizations and specific areas of organizational expertise.
- How well the applicant demonstrates expertise in nationwide collaborations with state and federal agencies, including other TA providers focused on equitable access to health care coverage and national organizations.
- How well the applicant demonstrates expertise in program evaluation.
- How well the applicant demonstrates significant experience developing and disseminating TA.

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 three-year period of performance in relation to the objectives and the anticipated results.
- If costs, as outlined in the budget and required resources sections, are reasonable and align with the scope of work.
- If key staff have adequate time devoted to the project to achieve project objectives.
- If you provide clear justification of proposed staff, contract, and other resources.

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

Risk review

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

- Review any applicable past performance
- Review audit reports and findings
- Analyze the cost of 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 over \$250,000. 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 agency-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 prime 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

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Application submission & deadlines



Have questions? Go to [Contacts & Support](#) if you need help.

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

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

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

Deadlines

You must submit your application by February 11, 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.

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. Program specific line-item budget		No
8. Indirect cost-rate agreement		No
9. Other relevant documents		No
10. Other relevant documents		No
11. Other relevant documents		No
12. Other relevant documents		No
Other required forms	Upload using each required form.	
Application for Federal Assistance (SF-424)		No
Budget Information for Non-Construction Programs (SF-424A)		No

Component	How to Upload	Included in page limit?
Disclosure of Lobbying Activities (SF-LLL)		No

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



Step 6:

Learn What Happens After Award

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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).
- 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](#).
- See the requirements for performance management in [2 CFR 200.301](#).

Non-discrimination legal requirements

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

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

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

Executive Order on Worker Organizing and Empowerment

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

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

Cybersecurity

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

- You have ongoing access to HHS information or technology systems.
- You handle 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:

- Progress reports Choose an item.
- Annual performance reports through [Electronic Handbooks](#).



Contacts & Support

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Agency contacts

Program and eligibility

CDR Cara Kenney

Division of State HIV/AIDS Programs

HIV/AIDS Bureau

Health Resources and Services Administration

Email your questions to this program's in-box: ckenney@hrsa.gov

Call: 301-443-0927

Financial & budget

Beverly Smith

Grants Management Specialist

Division of Grants Management Operations, OFAM

Health Resources and Services Administration

Email your questions to this program's in-box: bsmith@hrsa.gov

Call: 301-443-7065

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email support@grants.gov. Hold on to your ticket number.

SAM.gov

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

Helpful websites

- [HRSA's How to Prepare Your Application page](#)
- [HRSA Application Guide](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Access, Care, and Engagement Technical Assistance Center \(ACE TA\)](#)
- [Best Practices Compilation](#)
- [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 \(IHIP\)](#)
- [AIDS Education Training Center Program – National Coordinating Resource Center](#)