HRSA
Health Resources & Services Administration

HIV/AIDS Bureau

Division of Community HIV/AIDS Programs

Ryan White HIV/AIDS Program Part D - Women, Infants, Children and Youth (WICY) Grant Supplemental Funding

Opportunity number: HRSA-25-050

Contents

Before you begin

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

SAM.gov registration (this can take several weeks)

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

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

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

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on February 10, 2025.

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

Step 1:
Review the Opportunity

In this step

Basic information

Health Resources and Services Administration

HIV/AIDS Bureau

Division of Community HIV/AIDS Programs

This program supports current RWHAP Part D recipients to carry out one short-term activity that can be completed by the end of the 1 year period of performance.

Summary

Funding under this program supports current RWHAP Part D recipients to carry out one short-term activity that can be completed by the end of the 1 year period of performance.

Funding detail

Application type: Competing Supplement

Expected total available FY 2025 funding: $3,000,000

Expected number and type of awards: 25 grants

Funding range per award: up to $200,000 per organization

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

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

Have questions? Go to **Contacts & Support**

Key facts

Opportunity name: Ryan White HIV/AIDS Program Part D - Women, Infants, Children and Youth (WICY) Grant Supplemental Funding

Opportunity number: HRSA-25-050

Announcement version: New

Federal assistance listing: 93.153

Statutory authority: 42 USC §§ 300ff-71 and 300ff-121 (§§ 2671 and 2693 of the Public Health Service Act).

Key dates

NOFO issue date: December 10, 2024

Informational webinar: December 17, 2024

Application deadline: February 10, 2025, at 11:59 p.m. Eastern Time (ET)

Expected award date is by: August 1, 2025

Expected start date: August 1, 2025

See other submissions for other time frames that may apply to this NOFO.

Eligibility

Who can apply

You can apply if you are a current recipient funded under the following:

- HRSA-22-037 Ryan White HIV/AIDS Program Part D, Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Existing Geographic Service Areas
- HRSA-22-156 Ryan White HIV/AIDS Program Part D, Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Limited Existing Geographic Service Areas

Other eligibility criteria

None.

Completeness and responsiveness criteria

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

We will not consider an application that:

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

Application limits

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

Cost sharing

This program does not have a cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. We will hold you accountable for any funds you add, including through reporting.

Program description

Purpose

The purpose of this additional funding is to increase access to high quality family-centered HIV health care services for low-income women, infants, children, and youth, commonly abbreviated as WICY.

HRSA intends funding under this program to support one short-term activity that can be completed by the end of the one-year period of performance. You may propose an expansion of an activity previously supported under the FY2023 or FY2024 RWHAP Part D Supplemental funding (HRSA-23-050; HRSA-24-061) or Part C Capacity Development funding (HRSA-23-052; HRSA-24-062) for either an HIV Care Innovation or Infrastructure Development activity; however, HRSA will not fund the same activity in FY 2025 as HRSA funded previously in FY 2023 or FY 2024. If the proposed project is an expansion of a previously funded activity, you must provide a clear rationale for how the proposed activity builds upon and furthers the objectives of the previously funded activity.

Background

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

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

This continuum also helps programs and planners measure progress and use resources effectively. We require you to assess your outcomes and work with your community and public health partners to improve outcomes across the HIV care continuum. To assess your program, review HRSA's Performance Measure Portfolio.

Strategic frameworks and national objectives

To address health challenges faced by low-income people with HIV, using national objectives and strategic frameworks is crucial. These frameworks include:

- Healthy People 2030
- National HIV/AIDS Strategy (NHAS) (2022–2025)
- Sexually Transmitted Infections National Strategic Plan for the United States (2021–2025)

- Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025)

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

Expanding the effort

There have been significant accomplishments of the RWHAP:

- From 2018 to 2022, HIV viral suppression among Ryan White program clients 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 RWHAP Annual 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 program and to inform planning and decision making. The dashboard gives you a look at national, state, and metro area data and displays client demographics, services, outcomes, and viral suppression. It also includes data about clients in the AIDS Drug Assistance Program (ADAP).

- Develop data-sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden.
- Use electronic data sources to verify client eligibility when you can. See Policy Clarification Notice 21-02, [Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program](#).

Program resources and innovative models

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

Program requirements and expectations

You may submit a proposal for only one of the following two categories and select one activity under your selected category. Note that if you choose the Infrastructure Development category, there is only one available activity:

- HIV Care Innovation:
  - [Strategic Partnerships](#)
  - [Doula services](#)
  - [Streamlining eligibility for Ryan White Program services](#)
  - [Inclusive care for underrepresented communities with disproportionately high rates of HIV](#)
  - [Implementing evidence-informed interventions](#)
  - [Intimate partner violence screening and counseling](#)
- Infrastructure Development:
  - [Electronic health record and data coordination](#)

A description of the activities by category is below.

HIV Care Innovation activities

Activity: Strategic Partnerships

Background

Strategic, non-traditional partnerships are vital for the success of the Ryan White HIV/ AIDS Program in addressing the complex challenge of re-engaging women with HIV who have fallen out of care and early linkage to prenatal care. By strengthening partnerships with organizations beyond the traditional healthcare setting—such as faith-based groups, fraternities and sororities, housing and employment services, educational institutions, domestic violence and family service organizations, mental

health, and social service agencies—the program can access hard-to-reach populations and provide a more whole person care support system. These collaborations can help identify and address barriers to care, such as stigma, transportation, childcare, and economic instability, which disproportionately affect women with HIV. By leveraging the trust and reach of these non-traditional partners, the program can create more effective, culturally competent, and sustainable pathways to re-engagement, ensuring that women with HIV receive the comprehensive, family-centered care they need to achieve optimal health outcomes.

Directions

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

Partnership Development

- Craft and execute a plan to collaborate with strategic, non-traditional partners (e.g. faith-based organizations, OB/GYNs, midwives, emergency rooms, etc.) that focus on maternal health and HIV/AIDS to engage and/or re-engage women with HIV into care or provide early linkage to prenatal services. The plan should describe how this partnership will address existing or emerging obstacles to care and how the partnership will strengthen your capacity to meet the continuum of maternal health service needs for people with HIV. Develop Memorandums of Understanding (MOUs) or partnership agreements to outline roles, responsibilities, plans for managing services via referrals and linkage to care, and shared goals with these non-traditional partners.

- Develop and maintain a robust network of culturally responsive referral partnerships that include but are not limited to Title V programs, health care providers, mental health services, doulas, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), education and vocational training programs and organizations addressing housing and food insecurity. The partnerships should focus on identifying shared goals, and executing activities that improve coverage, access, and quality of services to women with HIV.

Training and Capacity Building

- Train community health workers and/or peer navigators from the community, such as members of faith based organizations with skills to identify and engage priority populations and women with HIV, emphasizing culturally competent care and confidentiality. You can also train peers, especially those with lived experience, to provide support and navigate care systems, offering mentorship and fostering trust within the community.

- Hire a Strategic Partnerships Lead to meet, discuss, and identify maternal and child health-related partners, establish partnerships, educate partners on the RWHAP Part D, and to oversee and implement the partnership plan.
- Develop and promote tools, trainings, and resources for maternal and child health professionals, community organizations, families, state Title V agencies, Healthy Start Programs, and other maternal and child health programs on working with priority populations with HIV and their affected family members.

Implementation of Evidence-Based Programs

- Establish and implement pregnancy and child-birth evidence-based support groups or programs, focusing on prenatal care, mental health, and coping strategies for people with HIV and their affected family members.
- Establish and implement pregnancy case management models focusing on monitoring and tracking pregnant people throughout the course of their pregnancy, and post-partum to ensure linkage back to primary HIV medical care.

Activity: Doula services

Background

Improving maternal and infant health are HRSA priorities and are connected to the implementation of government-wide strategies to combat maternal mortality and morbidity, as well as the HRSA Enhancing Maternal Health Initiative. This includes supporting programs or activities that result in:

- a more representative maternal care workforce
- better access to doulas and midwives to improve outcomes for people with HIV before, during, or after pregnancy

A doula is a professional trained in childbirth who provides emotional, physical, and educational support to a person who is expecting, is experiencing labor, or has recently given birth.

Additionally, a postpartum doula provides evidence-based information on topics such as:

- Infant feeding
- Emotional and physical recovery
- Bonding
- Infant soothing
- Basic newborn care

Directions

If you select this activity, it must address one of the following two components which are critical to the provision of doula care for people with HIV and their families, **and** address at least one or more of the stages of the HIV care continuum:

Funding a doula to provide supportive services before, during, and after pregnancy to:

- Provide effective and culturally responsive pregnancy and childbirth education, early linkage to health care and social services, labor coaching, and encouraging parental attachment.

- Provide patient advocacy and support to clients during the prenatal, birth and postpartum period (within 3 months after birth) to ensure their voices, needs and decisions are being heard.

- Assist in the navigation of the health care system during pregnancy and postpartum by linking clients to support services, including mental health support.

- Assist with infant feeding options, particularly with the 2023 update to the Perinatal HIV Clinical Guidelines.

- Assist in the support and education of pregnant and postpartum clients in the following of their HIV indeterminate infants.

- Provide education and support in the prevention of perinatal transmission during and after pregnancy.

Conducting outreach and building partnerships

- Activities in this category should address how doulas can conduct outreach and build partnerships with community-based organizations to engage and recruit people with HIV to engage with this program.

- Additional activities include educating clients on the role of doulas during the prenatal, birth and postpartum periods.

Additional Notices

- The Ryan White HIV/AIDS Program is the payor of last resort.

- Some states provide partial or full Medicaid reimbursement for doula services.

- It is the responsibility of the applicant to stay up to date on third party payor coverage of doula services and federal, state, and local programs that provide doula services in their service area and state.

- Additionally, some states have qualification standards for doulas (including training and certification requirements) to receive reimbursement from a state's Medicaid program.

- Applicants can use the National Academy for State Health Policy's resource on the current state of doula Medicaid Implementation and the HRSA Maternal and Child

Health Bureau's Healthy Start Community-Based Doulas Supplemental Awardees for FY 2021 and FY 2022 as some of the resources for current coverage and training and certification requirements.

Activity: Streamlining eligibility for Ryan White Program services

Background

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

Available sources of data that could verify eligibility are:

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

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

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

Directions

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

- Ryan White Program recipient organizations
- Care delivery systems
- Income based federal programs such as:
  - Health Information Exchanges
  - Medicaid
  - Supplemental Nutrition Program for Women, Infants and Children
  - Healthy Start

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

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

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

Background

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

Directions

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

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

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

Didactic Training and Education

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

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

- Activities in this category should include activities that facilitate an inclusive infrastructure of care.
- Examples may include modifying existing electronic health records (EHR), medical intake, or registration forms to be more inclusive and integrating social determinants of health (SDOH) data into EHR systems.

- These activities can assist clinicians in providing more precise health and social risk assessments, making predictions about health care utilization and outcomes in underrepresented communities with disproportionately high rates of HIV, and in providing tailored clinical care.
- This activity may include other structural approaches such as integrating other services that support inclusive care, e.g. onsite pharmacy care, developing referral mechanisms and facilitating referrals to other medical and social support services that support person-centered care for underrepresented communities with disproportionately high rates of HIV.
- This activity may include strategies that create a more physically inclusive and supportive infrastructure.

Activity: Implementing evidence-informed interventions

Background

The NHAS identifies priority populations to reduce disparities and improve HIV outcomes, specifically to include RWHAP Part D WICY populations. The NHAS recommends using viral suppression rates as a disparities indicator because increasing and maintaining viral suppression affects HIV-related deaths and transmissions. Ryan White Program Part D recipients are expected to provide evidence-informed interventions that drive better health outcomes.

Directions

If you select this activity, you must select an evidence-informed intervention that aims to improve outcomes for priority WICY populations with HIV.

This activity may include:

- Training and educating staff on a specific intervention.
- Purchasing materials to implement an intervention such as a curriculum or manual, office supplies necessary to implement the intervention, educational packets or kits, etc.
- Strategic communication activities to promote and raise awareness of an intervention.
- Collecting and tracking performance measures to make continuous quality improvements and adaptations, if necessary.
- Evaluating performance measures and health outcomes.
- Establishing processes and procedures such as handling missed visits, recapturing patients lost to care, screening for social determinants of health needs that may inhibit retention in care, or tracking pregnant patients referred out for maternal care and the process for ensuring that those patients return to HIV medical care after delivery, etc.

The proposed intervention must address one or more of the stages of the HIV care continuum for WICY with HIV.

You should choose an intervention from the following resources, which are a library of evidence-informed interventions. Note: that you must specify the intervention and resource library used to identify the intervention in the application.

- Best Practices Compilation
- Compendium of Evidence-Informed Approaches to Improving Health Outcomes for People Living with HIV
- Dissemination of Evidence-Informed Interventions
- Evidence-Informed Interventions
- Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention

Activity: Intimate partner violence screening and counseling

Background

There is an intersection between people who experience Intimate Partner Violence (IPV) and HIV risk and barriers to HIV care and treatment. In addition, pregnant women are more likely to experience IPV throughout the course of their pregnancy; thereby increasing their risk for adverse pregnancy outcomes. Addressing IPV's impact on health requires compassionate patient-centered and trauma-informed services and organizations.

Directions

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

The activity must address one or more of the stages of the HIV care continuum.

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

Infrastructure Development activity

Activity: Electronic health record and data coordination

Background

Coordination and integration of Electronic Health Record (EHR) systems with HIV data can reduce double entries and improve accuracy of data collection and reporting.

Directions

Activities in this category can include the purchase of software to interface CAREWare (or other HIV data collection systems) with existing electronic health records to:

- Improve accuracy and efficiency in data collection and reporting.
- Create mapping and workflows to reduce administrative burden.
- Verify and cleanse data.
- Test and verify historical and new data.
- Integrate oral and primary health EHR systems.
- Secure consultant services on system integration and coordination.

The proposed activities in this category must be used to enhance or expand an organization's existing EHR system to improve the quality, safety, and efficiency of patient health care for WICY with HIV.

This activity cannot be used for the purchase of an EHR system.

HAB requires that any EHR component purchased, in whole or in part, with federal funds meet the Office of the National Coordinator for Health Information Technology (ONC) requirements for certification.

To improve the quality of clinical data collected, HAB further requires that any EHR or EHR component be configured to report appropriate clinical data electronically for HAB reporting. More information can be found on ONC's website, HealthIT.gov, linked here.

Award information

Funding policies and limitations

Policies

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

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).

- The salary rate limitation imposed by the current appropriations act applies to this program. As of January 2024, the salary rate limitation is $221,900. Note this limitation may apply in future years and will be updated.

Program-specific limitations

You cannot use funds under this notice for the following:

- Funding restrictions included in PCN 16-02

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

- To directly provide housing or health care services (e.g., HIV care, counseling and testing) that duplicate existing services

- Payments for clinical research

- Payments for nursing home care

- Cash payments to intended clients of RWHAP services

- Purchase or improvement to land

- Purchase, construction, or major alterations or renovations on any building or other facility (see 45 CFR part 75 – subpart A Definitions)

- PrEP or non-occupational Post-Exposure Prophylaxis (nPEP) medications or the related medical services. As outlined in the updated November 16, 2021 RWHAP and PrEP program letter, the RWHAP statute provides grant funds to be used for the care and treatment of people with HIV, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as clinician visits and laboratory costs. RWHAP Part D funds can be used toward psychosocial support services, a component of family-centered care, which may include counseling and testing and information on PrEP to eligible clients' partners and affected family members, within the context of a comprehensive PrEP program.

- Purchase of sterile needles and syringes for the purpose of hypodermic injection of any illegal drug use. Some aspects of syringe services programs are allowable

with HRSA's prior approval and in compliance with HHS and HRSA policy. See Syringe Services Programs.

- Development of materials designed to directly promote or encourage intravenous drug use or any type of sexual activity.
- Research
- Foreign travel
- Long-term activities; instead, the activities should be short-term in nature with a targeted completion by the end of the one-year period of performance.

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

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

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

Indirect costs

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

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

In this step

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

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

Grants.gov

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number HRSA-25-050.

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 December 17, 2024 at 2:00pm – 4:00pm ET.

If you are not able to join through your computer, you can call in at 1-833-568-8864.

meeting ID: 160 870 9309

Passcode: 03658406.

We will record the webinar. If you are not able to join live, you can replay here.

Have questions? Go to Contacts and Support.

Step 3:
Write Your Application

In this step

Application contents and format

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

Application page limit: 25 pages

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

Make sure you include each of these:

Components	Submission format	Included in the 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 the Other Attachments form	Yes, unless otherwise marked.
Other required forms	Upload using each required form	No

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.

In addition, please name your project title "FY 2025 RWHAP Part D WICY Supplemental Funding" and include the following information:

- Identification of the category (HIV Care innovation or Infrastructure Development) and the selected activity.
- A summary of the proposed activity and its intended impact to improve or expand access to HIV primary care or supportive services for low-income WICY with HIV.

- A statement noting if the proposed project is an expansion of a previously funded activity, if applicable.
- The funding amount requested for the one-year period of performance.

Project narrative

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

Use the section headers and the order listed.

Introduction

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

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

Need

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

For HIV Care Innovation activities only:

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

- You must clearly define the numerator and the denominator for each stage. Use the same numerators and denominators as outlined in the [HAB Performance Measure Portfolio](#).

- Discuss any relevant barriers in the service area that the project hopes to overcome.

- Use and cite demographic data whenever possible.

For the Doula Services activity only: discuss how doula support will be beneficial to your priority population and any anticipated barriers providing doula services to your target population.

For Streamlining RWHAP Eligibility only:

- You should describe the method(s) you will use to conduct a local/regional systems assessment of RWHAP recipient organizations, care delivery systems, and/or income based federal programs, to identify current administrative systems, electronic data sources, and tools utilized to determine client eligibility, confirm eligibility, and obtain client consent.

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

For the Infrastructure Development activity only:

- Outline the community or organization's needs you plan to address.

- Describe the gaps in organizational capacity that exist due to current limitations in system infrastructure. Include alterations you have made to the current service delivery system and how lessons learned will be applied to this activity.

- Provide information specific to the selected activity and describe how these gaps or limitations are affecting the optimal provision of quality HIV primary care services and/or affecting your organization's ability to optimize your response to the changing health care landscape. Discuss any relevant barriers in the service area that the project hopes to overcome.

Approach

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

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

- Describe how you will engage WICY with HIV and/or organizations that represent them in the implementation of this activity, including decision-making.

- Discuss how you will carry out your activity.

- Include the partners and/or agencies or programs you will work with on your proposed activity, if applicable.

- Identify the tasks each partner will perform and the amount of funding, if any.
- Include letters of agreement and/or memoranda of understanding from each partner and/or collaborating agency or agencies as Attachment 6.
- Describe how you intend to share relevant information, lessons learned, and products developed through your funded activity with other providers in the community or collaborators to your project.
- Propose a plan for continuing the project when federal funding ends. We expect you to keep up key strategies or services and actions that have led to improved practices and outcomes for women, infants, children, and youth with HIV.
- If you chose the evidence-informed interventions, specify the intervention proposed. This requirement does not apply to any other activity.

High-level work plan

See merit review criteria 2: Response & 4: Impact

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

Resolving challenges

See merit review criterion 2: Response

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

Performance reporting and evaluation

See merit review criteria 3: Evaluation measures & 5: Resources & capabilities

Outcomes

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

Performance Measurement and Reporting

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

- **For the Strategic Partnerships activity only:** track at minimum, the following measures for the period of performance:

    - Partnership Development

        - The number of strategic partnerships and types of organizations

        - The number of signed MOUs

    - Implementation of Evidence-Based Programs – the number of pregnant women with HIV and people with HIV in the Evidence Based Programs

- **For the Doula Services activity only:** track at a minimum, the following measures for the period of performance:

    - The number of hired or contracted doula(s)

    - The number of RWHAP Part D clients and affected family members that receive doula services and the type of service received

    - The period(s) of support the services were provided (e.g. prenatal, birth, and/or postpartum)

Program Evaluation

- Describe the evaluation plan that will be used to monitor ongoing processes and progress toward the goals and objectives. Describe barriers and your plan to overcome them.

- If applicable, describe your plan to evaluate how the project performs and how the results will contribute to your program's clinical quality management (CQM) program.

- Discuss how CQM of this activity contributes to the CQM goals of your RWHAP Part D WICY program.

Organizational information

See merit review criterion 5: Resources & capabilities

- Briefly describe the organizational skills, capabilities, and resources, including staff that will contribute to your organization's ability to carry out the proposed activity.

- Highlight key staff with relevant expertise and experience with similar work. This information should align with the staffing plan provided in Attachment 2 and the biographical sketches of key personnel provided in Attachment 3.

- Describe the organizational resources that you'll use to sustain, without additional funds from the federal government, the project activities or enhancements supported by this award beyond the one year period of performance.

- Describe your experience with the fiscal management of grants and contracts. Include information on your organization's experience managing multiple federal grants.

- Discuss the organization's ability to secure agreements with community-based organizations, health care providers, and consultant services. Additionally, briefly discuss the organization's ability to recruit and hire staff or contract staff within a reasonable timeframe to compete project activities.

- If selecting doula services, please provide the following information:
  - Whether the doula(s) is hired as a full-time employee or as a contractor
  - Your organization's recruitment plan to hire or contract doulas.

Budget and budget narrative

See merit review criterion 6: [Support Requested](#)

The **budget** should follow the instructions in Section 3.1.4. Project Budget Information - Non-Construction Programs (SF-424A) of the [Application Guide](#) and any specific 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 incurred for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

Line-Item Budget: In addition to the SF-424 Application Guide requirements, you must also provide the line-item budget and budget narrative according to each object class category (e.g., Personnel, Fringe Benefits, Travel). The budget allocations on the line-item budget must relate to the activities proposed in the project narrative, including the work plan.

In order to evaluate your adherence to RWHAP Part D statutory budget requirements, submit a program-specific line-item budget for the one-year period of performance, and highlight in bold any administrative costs.

Please note, if awarded the supplemental funds, these new funds should be added to the total amount of the RWHAP Part D base awards received, and the 10 percent administrative cost cap recalculated to include these funds.

For further guidance on the classification of administrative costs, see HAB PCN 15-01 [Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, and D](#).

Review [HAB PCN 16-02 Eligible Individuals and Allowable Uses of Funds for allowable uses of RWHAP funds](#).

The line-item budget submitted must not exceed the total funding ceiling amount. In addition, the total amount requested on the SF-424A and the total amount listed on the line-item budget must match. Please list personnel separately by position title and the name of the individual for each position title or note if position is vacant. In addition, designate the full-time equivalent (FTE) of each listed personnel. Upload the line-item budget as Attachment 3.

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

As you develop your budget, consider:

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

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

Attachments

Place your attachments in order in the Other Attachments form.

Attachment 1: Work plan

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

- Include a detailed work plan for the 12-month period of performance of August 1, 2025 – July 31, 2026
  - Describe the activity's goal.
  - For all activities, specify the objectives. For the following activities, specify the following in the objectives:
    - **Strategic Partnerships**
      1. Partnership Development

a. The number of strategic partnerships and types of organizations

b. The number of fully executed/signed MOUs

2. Implementation of Evidence-Based Programs – the number of pregnant people with HIV and people with HIV in the programs

▪ **Doula Services**

1. The number of hired or contracted doula(s)

2. The number of RWHAP Part D clients and affected family members that receive doula services and the type of service received

3. The period(s) of support the services were provided (e.g. prenatal, birth, and/or postpartum)

◦ Identify the key action steps that you will use to achieve the proposed goal.

- Use a timeline that includes each step of the proposed activity and target date for each step's completion and identify staff responsible for the activities.

- Identify the measures you will use to evaluate success for each action step.

- The work plan should detail the expected outcomes to demonstrate the impact of the project's activity.

- Detail the expected outcomes which can include changes in knowledge, awareness, attitudes, skills, behaviors, practices, or more. The outcomes must address at least 1 or more of the stages of the HIV care continuum.

- As appropriate, identify meaningful support and collaboration with key partners in planning, designing, and implementing all activities.

- Provide the above information in a table format with the following sections outlined:

  ◦ Goal and objectives

  ◦ Action steps

  ◦ Timeline

  ◦ Person responsible

  ◦ Evaluation measures

  ◦ Outcomes

Attachment 2: Staffing plan and job descriptions

See Section 3.1.7 of the Application Guide.

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

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

For key personnel, include no more than two-page biographical sketches. Do not include personally identifiable information. If you include someone you have not hired yet, provide a letter of commitment from that person with the biographical sketch.

Attachment 4: Federally negotiated indirect cost rate (if applicable).

Submit a copy of the current agreement.

Attachment 5: Program specific line item budget

Submit as a PDF document a program-specific line item budget for the 1-year period of performance. SF-424A Section B does not count in the page limit; however, the line-item budget itself does count toward the page limit. Reference section See Section 3.4.1. of the Application Guide. Application Guide.

Attachment 6: Agreements with other entities and memoranda of understanding (if applicable)

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.

Attachment 7-15: Other relevant documents (if applicable)

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

Other required forms

You will need to complete some other forms. Upload the listed forms at Grants.gov. You can find them in the NOFO application package or review them and any available instructions at Grants.gov Forms.

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application
Budget Information for Non-Construction Programs (SF-424A)	With application
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award
Key Contacts	With application.
Grants.gov Lobbying Form	With application.
Project/Performance Site Location(s) (SF-P/PSL)	With application.

Step 4: Learn About Review and Award

In this step

Application review

Initial review

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

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

Merit review

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

Criterion	Total number of points = 100
1. Need	20 points
2. Response	25 points
3. Performance reporting and evaluation	10 points
4. Impact	15 points
5. Resources & capabilities	10 points
6. Support requested	20 points

Criterion 1: Need

20 points

See Project Narrative Introduction and Need sections.

The panel will review your application for how well it:

For the HIV care innovation activities ONLY:

- How well the application describes the priority WICY population(s) that are the focus of the supplemental funding.
- The extent to which the application justifies the need for RWHAP Part D supplemental funds in the proposed service area and for the WICY population(s) based on the identified gap(s) in its HIV care continuum.
- The completeness of the baseline data reported for each stage in the organization's HIV care continuum for the most recent 3 calendar years of

available data, with clear numerators and denominators that align with the HHS Common HIV Core Indicators.

- How well the application describes the relevant barriers to successfully carry out the project and the steps to be taken to minimize or overcome the stated barriers. For doula services activity only, discuss how doula support will be beneficial to the applicant's priority population and any anticipated barriers providing doula services to the target population.

- For streamlining RWHAP eligibility applications, how well the application describes plans to assess the available systems and sources of data available for use in the proposed activity, and the plans for collaborating with other RWHAP providers on information and data sharing.

- For an expansion of a previously funded activity, how well the application describes the problem and its contributing factors, if applicable.

For the infrastructure development activity ONLY:

- How well the application justifies the need for supplemental funding to address the gaps in organizational capacity or the limitations of current infrastructure.

- How well the application justifies the need for supplemental funding that will strengthen the organization's capabilities to provide family–centered HIV primary care services using updated technologies.

- How well the application clearly describes how the system limitations are affecting the optimal provision of quality HIV primary care services.

- How well the application describes the relevant barriers to successfully carry out the project, and the steps to be taken to minimize or overcome the stated barriers.

- For an expansion of a previously funded activity, how well the application describes the problem and its contributing factors, if applicable.

Criterion 2: Response

25 points

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

The panel will review your application for:

Approach (15 points)

- How well the activities described in the application will address the problem and meet project objectives.

- How well the application describes how WICY with HIV and organizations that represent them are engaged in the implementation of the activity, including decision-making.

- The clarity and strength of the roles for identified partners in the proposed project, and the tasks for each partner as described in the letters of support/commitment, if applicable.

- For implementation of evidence-informed interventions only, how well the proposed implementation of the selected intervention(s) or training(s) is described.

- The description of intent to share or disseminate relevant information and products developed through the funded activity and lessons learned with other providers in the community and collaborators to this project.

- How well the application describes the impact the proposed activity will have on developing, enhancing, and/or expanding access to high quality, family centered HIV primary care services for low-income WICY with HIV.

Work Plan (5 points)

- The strength and clarity of the proposed goals and objectives in the work plan (Attachment 1) and their relationship to the identified project.

- How well the application outlines the proposed work plan as evidenced by measurable and appropriate objectives.

Resolution of Challenges (5 points)

- How well the application outlines challenges likely to be encountered in designing and carrying out the activities in the work plan.

- How well the application explains approaches that they'll use to resolve the challenges.

Criterion 3: Performance reporting and evaluation

10 points

See Project Narrative Evaluation & technical support capacity section.

The panel will review your application for:

- How strong and effective the method is to monitor and evaluate progress toward meeting project goals and objectives.

- Evidence that the evaluative measures will be able to assess:

- To what extent the program objectives have been met.

- To what extent these can be attributed to the project.

- How well the application describes how results are shared with program staff and key stakeholders (including WICY with HIV).
- How well the application describes the program's CQM program, how supplemental CQM activities are linked to the overarching RWHAP CQM work, and other resources devoted to CQM, if applicable.
- Additionally, for the Strategic Partnerships activity only, the extent to which the following measures for the period of performance are outlined:
    - Partnership Development
        - The number of strategic partnerships and types of organizations
        - The number of fully executed/signed MOUs
    - Implementation of Evidence-Based Programs – the number of pregnant women with HIV and people with HIV in the programs.
- Additionally, for the doula specific activity, the extent to which the following measures for the period of performance are outlined:
    - The number of hired or contracted doula(s).
    - The number of RWHAP Part D clients and affected family members that receive doula services and the type of service received.
    - The period(s) of support the services were provided (e.g. prenatal, birth, and/or postpartum).

Criterion 4: Impact

15 points

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

The panel will review your application for:

- The extent to which the activities described in the application can address the problem and attain the project objectives.
- How effective are the proposed goals, objectives, and work plan activities (Attachment 1) to address the health outcome gaps in the [HIV care continuum](#) for WICY with HIV.
- The extent to which activities outlined in the work plan can reasonably be completed in the 12-month period of performance and the organization presents a plan for sustaining activities without additional federal funds beyond the federal funding period.

Criterion 5: Resources and capabilities

10 points

See Project Narrative [Organizational information](#) and [Evaluation & technical support capacity](#) sections.

The panel will review your application to determine the extent to which:

- Project personnel or partners are qualified by training and/or experience to implement and carry out the project (Attachment 2).
- The strength and reasonableness of the proposed resources, organizational support, and organizational capacity to sustain project activities without additional federal funds beyond the one year period of performance
- The clarity and strength of the roles for identified partners in the proposed project, and the tasks for each partner as described in the letters of support/ commitment, if applicable.
- The extent to which people with HIV and/or organizations that represent them are engaged in the implementation of the activity, including decision-making.
- Extent to which the organization has the capabilities and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- The staffing plan (Attachment 2) is consistent with the proposed activity.
- The applicant's experience with the administration of multiple grant awards.

Criterion 6: Support requested

20 points

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

The panel will review your application to determine:

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

Risk review

Before making an award, we review the risk that you will not manage federal funds in prudent ways. We need to make sure you've handled any past federal awards well and demonstrated sound business practices. We:

- Review any applicable past performance
- Review audit reports and findings
- Analyze the budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility / Qualification](#) to check your history for all awards likely to be more than $250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

Selection process

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- The amount of available funds.
- Assessed risk.
- The larger portfolio of HRSA-funded projects, including the diversity of project types and geographic distribution.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Award notices

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

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

Step 5:
Submit Your Application

In this step

Application submission and deadlines

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 10,2025 at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

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

Other submissions

Intergovernmental review

This NOFO is not subject to [Executive Order 12372](#), Intergovernmental Review of Federal Programs. No action is needed.

Application checklist

Make sure that you have everything you need to apply:

Component	How to Upload	Included in page limit?
☐ **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.	
☐ Work plan		Yes
☐ Staffing plan & job descriptions		Yes
☐ Biographical sketches		No
☐ Federally negotiated indirect cost rate		No
☐ Program specific line-item budget		Yes
☐ Letters of agreement & MOUs		Yes
☐ Other relevant documents (if applicable)		Yes
Other required forms*	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		No
☐ Budget Information for Non-Construction Programs (SF-424A)		No
☐ Disclosure of Lobbying Activities (SF-LLL)		No
☐ Key Contacts		No
☐ Grants.gov Lobbying Form		No
☐ Project/Performance Site Location(s) (SF-P/PSL)		No

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

Step 6:
Learn What Happens After Award

In this step

Post-award requirements and administration   [48]

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.
- The requirements for performance management in 2 CFR 200.301.

Health information technology interoperability

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

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

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

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

Non-discrimination legal requirements

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

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

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

Executive order on worker organizing and empowerment

Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages worker organizing and collective bargaining to promote equality of bargaining power between employers and employees.

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

Cybersecurity

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

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

Recipient must submit information related to the competing supplement as part of the RWHAP Part D WICY report narrative. Refer to HRSA-22-037; HRSA-22-156 for details on the Non-Competing Continuation Renewal Submission. Additionally, a final report is due 90 days after the period of performance ends. The final report collects:

You must also follow these program-specific reporting requirements:

- Progress reports each year
- Annual performance reports through Electronic Handbooks.
- Information relevant to program-specific goals and progress on the work plan (for example, number of clients served, partnerships)
- Performance measurement data on HIV care continuum stages (to include baseline data and numerator/denominator for each HIV care continuum stage
- Impact of the overall project
- The degree to which the recipient achieved the mission, goal, and objectives outlined in the program
- Recipient accomplishments
- Barriers encountered
- Responses to summary questions regarding the recipient's overall experiences during the 1-year period of performance.
- Recipients will be expected to provide end-of-the-period of performance outcome data and demonstrate the impact of the project's activity.

Further information will be available in the NOA.

The recipient must submit information related to the competing supplement as part of your RWHAP Part D WICY Existing Geographic Service Areas Allocation and Expenditure Reports. Refer to HRSA-22-037; HRSA-22-156 for details.

Integrity and Performance Reporting

The NOA will contain a provision for integrity and performance reporting in FAPIIS, as 45 CFR part 75 Appendix I, F.3. and 45 CFR part 75 Appendix XII require.

Contacts and Support

In this step

Agency contacts

Program and eligibility

Lillian Bell, MPH

Chief, Central Branch

Attn: RWHAP Part D WICY Grants Supplemental Funding
HIV/AIDS Bureau
Health Resources and Services Administration
Email your questions to this program's in-box: AskPartD@hrsa.gov
Call: 301-443-5671

Financial and budget

Kimberly Dews

Grants Management Specialist

Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Email your questions to this program's in-box: KDews@hrsa.gov
Call: 301-443-0655

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
Electronic Handbooks Contact Center

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726, search the Grants.gov Knowledge Base, or email Grants.gov for support. Hold on to your ticket number.

SAM.gov

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

Helpful websites

- HRSA's How to Prepare Your Application page

- HRSA Application Guide

- HRSA Grants page

- HHS Tips for Preparing Grant Proposals

- Best Practices Compilation

- Center for Innovation and Engagement (CIE)

- Dissemination of Evidence-Informed Interventions (DEII)

- Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)

- Ending Stigma through Collaboration and Lifting All to Empowerment (ESCALATE)

- Integrating HIV Innovative Practices (IHIP)

- AIDS Education Training Center Program – National Coordinating Resource Center