

INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING AGENDA

**WEDNESDAY SEPTEMBER 25, 2024 – 1:00PM TO 3:00PM
 ONLINE MEETING VIA ZOOM**

Note: all times are approximate

1:05 pm	<ol style="list-style-type: none"> 1. Call To Order and Moment of Silence 2. Welcome and Introductions
1:10 pm	<ol style="list-style-type: none"> 3. Review and Approve the Agenda for September 25, 2024 4. Review and Approve the Minutes from August 28, 2024
1:15 pm	<ol style="list-style-type: none"> 5. Check-In – How are YOU!?
1:30 pm	<ol style="list-style-type: none"> 6. EHE Grant Discussion
2:00 pm	<ol style="list-style-type: none"> 7. EFA Discussion
2:30 pm	<ol style="list-style-type: none"> 8. Other Business
2:45 pm	<ol style="list-style-type: none"> 9. Future Agenda
2:55 pm	<ol style="list-style-type: none"> 10. Announcements/Adjourn
<u>NEXT INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING:</u>	OCTOBER 23, 2024 1PM – 3PM ELECTRONIC MEETING VIA ZOOM

INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING MINUTES

WEDNESDAY, AUGUST 28, 2024 - 1:00PM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	COMMITTEE MEMBERS	PRESENT	ABSENT
Camara, Farima		X			
Cameron-Sichone, Martha	X				
Cauthen, Melvin	X				
Clark, Lamont (Govt. Co-chair)	X		CONSULTANTS		
Copley, Mackenzie		X	Seiler, Naomi	X	
Gomez, Ana		X	Washington, Mehki	X	
Hutton, Kenya	X		COMMUNITY PARTNERS/GUESTS		
Keita, Ramatoulaye		X	Lewis, Rodney	X	
Lewis, Jason	X				
Pettigrew, Kenneth	X		PRESENTERS		
Shaw-Richardson, Re'ginald		X			
Wallis, Jane	X				
			COMMISSION SUPPORT STAFF		
RYAN WHITE RECIPIENT STAFF	PRESENT	ABSENT	Bailey, Patrice	X	
			Johnson, Alan	X	
HAHSTA STAFF	PRESENT	ABSENT			
Orban, Julie	X				

NOTE: This is a draft version of the August 28, 2024, Integrated Strategies Committee (ISC) Meeting Minutes which is subject to change. The final version will be approved on September 25, 2024.

AGENDA

ITEM	DISCUSSION
Call to Order	Jane W. called the meeting to order at 1:06 pm followed by a moment of silence and introductions.
Review and Approval of the Agenda	Jane noted several corrections needed to the dates on the agenda. Patrice B. indicated that she made changes to the agenda and apologized for sending it out without making sure the changes were

	<p>saved. Patrice updated agenda and resent it. Jane assumed the motion to approve the updated agenda.</p>
<p>Review and Approval of the Minutes</p>	<p>Rodney L. indicated that he was present at the July 24, 2024, ISC meeting and should be listed in the minutes under Community Partners/Guests. Jane assumed the motion to approve the minutes with the necessary corrections.</p>
<p>Check-In</p>	<p>Melvin C. reported that he attended all of the jurisdictional meetings and found them very informative. Some of the differences he noted were how the populations are divided, and how the different jurisdictions engaged their priority populations. He further noted that although there were differences, when viewing the priority numbers the numbers still looked very similar. Melvin also enjoyed hearing the different representatives and the focus points they brought up.</p> <p>Martha C. attended the Virginia PSRA Jurisdictional meeting. She also attended the Ryan White Conference. She noted from the conference that services available for women had not changed over the years. Martha spoke about HRSA’s Special Projects of National Significance (SPNS) and indicated that the proposed interventions for the aging and women had not become Ryan White services. Martha came to understand that suggested initiatives must be taken to the planning councils for approval in order to integrate it as a service. Martha put several links in the chat. https://targethiv.org/spns/aging and https://targethiv.org/spns/BlackWomen and https://reunionproject.net/</p> <p>Julie O. reported that she has been tasked to lead a committee on HIV and Aging. George Washington University (GW) received a grant from the Center for Disease Control and Prevention (CDC) for their proposal that looks at the quality of life in the aging populations. The COHAH will participate in the initiative that will reach out to their targeted population group, age 50 and above with HIV, to see how to better provide services.</p> <p>Rodney noted that one of Howard University’s AETC Regional Coordinators is also focused on HIV and Aging. She has worked with some of the people that are developing the SPNS models. Rodney indicated that AETC can partner with the COHAH on the initiatives Julie mentioned. Rodney further noted that there are other behavioral interventions that can help drive an uptick in capacity building and resources for the populations to be supported.</p> <p>Rodney also announced a conference in Baltimore that his colleague is hosting on HIV and Aging. There will be a panel of speakers to discuss interventions, needs assessments etc.</p> <p>Rodney and Julie both mentioned that there are other agencies that are targeting the aging populations with HIV. Ken P. would like to also participate in the discussions around those initiatives.</p>

	<p>Jane suggested adding the topic on HIV and Aging to the next agenda.</p> <p>Lamont C. indicated that the SPNS projects are under HRSA’s Part F funds. The COHAH is a Part A body that intermingles with Part B because the states are funding services through their Part B funds. Martha added that the Part F programs are piloted with the goal of informing Part A and other Parts. Lamont indicated that the issue of HIV and Aging is something the CEEC should get involved in by way of a Protocol Implementation Summit Part 3.</p> <p>Lamont announced that each jurisdiction had their PSRA meeting. He gave a general review of the priority settings and resource allocations in each jurisdiction. Lamont indicated that the priority settings and resources allocations are ready to be finalized at tomorrow’s meeting. Lamont will send out the results of the meetings to prepare the committee for voting on tomorrow.</p>
<p>EFA Rate Update Discussion</p>	<p>Lamont indicated that there are no current updates related to adjusting the EFA rate. It is an ongoing discussion to best strategize for DC and Maryland. Lamont suggested waiting until after the priority has been set. Next month the committee will dive deeper into the best alternatives to assisting the EFA in DC and Maryland.</p>
<p>Other Business</p>	<p>Julie is currently working on the Part A proposal application. The identified subpopulation of focus will be Cisgender Women, Youth/Young Adults ages 20-29, and Black Men Who Have Sex With Men.</p> <p>Lamont encouraged the committee to attend conferences to gather the newest and latest information on HIV to bring back to the committee. Martha gave a recap of her takeaways from the International AIDS Conference she attended in Germany. She indicated that a cure was talked about a lot. The cure was tied to cancers and will require an entire blood transfusion. Other topics were on PrEP, Criminalization – issues in Africa, and breast and chest feeding. Lamont stressed the importance of attending conferences. Ken indicated that it is not just the conferences but also the learning and connectivity that comes from networking.</p>
<p>Future Agenda Items</p>	<ul style="list-style-type: none"> • EFA Discussion • HIV and the Aging Population • Breast and chest feeding
<p>ANNOUNCEMENTS/ OTHER DISCUSSION</p>	<p>Rodney announced that Howard University will be using their pharmacy students in administering immunizations throughout the DC area. Let him know if you need them to partner with your agency.</p>
<p>HANDOUTS</p>	<ul style="list-style-type: none"> • August 28, 2024, Integrated Strategies Committee Meeting Agenda

The Washington, D.C. Regional Planning Commission on Health and HIV (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.

	<ul style="list-style-type: none"> July 24, 2024, Integrated Strategies Committee Meeting Minutes
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MEETING ADJOURNED	2:02 PM	NEXT MEETING	WEDNESDAY, SEPTEMBER 25, 2024 1:00pm to 3:00pm ZOOM CONFERENCE AND VIDEO CALL
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Notice of Funding Opportunity
Application due October 22, 2024

HRSA

Health Resources & Services Administration

HIV/AIDS Bureau






Ryan White HIV/AIDS Program


Ending the HIV Epidemic in the U.S. – Ryan White HIV/AIDS Program Parts A and B

Opportunity number: HRSA-25-063



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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 October 22, 2024

Applications are due by 11:59 p.m. Eastern Time on October 22, 2024.



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

HIV/AIDS Bureau

Ryan White HIV/AIDS Program

Summary

This notice announces the opportunity to apply for funding for the *Ending the HIV Epidemic in the U.S. — Ryan White HIV/AIDS Program (RWHAP) Parts A and B* as administered by the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) in conjunction with the existing RWHAP Parts A and B funding. The purpose of this initiative is to focus resources in 48 counties, Washington, D.C., San Juan, Puerto Rico (PR), and seven states with the highest incidence or burden of HIV (hereafter referred to as “jurisdictions” and listed in [Appendix A](#)) to implement effective and innovative strategies, interventions, approaches, and services to reduce new HIV infections in the United States.

Funding detail

Application types: Competing competition

Expected total available funding in FY 2025: \$175,000,000

Expected number and type of awards: 47 [cooperative agreements](#)

Funding range per award: 2,200,000 - \$30,200,000 (see calculation details)

We plan to fund awards in five, 12-month budget periods for a total five-year period of performance of March 1, 2025, to February 28, 2030.

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

For FY 2025, you may apply for an amount of funding within the funding range (including both direct and indirect costs). The actual amount available will not be determined until enactment of the final FY 2025 federal appropriation.

HAB will use a data driven methodology to calculate award amounts annually for EHE jurisdictions based on:

1. the estimated number of people living with diagnosed and undiagnosed HIV in each jurisdiction (as reported to and confirmed by the Centers for Disease Control and Prevention),



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

Key facts

Opportunity name: Ending the HIV Epidemic in the U.S. – Ryan White HIV/AIDS Program Parts A and B

Opportunity number: HRSA-25-063

Announcement type: New

Federal assistance listing: 93.686

Statutory authority: 42 USC § 243(c) and 42 USC §§ 300ff-11 et seq. (§311(c) and title XXVI of the Public Health Service Act)

Key dates

NOFO issue date: August 22, 2024

Informational webinar: September 10, 2024 at 2:00 p.m. ET

Application deadline: October 22, 2024

Expected award date is by: February 1, 2025

Expected start date: March 1, 2025

2. actual number of individuals newly diagnosed with HIV, reengaged in care, and/or virally suppressed (according to the Ryan White Services Report),
3. the Objective Review Committee (ORC) scores, and
4. program determination of minimum and maximum award amounts.

This will ensure that awards continue to reflect the need in each jurisdiction, and that funds are allocated to jurisdictions meeting the goals of initiative.

Funding amounts may change compared to the previous five-year period of performance because of changes in the estimated number of people living with diagnosed and undiagnosed HIV in each jurisdiction and the total available amount of funds. Funding amounts may also change for each budget period. For FY 2025, eligible jurisdictions may request between \$2,200,000 and \$16,700,000. We anticipate that in FY 2029 (year 5 of the cooperative agreement), eligible jurisdictions will be able to request between \$4,000,000 and \$30,200,000. Funding amounts are subject to change based on appropriations in each FY. Recipients who successfully increase the number of people with HIV who are newly diagnosed, reengaged in care, and/or virally suppressed may receive additional funds if the EHE appropriation amount allows.

Eligibility

Who can apply

You can apply if you are a:

- RWHAP Part A funded Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA) whose service area includes one or more of the identified 48 HIV high burden counties; and the EMAs of Washington, D.C. and San Juan, PR.
- RWHAP Part B funded States/Territories identified as having a substantial rural HIV burden—Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina.
- The RWHAP Part B Program of the State of Ohio on behalf of Hamilton County.

Types of eligible organizations

These types of domestic organizations may apply “Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

Completeness and responsiveness criteria

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

We will not consider an application that:

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

Application limits

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

Cost sharing

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

Program description

Purpose

This notice (HRSA-25-063)-announces the opportunity to apply for funding for the Ending the HIV Epidemic in the U.S. – Ryan White HIV/AIDS Program Parts A and B cooperative agreement. The purpose of this initiative is to focus resources in 48 counties, Washington, D.C., San Juan, Puerto Rico (PR), and seven states with the highest incidence or burden of HIV to implement effective and innovative strategies, interventions, approaches, and services to reduce new HIV infections in the United States.

[The Ending the HIV Epidemic in the U.S.](#) (hereafter referred to as the “EHE initiative”) focuses on four key strategies:

- **Diagnose** all people with HIV as early as possible;
- **Treat** people with HIV rapidly and effectively to reach sustained viral suppression;
- **Prevent** new HIV transmissions by using proven interventions; and

- **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

HRSA and the Centers for Disease Control and Prevention (CDC), along with the National Institutes of Health (NIH) Centers for AIDS Research (CFARs), the Indian Health Service (IHS), Department of Housing and Urban Development (HUD), and the Substance Abuse and Mental Health Services Administration (SAMHSA) are collaborating on implementation of these key strategies. HRSA's responsibilities include increasing testing and prevention among Health Center Program patients, providing access to HIV care and treatment through the RWHAP and Health Center Program, and linking people with HIV, newly diagnosed or re-identified through testing programs, to care, and responding to outbreaks.

For the Ryan White Program, 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.

Background

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

HIV Care Continuum

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. People with HIV who reach viral suppression cannot sexually transmit HIV to their partner and can live longer and healthier lives.

This continuum also helps programs and planners measure progress and use resources effectively. We encourage 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, learn more at [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.

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 HRSA's interactive [RWHAP Compass Dashboard](#) to visualize reach, impact, and outcomes of the Ryan White program and to inform planning and decision making. The dashboard gives you a look at national, state, and metro area data and displays client demographics, services, outcomes, and viral suppression. It also includes data about clients 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

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

Program requirements and expectations

The only EHE initiative requirement for determining eligibility for service provisions is that the individual has a documented HIV diagnosis; there is no requirement that individuals meet RWHAP eligibility. **In addition, funded recipients are not limited to using the RWHAP service categories for the EHE initiative.** Funded recipients will use these resources in conjunction with the RWHAP Parts A and B systems of HIV care and treatment to develop, implement, and/or enhance innovative approaches to engaging people with HIV. Programs funded under this announcement must undertake actions to address HIV in their communities in addition to activities that are authorized by the RWHAP legislation.

Proposed activities may include but are not limited to:

- community engagement;
- implementation of emerging practices,
- evidence-informed and/or evidenced-based interventions, particularly around linkage to care, retention in care, reengagement in care, and adherence counseling;
- the provision of needed client services;
- increasing organizational capacity;
- information dissemination and public outreach; or
- data infrastructure development and systems linkages.

Recipients are encouraged to reference the [Ending the HIV Epidemic in the U.S. \(EHE\) Initiative Qualitative Summary of Progress: March 2021- February 2022](#) for an overview of activities and services.

All funded recipients will be required to collaborate with the [RWHAP AIDS Education and Training Centers \(AETCs\)](#) and recipients of HRSA-25-064 Ending the HIV Epidemic in the U.S. – Technical Assistance Provider (TAP) and HRSA-25-065 Ending the Epidemic in the U.S. – Systems Coordination Provider (SCP). The AETCs collaborate with recipients and conduct activities to support the EHE initiative by implementing strategies, interventions, and approaches to address the unique training needs of the health care workforce and organizations in the EHE-funded jurisdictions in the regions. The purpose of the TAP is to provide technical assistance to you on implementation of work plan activities, innovative approaches, and interventions. The purpose of the SCP is to

assist you in coordinating your EHE initiative planning, funding sources, and programs with the existing HIV care delivery systems. In addition, the SCP will assist in the identification of existing and new stakeholders, as well as collate and disseminate best practices, innovative approaches, and interventions identified by the TAP that facilitate the success of the EHE initiative.

Award information

Cooperative agreement terms

Our responsibilities

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

- Providing the expertise of HAB personnel and other relevant resources to support the efforts of EHE initiative activities;
- Facilitating partnership and communication with other federal agencies including CDC, NIH, IHS, HUD, and SAMHSA, to improve coordination efforts;
- Facilitating collaboration with the AETCs, TAP, and SCP to assist in the development, implementation, coordination, and integration of EHE initiative activities;
- Participating in the design and direction of the strategies, interventions, tools, and processes to be established and implemented for accomplishing the goals of the cooperative agreement;
- Discussing uses of funds outside of existing allowable RWHAP costs and service categories;
- Providing ongoing review of the establishment and implementation of activities and measures for accomplishing the goals of the cooperative agreement;
- Participating, as appropriate, in conference calls and meetings that are conducted during the period of performance of the cooperative agreement;
- Reviewing and concurring with all information products prior to dissemination; and
- Facilitating the dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader network of EHE initiative and RWHAP recipients.

Your responsibilities

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

- Coordinating EHE initiative activities with their existing RWHAP programs;
- Completing proposed EHE initiative work plan activities within the five-year period of performance;

- Collaborating with HRSA on review of activities, procedures, and budget items, including timely communication with project officer;
- Developing and implementing a methodology, including proposed metrics, to measure the impact of proposed activities, as well as reporting on outcomes;
- Implementing two or more emerging, evidenced-informed, and or evidence-based interventions, which are not currently supported by the RWHAP Part A and B funding;
- Ensuring proposed activities are based on documented need, targeted for maximum impact on HIV care continuum outcomes, and designed to reach the identified population(s) of focus;
- Collaborating with EHE initiative-funded organizations, health centers, and other local and state government agencies on implementing EHE initiative activities;
- Collaborating with the AETCs, TAP, and SCP on the development, implementation, coordination, and integration of EHE initiative activities;
- Developing a sustainability plan to support successful activities following conclusion of the cooperative agreement;
- Modifying activities and budget as necessary to explore all implementation options ensuring relevant outcomes for the project; and
- Participating in the dissemination of project findings, best practices, and lessons learned.

Funding policies and limitations

Policies

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- Support beyond the first budget year will depend on:
- Appropriation of funds
- Satisfactory progress in meeting the project's objectives
 - A decision that continued funding is in the government's best interest
 - If we receive more funding for this program, we consider options such as:
- 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](#).^[1]
- 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. Note this limitation may be updated.

Program-specific limitations

- Award administration costs may not exceed ten (10) percent of the grant award. Planning and Evaluation costs may not exceed ten (10) percent of the grant award. Collectively, recipient Administration and Planning and Evaluation may not exceed fifteen (15) percent of the grant award. The aggregate total of administrative expenditures for subrecipients, including all indirect costs, may not exceed 10 percent of the aggregate amount of all subawards. Please see [Policy Clarification Notice 15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D](#) along with the [Frequently Asked Questions](#) for information regarding the statutory 10 percent limitation on administrative costs. Recipients may but are not required to allocate up to five percent of the total grant award for Clinical Quality Management (CQM) activities.
- Funds cannot be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service under any State compensation program, under an insurance policy, or under any Federal or State health benefits program (except for a program administered by or providing the services of the Indian Health Service); or by an entity that provides health services on a prepaid basis.
- Allowable uses of funds are limited to EHE initiative services and infrastructure which are broader in scope than the RWHAP-defined set of core medical and support services, as well as traditional RWHAP services, administration, planning and evaluation, and CQM. There is no requirement that 75 percent of the award be expended on core medical services as there is with the RWHAP.

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. Learn more at [45 CFR 75.414](#), Indirect costs.

Indirect costs are determined using one of two methods:

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

Method 2 – *De minimis* rate. [Per 45 CFR 75.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to apply a *de minimis* rate. This rate is 10% of modified total direct costs (MTDC) ([45 CFR 75.2](#) defines MTDC). You can use this rate indefinitely or until you negotiate a rate. If you use the *de minimis* rate, you must use it for all federal awards unless you negotiate a rate with your cognizant federal agency.

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 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-25-063.

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.



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

Join the webinar

For more information about this opportunity, join the webinar on September 10, 2024, at 2 p.m. ET. You can join at

<https://hrsa-gov.zoomgov.com/j/1612439661?pwd=a0tuSFFEZU1OeTFCeXdqVmdBdXNFdz09>

Meeting ID: 161 243 9661

Passcode: ef8ytzB2

If you are not able to join online, you can call in at 833 568 8864 US Toll-free with

Meeting ID: 161 243 9661

Passcode: 87009894

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

<https://targethiv.org/>.



Step 3:

Write 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: 40 pages

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

Make sure you include each of these:

Components	Submission format
Project abstract	Use the Project Abstract Summary form
Project narrative	Use the Project Narrative Attachment form
Budget narrative	Use the Budget Narrative Attachment form
Attachments	Insert each in the 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](#).

A summary of the proposed activities which demonstrates the incorporation of the previous five years' work on ending the HIV epidemic. Explain how you will utilize these funds to expand on prior successes, and modify approaches that were less successful, so that all people who are out-of-care are brought into and retained in care. Include the following:

- A description of the intended impact (e.g., how the activities will engage people with HIV who are not in care and/or not virally suppressed and provide rapid access to a comprehensive continuum of high-quality care and treatment services for people with HIV who are newly diagnosed and re-engaged in care).
- The funding amount requested for the five-year period of performance. The request should project, over the period of performance, how much funding will be needed to identify and bring into and retain in care a substantial number of new or re-engaged clients. These projections should include sufficient resources to address social determinants of health such as housing and behavioral health for the newly diagnosed, not virally suppressed, or not yet engaged in HIV care.

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.
- Briefly describe activities implemented by your jurisdiction to reduce HIV infections, increase viral suppression, and/or engagement in HIV care.
- Describe the proposed project for the focus jurisdiction.
- Include a description of how the proposed activities will address the goal of the EHE initiative by significantly reducing new HIV infections in the focus jurisdiction within the five-year period of performance.
- Describe how you will use EHE initiative resources in conjunction with RWHAP Parts A and B system of HIV care and treatment to achieve this goal.

Need

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

- Describe the population(s) of focus and their unmet health needs.
- Outline the community or organization's needs you plan to address.
- Use and cite demographic and qualitative data whenever possible.
- Discuss any service gaps, barriers, and unmet needs with regard to rapidly engaging and retaining, treating HIV infection, and reaching sustained viral suppression for the population(s) of focus (including services to address social determinants of health, as relevant).

- Indicate planned collaboration efforts with other relevant partners/providers/agencies to move people with HIV across the HIV Care Continuum.

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.
- Include strategies for ongoing staff training, teamwork, and information sharing. Also include strategies for outreach and collaboration efforts to involve clients, families, and communities.
- 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 the population(s) of focus.
- Describe activities that expand access to HIV care and treatment for people with HIV in the jurisdiction who are newly diagnosed, not engaged in care, and/or not virally suppressed, addressing barriers and unmet needs, and improving client-level health outcomes.
- Describe how proposed methods support responding to clusters, including communication with the health department conducting the cluster detection efforts and tracking to respond quickly to people with HIV needing HIV care and treatment. According to the CDC, a cluster refers to a group of health events that are somehow related or have some characteristic in common.
- You are encouraged to propose methods that are:
 - specific and address the needs of the population(s) of focus;
 - measurable and improve health outcomes of the population(s) of focus;
 - outside of the RWHAP Part A and B parameters; and
 - aligned with the goals and objectives of the EHE initiative.

Applicants must describe how proposed activities will:

- Expand access to HIV care and treatment in the focus jurisdictions for people with HIV, both those who are newly diagnosed and those who are not engaged in care, and/or not virally suppressed;
- Address unmet needs and improve client-level health outcomes; and
- Respond quickly to HIV cluster detection efforts for those people with HIV needing HIV care and treatment.

You should ensure that methods build upon existing strategic plans such as the [Ending the HIV Epidemic in the US Jurisdictions and Plans](#), the Integrated HIV Prevention and

Care Plan, and community needs assessments. For successful recipients, guidance will be provided in the Notice of Award.

Recipients are required to collaborate and coordinate with people with HIV, particularly members of population(s) of focus, as well as providers and stakeholders outside of your current network who serve and support the population(s) of focus, to carry out the proposed activities. Describe how you will:

- Collaborate and/or coordinate with these organizations to address the barriers identified in the needs assessment section.
- Build, expand and/or maintain effective strategic partnerships with new and existing key providers within your community, other RWHAP funded programs including the AETCs and AIDS Drug Assistance Program (ADAP), Community Health Centers (CHCs), CDC-funded entities, State Medicaid Programs, Housing Opportunities for Persons With AIDS (HOPWA)-funded entities, IHS-funded entities, SAMHSA-funded entities and other mental health and addiction providers, correctional facilities, and other providers and stakeholders.
- Ensure people with HIV who are members of population(s) of focus and/or organizations that represent them will be engaged in the planning and implementation of this project throughout the period of performance, including decision-making activities.
- Share evaluation data and program outcomes with HRSA. Include letters of support and/or letters of commitment from each partner and/or collaborating entity stating their concurrence with the proposed project as **Attachment 4**.

High-level work plan

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

- You must submit the detailed work plan (**Attachment 1**) for the five-year period of performance of March 1, 2025 – February 28, 2030. Work plan activities should directly relate to treatment and response efforts of the EHE initiative.
- 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.
- Activities should also correspond to your proposed budget for each year of the five-year period of performance.
- Applicants should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each workplan activity. As noted earlier, the amount available, in addition to the ceiling amounts stated, are

based on current projections. If additional funding is made available in the future, future year ceiling and award amounts may be adjusted to reflect any changes.

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.

Discuss challenges, barriers or potential risks that you are likely to encounter in designing and

carrying out the activities in the work plan. Explain approaches that you'll use to resolve them.

Your plan should also incorporate approaches to address these barriers throughout the period of performance.

Performance reporting and evaluation

See merit review criteria 3: [Performance reporting and evaluation](#) and 5: [Resources and capabilities](#)

- **Technical assistance.** Identify any potential need for technical assistance from the EHE Technical Assistance Provider and EHE Systems Coordination Provider.
- **Outcomes.** Describe the expected outcomes (desired results) of the funded activities.
 - **Performance Measurement and Reporting.** See [reporting manual](#) for performance measure requirements and examples of reporting forms.
- Describe how you will collect, and report required performance data accurately and on time.
- Describe how you will manage and securely store data, including how you will protect data against cybersecurity threats, breaches, or other loss of data integrity.
- Describe how you will monitor and analyze performance data to support continuous quality improvement.
 - **Program Evaluation.** The evaluation should examine processes and progress towards goals, program objectives, and expected outcomes. Evaluations must follow the HHS Evaluation Policy, as well as the standards and best practices described in OMB Memorandum M-20-12.

Describes your proposed infrastructure to include:

- information system capabilities, systems, and processes that will support the organization in monitoring the proposed EHE initiative activities, including performance outcomes, and capacity to measure and report data.

Describe your plan to evaluate the project. Include:

- The evaluation questions, methods, data to be collected, and timeline for implementation.
- The evaluation barriers and your plan to address them.
- The evaluation capacity of your organization and staff. Include experience, skills, and knowledge.
- How you will disseminate results, how you will assess whether your dissemination plan is effective, whether the results are national in scope, and the extent of potential replication.
- See [Reporting](#) for more information.

Organizational information

See merit review criterion 5: [Resources and capabilities](#)

- Briefly describe your mission, structure (**Attachment 6**), and the scope of your current activities. Explain how they support your ability to carry out the program requirements.
- Discuss how you'll follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
- Describe how you'll assess the unique needs of the people who live in the community you serve.
- Describe your organizational profile, budget, partners, key processes, key personnel (**Attachment 2**) experience, skills, and knowledge (**Attachment 3**).
- Identify training needs and how the organization plans to work with its regional AETCs to address them.
- Provide a description of your organization's experience with fiscal management of grants, cooperative agreements, and contracts including experience managing multiple federal awards and documenting all costs to avoid audit findings.

Please note: HRSA expects the staff person responsible for management of the RWHAP Part A and B EHE initiative cooperative agreement to have dedicated time to ensure sufficient oversight and monitoring of all EHE initiative activities conducted by the recipient and subrecipients.

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 any specific instructions listed in this section. Your budget should show a well-organized plan.

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).

- Provide a program-specific line-item budget (**Attachments 6 and 7**) for each year of the five-year period of performance using the object class categories in the SF-424A and the following cost categories: (RWHAP Services, EHE Initiative Services and Infrastructure, Administration/Planning and Evaluation, and, if applicable, Clinical Quality Management (CQM)).

The budget narrative supports the information you provide in Standard Form 424A. 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 and limitations](#).

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

- Please note: The amount available, in addition to the ceiling amounts stated, are based on current projections. Recipients must submit a revised budget and work plan to appropriately reflect the actual funding amounts provided in the Notice of Award. The line-item budget requested must not exceed the funding range, in addition, the amounts requested on the SF-424A and the amounts 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.

Attachments

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

Attachment 1: Work plan

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

Attachment 2: Staffing plan and job descriptions

See Section 4.1.vi 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

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, provide a letter of commitment from that person along with the biographical sketch.

Attachment 4: Agreements with other entities

Provide any documents that describe working relationships between your organization and others you refer to in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of subrecipients and contractors and any deliverables. Make sure you sign and date any letters of agreement.

Attachment 5: Project organizational chart

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

Attachment 6: Program Specific Line-Item Budget for Years 1 through 4.

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

Attachment 7: For multi-year budgets--5th year budget

For the fifth budget year, submit a copy of Section B of the SF-424A as an attachment. We do not count this in the page limit however, any related budget narrative does count. See Section 4 of the [Application Guide](#).

Other required forms

You will need to complete some other forms. Upload the following 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 the completeness criteria and the 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	10 points
2. Response	30 points
3. Performance reporting and evaluation	15 points
4. Impact	20 points
5. Resources and capabilities	15 points
6. Support requested	10 points

Criterion 1: Need

10 points

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

The panel will review your application for how well it:

- Describes the problem, purpose of the project, and its contributing factors.
- The clarity and completeness of the description of the population(s) of focus, service gaps, barriers, and unmet needs as it relates to engaging, retaining, and achieving viral suppression for the population(s) of focus.
- The extent to which the applicant describes the need for, and any current or potential challenges to, collaborating with other relevant partners to identify, link, engage, retain, and achieve viral suppression for the population(s) of focus, including the need for capacity building and/or infrastructure improvements, as relevant.

- The clarity of the description of how the proposed activities will address the goal of the EHE initiative by significantly reducing new HIV infections in the focus jurisdiction within the five-year period of performance.
- The extent to which the applicant describes how EHE initiative resources in conjunction with RWHAP Parts A and B system of HIV care and treatment will be utilized to achieve this goal.
 - How well the applicant describes planned collaboration effects with partners/providers/agencies to move people with HIV across the HIV Care Continuum.

Criterion 2: Response

30 points

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

The panel will review your application for:

Approach (10 points)

- How well the applicant's proposed project responds to the program's [purpose](#).
- The strength of the proposed work plan (**Attachment 1**) as evidenced by measurable and appropriate objectives.
- The clarity and strength of the solution-oriented approaches for addressing the potential challenges.
- The clarity and feasibility of the strategies provided for ongoing staff training, teamwork, and information sharing.
- The inclusiveness of clients, families and communities in the strategies for outreach and collaboration efforts.
- The strength of the plan to continue the project after federal funds ends.
- How effective the proposed project is likely to address expanding access to HIV care and treatment for people with HIV who are newly diagnosed, not engaged in care and/or not virally suppressed; unmet needs; improving client-level health outcomes; and responding quickly to HIV cluster detection efforts.

High-level work plan (10 points)

- The completeness of the workplan (**Attachment 1**) should include the extent to which:
 - The five-year timeline for the period of performance is described.
 - The SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) process and/or outcome objectives are documented.

- Collaboration with key stakeholders in the planning, designing and implementation of activities are described.
 - The activities in the workplan align with the proposed budget for each year of the five-year period of performance.

Resolving challenges (10 points)

- The extent to which the potential challenges in designing and implementing the proposed activities are identified.
- The strength, clarity, and feasibility of the proposed approaches to resolve such barriers/challenges during the period of performance.

Criterion 3: Performance reporting and evaluation

15 points

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

The panel will review your application for:

- How strong and effective the method is to monitor and evaluate project results.
- Evidence that the measures will assess how well program objectives have been met and to what extent the results are attributed to the project.
- The extent to which the applicant describes their proposed infrastructure to include information system capabilities, systems, and processes that will support the organization in monitoring the proposed EHE initiative activities, including performance outcomes, and capacity to measure and report data.
- The extent to which the applicant describes how they will coordinate data collection and exchange with multiple partner sites and the HIV surveillance system, assess data quality and data quality remediation with partner sites, and clearly describe data collection, review, and submission processes to meet the reporting requirements outlined in this NOFO.
- How descriptive were the potential needs for TA from the TAP and the SCP

Criterion 4: Impact

20 points

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

The panel will review your application for:

- How impactful are the workplans for sharing project results with HRSA
- The extent to which the applicant describes the impact on the community or population(s) of focus.

- How well does the application describe the program's ability to continue beyond the federal funding.

Criterion 5: Resources and capabilities

15 points

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

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

- The mission, structure (**Attachment 5**) and scope of the activities were thoroughly described.
- The applicant describes how the approved plan will be followed and to account for federal funds and all costs.
- The unique needs of the people who live in the community are assessed.
- The project staff (**Attachment 2**), partners, and collaborators (**Attachment 4**) have the training or experience (**Attachment 3**) to carry out activities.
- Training needs and plans to work with the regional AETCs to address them are identified.
- The need for technical assistance from the EHE Technical Assistance Provider and EHE Systems Coordination Provider are identified.
- The applicant has capabilities to carry out the program requirements.
- How well the applicant describes how likely the project results could be national in scope.
- How well does the applicant describe how easy it will be to replicate project activities.

Criterion 6: Support requested

10 points

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

The panel will review your application to determine:

- The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.
- The appropriateness of the applicant's budget in that it aligns with the scope of work stated in the narrative and the objectives stated in the work plan.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- How well are the applicant's program-specific line-item budgets, budget justification narrative, and SF- 424A aligned.

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 budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies

We may ask you to submit additional information.

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

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

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

Selection process

When making funding decisions, we consider:

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

We may:

- Fund out of rank order.

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

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See Section

4 of the [Application Guide](#) for more information.

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



Step 5: Submit Your Application

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Application submission and deadlines



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

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 October 22, 2024 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?
<input type="checkbox"/> Project abstract	Use the Project Abstract Summary Form.	Yes
<input type="checkbox"/> Project narrative	Use the Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in the 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. Program Specific Line-Item Budget for Years 1 through 4		Yes
7. Multi-year budgets—5th year budget		No
8. Other relevant documents		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

Key contacts	No
Project/Performance Site Location(s)	No
Grants.gov Lobbying Form	No
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.
- 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](#).
- HRSA HAB can require that the recipient move the funds to a fiduciary that is capable of timely obligation and activity implementation.
- HRSA HAB can reallocate high unobligated balances to other EHE recipients.
- HRSA HAB can reduce future funding for recipients with high unobligated balances.

Health information technology interoperability

If you receive an award, you must agree that where your activities involve implementing, acquiring, or upgrading health IT, you, and all your subrecipients will:

- Meet the standards and specifications in [45 CFR part 170, subpart B](#), if those standards support the activity.
- If the activities relate to activities of eligible clinicians in ambulatory settings or hospitals under Sections 4101, 4102, and 4201 of the HITECH Act, that you will use only health IT certified by the [Office of the National Coordinator for Health Information Technology \(ONC\) Health IT Certification Program](#).

If standards and implementation specifications in [45 CFR part 170, subpart B](#) cannot support the activity, we encourage you to use health IT that meets non-proprietary standards and specifications of consensus-based standards development

organizations. This may include 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'll need to follow specific cybersecurity guidelines if you receive an award and will be accessing HHS systems or handling personal identifiable information or personal health information. These include requirements such as:

- Creating a cybersecurity plan.
- Limiting access and training your staff on cybersecurity and privacy.
- Using multi-factor authentication and antivirus software.
- Routinely backing up data.
- Creating incident response plans and reporting any cybersecurity incidents to HHS.

To see full details, see [Manage Your Grant](#).

Reporting

If you are funded, you will have to follow the reporting requirements in Section 4 of the [Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- We will require progress reports semi-annually.
- Other reporting requirements:
- **Aggregate Report(s).** The recipients will be required to submit an aggregate report on a triannual basis. The report must include data on the number of people with HIV reached out to, the number of people with HIV who are newly diagnosed and linked to care, and the number of people with HIV re-engaged in care.
- **Allocation and Expenditure Reports.** The recipient must submit an annual EHE initiative Allocation Report and an annual EHE initiative Expenditure Report.
- **Ryan White HIV/AIDS Program Services Report (RSR).** Acceptance of this award indicates that you will comply with data requirements of the RSR and will mandate compliance by each of your subrecipients. The RSR captures information necessary to demonstrate program performance and accountability. All RWHAP core service, support service, and EHE Initiative service providers are required to submit client-level data as instructed in the RSR manual.
- **ADAP Data Report (ADR).** If the recipient expends any of the EHE initiative award on the AIDS Drug Assistance Program (ADAP), it must comply with data reporting requirements of the ADAP Data Report (ADR) for those funds. Acceptance of this award indicates that you will comply with data requirements of the ADR and will mandate compliance by each of your contractors and subcontractors.
- **Federal Financial Report (FFR).** You must submit the FFR to HRSA 90 days after the end of the budget period.

Termination

If we determine that priorities have changed, or that the project cannot attain its goals, we can terminate the award. See [45 CFR 75.372\(a\)\(2\)](#). If we decide to terminate the award, we will provide notice and an explanation to all recipients before the end of the budget period. Before termination, recipients may provide comments on the notice. Termination is a discretionary action that is not subject to appeal.



Contacts and Support

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Agency contacts

Program and eligibility

Yemisi Odusanya, MPH

EHE Senior Advisor, Office of the Associate Administrator

Attn: Ryan White HIV/AIDS Program

HIV/AIDS Bureau

Health Resources and Services Administration

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

Call: 301-443-7344

Financial and budget

Marie Mehaffey

Grants Management Specialist

Division of Grants Management Operations, OFAM

Health Resources and Services Administration

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

Call: 301-945-3934

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 Grants page](#)
- [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](#)

Appendix A: List of Eligible Applicants

Table: RWHAP Part A: List of Eligible Applicants

RWHAP Part A EMA/TGA (Recipients)	HIV High Burden County (Jurisdictions)
Atlanta EMA, GA	Cobb County, GA
	Dekalb County, GA
	Fulton County, GA
	Gwinnett County, GA
Austin TGA, TX	Travis County, TX
Baltimore EMA, MD	Baltimore City, MD
Baton Rouge TGA, LA	East Baton Rouge Parish, LA
Boston EMA, MA	Suffolk County, MA
Charlotte-Gastonia TGA, NC	Mecklenburg County, NC
Chicago EMA, IL	Cook County, IL
Cleveland-Lorain-Elyria TGA, OH	Cuyahoga County, OH
Columbus TGA, OH	Franklin County, OH
Dallas EMA, TX	Dallas County, TX
Detroit EMA, MI	Wayne County, MI
Fort Lauderdale EMA, FL	Broward County, FL
Fort Worth TGA, TX	Tarrant County, TX
Houston EMA, TX	Harris County, TX

Indianapolis TGA, IN	Marion County, IN
Jacksonville TGA, FL	Duval County, FL
Jersey City TGA, NJ	Hudson County, NJ
Las Vegas TGA, NV	Clark County, NV
Los Angeles EMA, CA	Los Angeles County, CA
Memphis TGA, TN	Shelby County, TN
Miami EMA, FL	Miami-Dade County, FL
New Orleans EMA, LA	Orleans Parish, LA
New York EMA, NY	Bronx County, NY
	Kings County, NY
	New York County, NY
	Queens County, NY
Newark EMA, NJ	Essex County, NJ
Oakland TGA, CA	Alameda County, CA
Orange County TGA, CA	Orange County, CA
Orlando EMA, FL	Orange County, FL
Philadelphia EMA, PA	Philadelphia County, PA
Phoenix EMA, AZ	Maricopa County, AZ
Riverside-San Bernardino TGA, CA	Riverside County, CA
	San Bernardino County, CA
Sacramento TGA, CA	Sacramento County, CA
San Antonio TGA, TX	Bexar County, TX
San Diego EMA, CA	San Diego County, CA

San Francisco EMA, CA	San Francisco County, CA
San Juan EMA, PR	San Juan Municipality, PR
Seattle TGA, WA	King County, WA
Tampa-St. Petersburg EMA, FL	Hillsborough County, FL
	Pinellas County, FL
Washington EMA, DC	District of Columbia, DC
	Montgomery County, MD
	Prince George's County, MD
West Palm Beach EMA, FL	Palm Beach County, FL

RWHAP Part B:

States with Substantial Rural HIV Burden

Alabama

Arkansas Kentucky Mississippi Missouri Oklahoma South Carolina

Other

Ohio (on behalf of Hamilton County, OH)

Endnotes

1. If the current HHS codification of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards is superseded, the successor regulations will apply. [↑](#)