



# Ryan White HIV/AIDS Program Part C Capacity Development Program

Pre-Application Technical Assistance Conference Call

**HRSA 21-058**

*January 7, 2021*

**Mahyar Mofidi, DMD, Ph.D.**

**Captain, United States Public Health Service**

**Director, Division of Community HIV/AIDS Programs (DCHAP)**

**HIV/AIDS Bureau (HAB)**

**Vision: Healthy Communities, Healthy People**



# Agenda

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- HAB Vision and Mission
- Purpose of Funding Opportunity
- Award Information
- Eligibility
- Application and Submission Information
- Application Review Information
- Application Submission Tips
- Question and Answer



# Acronyms

**ART** – Rapid Antiretroviral Therapy

**CHW** – Community Health Workers

**CQM** – Clinical Quality Management

**DUNS** – Data Universal Numbering System

**EHB** – Electronic Handbooks

**FY** – Fiscal Year

**GMS** – Grants Management Specialist

**IPV** – Intimate Partner Violence

**MOE** – Maintenance of Effort

**MSA** – Metropolitan Statistical Area

**NOFO** – Notice of Funding Opportunity (formerly FOA)

**HAB** – HIV/AIDS Bureau

**RWHAP** – Ryan White HIV/AIDS Program

**SAM** – System for Award Management



# HIV/AIDS Bureau Vision and Mission

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## Vision

Optimal HIV/AIDS care and treatment for all

## Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV and their families



# DCHAP Mission and Core Values

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## Mission

Provide leadership and resources to assure access to and retention in high quality, comprehensive HIV care and treatment services for vulnerable people with HIV, their families and providers within our nation's communities.

## Core Values

Communication · Integrity · Professionalism ·  
Accountability · Consistency · Respect



# Purpose

The purpose of this program is to strengthen organizational capacity to respond to the changing health care landscape and increase access to high quality HIV primary health care services for low income, uninsured, and underserved people with HIV.

Applicants may submit proposals for **only one activity** under one of the following two categories:

- 1) **HIV Care Innovation**
- 2) **Infrastructure Development**

*Please refer to pages **1** to **2** of the NOFO*



# Award Information

- Funding will be provided through a grant.
- Approximately \$8,000,000 to be available to fund up to 60 applicants.
- HRSA will only fund one activity per recipient under one category: HIV Care Innovation or Infrastructure Development.
- Applicants may request funding amounts of up to \$150,000 for the one year period of performance (9/1/2021 - 8/31/2022). Requests exceeding this amount will be deemed nonresponsive and will not be considered.
- HRSA will not fund the same activity in FY 2021 that was funded in FY 2020 or FY 2019; however, an expansion of activities currently supported with RWHAP Part C Capacity Development or Part D Supplemental funding will be considered with a clear rationale for how the proposed activity builds upon and furthers the objectives of the previously funded activity.



*Please refer to pages 6 to 7 of the NOFO*



# Eligibility Information

- Public and nonprofit private entities, faith-based and community-based organizations, and Tribes and tribal organizations are eligible to apply. **Foreign entities are not eligible for this award.**
- Cost sharing and matching is not required.
- HRSA will consider any application that exceeds the ceiling amount of \$150,000 non-responsive and will not consider it for funding under this notice.
- Maintenance of Effort (MOE) information is required under the HIV Care Innovation category.
- **NOTE: Multiple applications from an organization are not allowable.**



*Please refer to pages 7 to 8 of the NOFO*



# Application and Submission Information

## Two Components of the NOFO:

- 1) RWHAP Part C Capacity Development Program  
NOFO **HRSA 21-058** focuses on the program-specific content, including goals, expectations, and requirements of the program
  
- 2) HRSA's General Instructions
  - [\*SF-424 Application Guide\*](#) (“Application Guide”)
  - Links are found throughout the NOFO



# Application Package

## Applications must include the following:

- SF-424 Application for Federal Assistance
- Project Abstract (uploaded in box 15 of the SF-424)
- Project/Performance Site Location Form
- Project Narrative (uploaded to the Project Narrative Attachment Form)
- SF-424A Budget
- Budget Narrative (uploaded to the Budget Narrative Attachment Form)
- Attachments (Section IV. 2. v. of NOFO)
- Grants.gov Lobbying Form
- SF-424B Assurances
- Key Contacts



# Project Abstract

Indicate the project title as “**FY 2021 RWHAP Part C Capacity Development Program**” and include the following:

- Identification of the selected activity.
- A summary of the proposed activity and its intended impact.
- The funding amount requested for the one-year period of performance.
- Identification of the funding preference requested, if applicable.

\* **Note:** Abstract must be single-spaced and no more than one page in length.



*Please refer to pages 9 to 10 of the NOFO and Section 4.1 in the SF-424 Application Guide*



# Project Narrative

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## Sections:

- Introduction
- Needs Assessment
- Methodology
- Work Plan
- Resolution of Challenges
- Evaluation and Technical Support Capacity
- Organizational Information



*Please refer to pages 10 to 17 in the NOFO*



# HIV Care Innovation: Choose Only One Activity

## HIV Care Innovation:

- Community Health Workers (CHW)
- Integration of HIV Primary Care with Oral Health and/or Behavioral Health
- Rapid Antiretroviral Therapy (ART)
- Transitioning Youth into Adult HIV Care



*Please refer to pages 10 to 12 of the NOFO*



# HIV Care Innovation: Community Health Workers

- Address either the implementation of Community Health Worker (CHW) services into the organization's RWHAP or an enhancement to the organization's existing CHW program.
- Proposed activities can include the development of written policies and procedures for CHW services; training and professional development for both CHWs and their immediate supervisors; integration of CHWs into the HIV care team; and CHW's role in community engagement.
- The activity must address one or more of the stages of the HIV care continuum.
- For resources addressing this topic, access the HAB's TargetHIV site on [Using Community Health Workers to Improve Linkage and Retention in Care](#) or [CHW Core Consensus Project \(C3\)](#).

*Please refer to pages 10 to 11 of the NOFO*



# HIV Care Innovation: Integration of HIV Primary Care with Oral Health and/or Behavioral Health

- Develop strategies, policies, and procedures to improve care coordination and integration of HIV primary care with oral health care and/or behavioral health services.
- Develop policies and procedures to facilitate onsite provision of oral health care and/or behavioral health services.
- Organize primary care and oral health and/or behavioral health teams and train staff to understand workflow and processes.
- Develop policies and procedures for coordinating and tracking referrals for oral health care and/or behavioral health services.



*Please refer to page **11** of the NOFO*

# HIV Care Innovation: Rapid ART

- Implement a Rapid ART program that provides antiretroviral medication to eligible people with HIV within seven to 10 days of identification (for those out of care) or diagnosis.



*Please refer to pages 11 to 12 of the NOFO*



# HIV Care Innovation: Transitioning Youth into Adult HIV Care

- Implement transition planning activities that include, but are not limited to, written policies, procedures, and staff training to assist youth in transitioning from pediatric to adult HIV medical care.
- Transition planning is a RWHAP Part C program requirement; therefore, this activity should focus on innovative approaches that build organizational capacity to effectively implement and manage the transition for the youth population (ages 13 - 24) and minimize negative impacts.
- The activity must address one or more of the stages of the HIV care continuum.



*Please refer to page 12 of the NOFO*



# Infrastructure Development: Choose Only One Activity

## Infrastructure Development:

- Dental Equipment for Expanding Dental Service Capacity
- Emergency Preparedness
- Telemedicine

*Please refer to pages 12 to 13 of the NOFO*



# Infrastructure Development: Dental Equipment for Expanding Dental Service Capacity

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- Purchase dental equipment for the purpose of developing, enhancing, or expanding oral health care services for people with HIV.



*Please refer to page 12 of the NOFO*



# Infrastructure Development: Emergency Preparedness

- The areas of focus for this activity are to address the:
  - development of organizational assessments of vulnerability
  - creation of an emergency preparedness plan
  - staff training and evaluation activities
  - identification and collaboration with local emergency management planners
- The activity should result in the development of an implementation plan/toolkit and/or policies and procedures for effective preparation and response to natural disasters and public health emergencies resulting in minimal interruption to care and treatment for people with HIV.



*Please refer to page 12 of the NOFO*



# Infrastructure Development: Telemedicine

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- Develop and acquire (through lease or purchase) telehealth equipment
- Describe technology requirements and each type of equipment employed
- Discuss the availability of reimbursement for telemedicine delivered services in your state(s)



*Please refer to pages 12 to 13 of the NOFO*



# Project Narrative - Introduction

- Clearly indicate the proposed activity.
- Briefly describe the purpose of the proposed activity.
- Clearly indicate the category under which the proposed activity falls: **1) HIV Care Innovation** or **2) Infrastructure Development**.
- Discuss why your local community and/or organization is in need of capacity development funds.
- 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.

*Please refer to page 13 of the NOFO*



# Project Narrative - Needs Assessment

## HIV Care Innovation Activities

- Clearly describe and document the target population(s) and their unmet health care needs.
- Describe the service needs based on your evaluation of the gaps in the HIV care continuum for your target population(s) with HIV your organization serves.
- Provide data on the five stages of the HIV care continuum for your target population(s) with HIV using the most recent three calendar years of available data.



*Please refer to page 13 of the NOFO*

# Project Narrative - Needs Assessment

## HIV Care Innovation Activity: Community Health Workers

- Discuss your organizations current use of peer navigators, peer outreach and linkage to care, community health workers, or other peer or community-involved service models to increase client linkage, re-engagement, and retention in HIV primary care.
- If you currently have CHWs, peer navigators, health advocates (etc.) working in your organization, discuss how this activity will enhance your existing CHW program clinical services, organizational structure and workflow.
- If you are planning to add CHWs to your current organizational structure, discuss the planning and integration of this program into the operations and workflow of your current structure. Discuss any professional development and training needs.

*Please refer to pages 13 to 14 of the NOFO*



# Project Narrative - Needs Assessment

## HIV Care Innovation Activity: Rapid ART activity

- Discuss your organization's need for capacity development funds to either implement or expand the provision of Rapid ART.
- Include a description of your organization's readiness and ability to implement Rapid ART as a component within your current model of HIV care and treatment services; or, to increase the service capacity of an existing Rapid ART program; and a description the existing HIV medical and support services currently available to meet the needs of the identified client populations.
- Describe the relevant gaps or barriers in your current services delivery model, including unmet needs, these capacity funds will address for newly diagnosed and out of care people with HIV.

*Please refer to page 14 of the NOFO*



# Project Narrative - Needs Assessment

## Infrastructure Development Activities

- Clearly describe the gaps in organizational capacity that exist due to current limitations in system infrastructure.
- 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.



*Please refer to pages 14 of the NOFO*



# Project Narrative - Needs Assessment

## Infrastructure Development Activity: Dental Equipment for Expanding Dental Service Capacity

- Describe any additional information on how your current infrastructure and oral health resources limit your organization's ability and capacity to satisfy the unmet need or current demand for oral health services to your RWHAP-eligible population.



*Please refer to page 14 of the NOFO*



# Project Narrative - Needs Assessment

## Infrastructure Development Activity: Emergency Preparedness

- Discuss your organizations current capacity for responding to emergencies including public health emergencies, disaster preparedness, and continuity of operations.
- Include any recent capacity needs assessed in carrying out or continuing operations during the COVID-19 pandemic.
- If you have received funding under the FY2020 Coronavirus Aid, Relief and Economic Security (CARES) Act, discuss any impact of those awards on your organization's ability to maintain operations during emergency or disaster recovery.
- Discuss any lessons learned or assessments of your organization's ability to operate under such conditions and how these funds will be utilized to improve current capacity.

*Please refer to page 14 and 15 of the NOFO*



# Project Narrative - Needs Assessment

## Infrastructure Development Activity: Telemedicine

- Provide information specific to the telemedicine 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.
- Describe technology requirements and each type of equipment employed along with its relevance to the project, how it contributes to cost-effective, timely, and accurate care, and ease of use.



*Please refer to page 15 of the NOFO*

# Project Narrative - Methodology

- **Involvement of People with HIV:** Describe how you will engage people with HIV and/or organizations that represent them in the implementation of this activity, including decision-making.
- **Collaboration and Coordination:** Outline the partners needed for this proposed activity, if applicable. Identify the tasks each partner proposes to perform and the amount of funding, if any, you expect to allocate to the partner.
- **Sustainability:** Describe how you will maintain the efforts set forth in this activity after the period of federal funding ends. Describe how you intend to share or disseminate relevant information and/or products developed through the funded activity and lessons learned with other providers in the community and/or collaborators to this project.



*Please refer to page 15 of the NOFO*

# Project Narrative - Work Plan

- Describe the activity's goal, specify the objectives, and identify the key action steps that will be used to achieve the proposed activity for the 12-month period of performance of September 1, 2021 - August 31, 2022.
- Use a timeline that includes each step of the proposed activity, target date for completion, and identifies staff responsible for the activities.
- Identify the measures you will use to evaluate success.
- Identify meaningful support and collaboration with key partners in planning, designing, and implementing all activities.
- Provide the above information in a table format and submit in the application as **Attachment 5**.



*Please refer to pages 16 of the NOFO*

# Project Narrative - Work Plan

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Your work plan should include objectives and key action steps that are:

**S**PECIFIC

**M**EASURABLE

**A**CHIEVABLE

**R**EALISTIC &

**T**IME FRAMED!

# Project Narrative - Resolution of Challenges

- Discuss challenges you are likely to encounter in the planning and implementation of your proposed HIV Care Innovation or Infrastructure Development project.
- Include the impact of COVID-19 on organizational operations and proposed activities.
- Describe the specific activities or strategies you will use to mitigate or resolve anticipated challenges.



*Please refer to page 16 of the NOFO*



# Project Narrative - Evaluation and Technical Support Capacity

- **Data Collection and Management:**
  - Describe the systems and processes that will support your organization's monitoring of the proposed activity.
  - Include a description of how your organization will collect, manage, and analyze data.
- **Project Evaluation:**
  - Describe the evaluation plan that will monitor ongoing processes and progress toward the goals and objectives of the proposed activity.
  - Plan for the program performance evaluation that will contribute to continuous quality improvement.
  - How you will share evaluation results internally with program staff and externally with key stakeholders to improve program implementation and outcomes.

*Please refer to pages 16 of the NOFO*



# Project Narrative - Organizational Information

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



*Please refer to page 17 of the NOFO*



# Budget Requirements

Budget information consists of three parts:

- 1) SF-424A Budget Information for Non-Construction Programs (included in the application package)
- 2) Program-specific line item budget (**Attachment 1**)
- 3) Budget justification narrative



*Please refer to page 15 of the SF-424 Application Guide and pages 17 to 18 of the NOFO*



# Budget Requirements: SF-424A

[View Burden Statement](#)

## BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006  
Expiration Date: 01/31/2019

### SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						



# Budget Requirements: SF-424A

## SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
b. Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Contractual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Total Direct Charges (sum of 6a-6h)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
j. Indirect Charges	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
k. TOTALS (sum of 6i and 6j)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
7. Program Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

# Salary Limitation

Please note that effective January 2020, the salary rate limitation applicable to RWHAP domestic grants and cooperative agreements increased from \$192,300 to \$197,300.

- The Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.”
- As a reminder, RWHAP funds and program income generated by RWHAP awards may not be used to pay salaries in excess of the rate limitation.



# Salary Rate Limitation Example

- Individual's full time salary: \$255,000.

50% of time will be devoted to the project	
Direct salary	\$127,500
Fringe (25% of salary)	\$31,875
Total amount	\$159,375

- Amount that may be claimed on the federal RWHAP award due to the legislative salary limitation:

- Individual's base full time salary *adjusted* to Executive Level II: \$197,300

50% of time will be devoted to the project	
Direct salary	\$98,650
Fringe (25% of salary)	\$24,662.50
Total amount	\$123,312.50



# Attachments

List of Attachments can be found in Section IV. 2. v. of the NOFO

- Upload attachments in the order specified to the Attachments Form in the application package
- Label each attachment clearly
- Unless otherwise noted, attachments count toward the page limit



*Please refer to pages 18 to 20 of the NOFO*



# Attachment 3: Sample Staffing Plan

Name	Education/ Credentials	Title	FTE	Funding Source	Project Role	Experience
Mrs. Doe	MPH	Program Coordinator	1.0	1.0 Part C	Oversight of RWHAP award and project implementation	5 years as program coordinator, previously was Data/CQM Manager for same entity
Dr. Jones	MD	Medical Director	1.0	0.5 Part C 0.5 In-kind	Oversight of clinic staff, SOPs and CQI projects	15 years providing HIV primary care
Ms. Kona	Associate's Degree	CQM Coordinator, Retention Specialist	1.0	1.0 Part C	Oversight of CQM Activities	4 years working in HIV clinic scheduling appointments, making referrals, medical data entry
Mr. Lewis	MSW	Medical Case Manager	0.5	0.5 Part C	Treatment adherence training	3 years providing HIV medical case management

Please refer to page 19 of the NOFO



# Attachment 6: Maintenance of Effort (MOE)

## NON-FEDERAL EXPENDITURES

FY Prior to Application (Actual)	Current FY of Application (Estimated)
Actual prior FY non-federal funds, including in-kind, expended for activities proposed in this application.  Amount: \$ _____	Estimated current FY non-federal funds, including in-kind, designated for activities proposed in this application.  Amount: \$ _____

*Please refer to pages 19 to 20 of the NOFO*



# Funding Restrictions

In addition to the general restrictions included in Section 4.1.iv of the [SF-424 Application Guide](#), funds may not be used for the following:

- Charges that are billable to third party payors
- Directly provide health care services that duplicate existing services
- Clinical research
- Nursing home care
- Cash payments to intended recipients of RWHAP services
- Purchase or improvement to land
- Purchase, construction, or major alterations or renovations on any building or other facility
- PrEP or nPEP medications and related medical services
- Purchase of sterile needles or syringes for the purposes of hypodermic injection of any illegal drug
- Development of materials designed to promote or encourage intravenous drug use or sexual activity
- Research
- International travel
- Long-term activities

*Please refer to pages 22 to 23 of the NOFO*



# Application Review Information

- Review Criteria are used to review and rank applications. For this opportunity, there are 6 review criteria:

Criteria	Points
Criterion 1: Need	20
Criterion 2: Response	25
Criterion 3: Evaluative Measures	10
Criterion 4: Impact	15
Criterion 5: Resources/Capabilities	10
Criterion 6: Support Requested	20
<b>Total Points</b>	<b>100</b>

*Please refer to pages 23 to 26 of the NOFO*



# Application Review Crosswalk

- Review Criteria correspond to the applicant's written response to the Project Narrative and required attachments:

Project Narrative Section	Review Criteria
Introduction	(1) Need and (2) Response
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(2) Response, (4) Impact, and (5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

*Please refer to page 18 of the NOFO*



# Funding Preference

- Applicants receiving funding preference will be placed in a more competitive position among applications that can be funded.
- The funding preference request is considered and reviewed as part of the objective review process.
- Applications that do not receive a funding preference will receive full and equitable consideration during the review process.
- Funding preference will be granted to any qualified applicant that justifies their qualification for the funding preference by demonstrating that they meet the criteria for the preference.
- If requesting funding preference(s), include a narrative justification as **Attachment 7**.



*Please refer to pages 27 to 28 of the NOFO*

# Funding Preference

## Qualification 1: Rural Areas

- You may request funding preference if you provide primary care services in a rural community.
- Rural communities are those NOT designated a metropolitan statistical area (MSA), although they may exist within the broad geographic boundaries of MSAs.
- For additional information, please review:
  - <https://www.hrsa.gov/rural-health/about-us/definition/index.html>
  - <https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>

## Qualification 2: Underserved Populations

- You may request funding preference if you provide primary care services to an underserved population.
- Gaps in HIV-related health services must be defined and documented in the application and may include inadequate and/or unavailable services.



*Please refer to page 26 to 27 of the NOFO*

# Reporting Requirements

- **Progress Reports**

- The first progress report is due six months after the period of performance start date.
- The final report is due within 90 days after the end of the period of performance.

- **Federal Financial Report**

- Due 90 days after the end of the period of performance.

- **RWHAP Part C and/or Part D recipients successfully awarded through this NOFO:**

- Recipients are required to provide updated progress on the impact of capacity funded activities through routine monitoring and progress reports.
- HRSA will request these updates for up to one year following the completion of the funded project period.

*Please refer to pages 28 of the NOFO*



# Application Package: Where is it?

- At [www.grants.gov](http://www.grants.gov), search by:
  - Opportunity number **HRSA-21-058**
  - CFDA **93.918**
- The *SF-424 Application Guide* is available at <https://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf> or click the links in the NOFO
- Grants.gov “Workspace” instructional information and videos are available online at <https://www.grants.gov/web/grants/applicants/workspace-overview.html>



# Application Submission Tips

- Read the NOFO and the *SF-424 Application Guide* carefully and follow instructions.
- Include your agency name and the name of this program on all pages (**RWHAP Part C Capacity Development Program**).
- Refer to section 4.7 of the *SF-424 Application Guide* for additional Tips for Writing a Strong Application.
- Apply early; do not wait until the last minute in case you run into challenges!
- Make sure the person who can submit for your organization will be available.
- Ensure SAM.gov and Grants.gov registration and passwords are current immediately!

**Have all your PIN numbers and passwords handy!**



# Grants.gov Contact Information

- **When to contact Grants.gov Helpdesk**
  - Error messages
  - Other technical issues
  - Application did NOT transmit to HRSA
  - **If you have any submission problems, please contact Grants.gov immediately!**
- **Grants.gov Contact Center** (24/7 except Federal holidays):
  - 1-800-518-4726, or
  - [support@grants.gov](mailto:support@grants.gov), or
  - <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>



# Tracking Grants.gov Submissions

Submission Type	E-mail	Subject	Time Frame	Sent By	Recipient
Competing Application	1 <sup>st</sup> e-mail	Submission Receipt	Within 48 hours	Grants.gov	AOR
	2 <sup>nd</sup> e-mail Most Crucial	Submission Validation Receipt OR Rejected with Errors	Within 48 hours	Grants.gov	AOR
	3 <sup>rd</sup> e-mail	Grantor Agency Retrieval Receipt	Within Hours of second e-mail	Grants.gov	AOR
	4 <sup>th</sup> e-mail	Agency Tracking number assignment	Within 3 business days	Grants.gov	AOR

*SF-424 Application Guide, section 8.2.5*



# Reminders

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- Your application must be electronically submitted through and successfully validated by Grants.gov no later than **February 19, 2021, 11:59 pm ET.**
- We recommend submission of the application at least four business days before the due date.



# HRSA Contacts

Applicants who need additional information may contact:

Program Contact	Grants Contact
<p><b>CAPT Mindy Golatt</b> Chief, Midwestern Branch HRSA HIV/AIDS Bureau <a href="mailto:MGolatt@hrsa.gov">MGolatt@hrsa.gov</a> (301) 443-0717</p>	<p><b>Potie Pettway</b> Grants Management Specialist HRSA Office of Federal Assistance Management <a href="mailto:PPettway@hrsa.gov">PPettway@hrsa.gov</a> (301) 443-1014</p>



*Please refer to pages 29 to 30 of the NOFO*



# Q&A - Your Questions are Welcome!



HAB TargetHIV Website  
<https://targethiv.org/library/nofos>

# Connect with HRSA

To learn more about our agency, visit

[www.HRSA.gov](http://www.HRSA.gov)



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