**FY 2022 Non-Automatic Waiver Request Instructions**

**Health Resources and Services Administration (HRSA) | HIV/AIDS Bureau (HAB)**

**Instructions:**

There are two non-automatic waivers available to Ryan White HIV/AIDS Program (RWHAP) recipients for FY 2022 funding due to the continued impact of the COVID-19 public health emergency[[1]](#footnote-2):

* Unobligated Balances Penalty – Part A, Part B
* Maintenance of Effort – Part A, Part B, Part C, Part F dental programs

*Unobligated Balances Penalty Waiver*

The waiver for the unobligated balances (UOB) penalty must be requested at the time the recipient submits the FY 2022 Estimated UOB and Estimated Carryover report. Instructions and a template are included in the submission placeholder in HRSA’s Electronic Handbooks (EHBs) to assist RWHAP Parts A and B recipients in completing the report and submitting the waiver request. Use of the template for completing the report is not required but is highly encouraged. If you require assistance following review of the instructions, please reach out to your designated project officer.

*Maintenance of Effort (MOE) Waiver*

To submit a MOE non-automatic waiver request, recipients must utilize HRSA’s EHBs Prior Approval Module using the Prior Approval Request Type – Other/Other. Two options are available:

1. The submission of a self-attestation notice, a sample of which is included below.
2. The submission of a brief explanation regarding the recipient’s inability to meet the MOE requirement due to the impact of the COVID-19 public health emergency and a request that this requirement be waived.

Recipients should submit a MOE non-automatic waiver request either before or at the time they submit their FY 2022 Annual Expenditure Report to HRSA HAB. HRSA HAB may request additional documentation regarding the impact of the COVID-19 pandemic on the recipient’s inability to meet this requirement.

**Ryan White HIV/AIDS Program Sample Attestation Statement**

 **for the FY 2022 MOE Waiver**

**Name of RWHAP Recipient:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RWHAP Part A Recipient RWHAP Part B Recipient**

**RWHAP Part C Recipient RWHAP Part F Dental Recipient**

|  |
| --- |
|  |
| Maintenance of Effort – Part A, Part B, Part C, Part F Dental Programs |
|  [ ]  I certify that, due to the impact of the COVID-19 public health emergency, the RWHAP recipient listed above is unable to maintain expenditures for HIV-related activities (Early Intervention Services for Part C) at a level which is not less than the level of expenditures for such activities during the one-year period preceding Fiscal Year 2022. |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorizing Official Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorizing Official Print Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

1. <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/fy2022-penalties-waivers-program.pdf> [↑](#footnote-ref-2)