



Ryan White HIV/AIDS Program Part A Pre-Application Technical Assistance Webinar HRSA-25-054

July 18, 2024

Division of Metropolitan HIV/AIDS Programs (DMHAP)
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



HRSA's HIV/AIDS Bureau (HRSA HAB) Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



DMHAP Core Values

Division of Metropolitan HIV/AIDS Programs



Promote access to and retention in high quality treatment and support services for people with HIV in metro areas

Innovation

Diversity

Accountability

Respect

Communication



Agenda

- Purpose of Notice of Funding Opportunity
- Award Information
- Eligibility
- Application and Submission Information
- Application Review Information
- Application Submission Tips
- Questions and Answers

*Also included are knowledge checks, resources, and acknowledgements



Purpose of NOFO

- This notice solicits applications for the Ryan White HIV/AIDS Program (RWHAP) Part A HIV Emergency Relief Grant Program.
- RWHAP Part A provides direct financial assistance to an eligible metropolitan area (EMA) or a transitional grant area (TGA) that has been severely affected by the HIV epidemic.
- Grant funds assist eligible jurisdictions to develop or enhance access to a comprehensive continuum of high quality, community-based care for people with HIV through the provision of formula, supplemental, and Minority AIDS Initiative (MAI) funds.

Please refer to page **1** of the NOFO



Award Information

- Approximately \$654,000,000 available to fund up to 52 RWHAP Part A recipients.
- Ceiling amounts for each EMA/TGA listed in Appendix B of the NOFO.
- Two-thirds of funds are formula based (determined by number of living HIV/AIDS cases).
- The remaining funds are discretionary supplemental funding based on the demonstration of additional need, and MAI funding (determined by living cases of HIV among minorities).



Please refer to pages 4-6 of the NOFO



Updates

1. Page limit shall not exceed **80** pages when printed.
 - a. Table format recommended in several sections
 - b. Some sections have a specific page limit
2. Suggested templates can be found in <https://targethiv.org/hrsa-25-054>.
3. HIV Care Continuum Services Table:
 - a. Three-year period of performance
 - b. CDC data must be used
4. Service Category Plan Tables
 - a. Service unit cost definitions
 - b. Reasonable cost explanation
5. Appendix C: Page Limit Worksheet



Eligibility Information

- Eligible applicants include RWHAP Part A recipients that are classified as an EMA or as a TGA and continue to meet the status as an eligible area as defined in statute.
- Cost sharing/matching is not required.
- Applicant may request funding up to the ceiling amount in Appendix B.
- Maintenance of Effort Information (MOE) – Attachment 3



Please refer to 6-8 of the NOFO



Application and Submission Information

Two Components:

- 1) **HRSA-25-054 Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program** 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”)



Please refer to pages **8-31** of the NOFO



Application Package

Applicants must include the following:

- **SF-424 Application for Federal Assistance**
- **Project Abstract**
- Project/Performance Site Location Form
- **Project Narrative**
- **SF-424A Budget**
- **Budget Narrative**
- **Attachments**
- Grants.gov Lobbying Form
- SF-424B Assurances
- Key Contacts

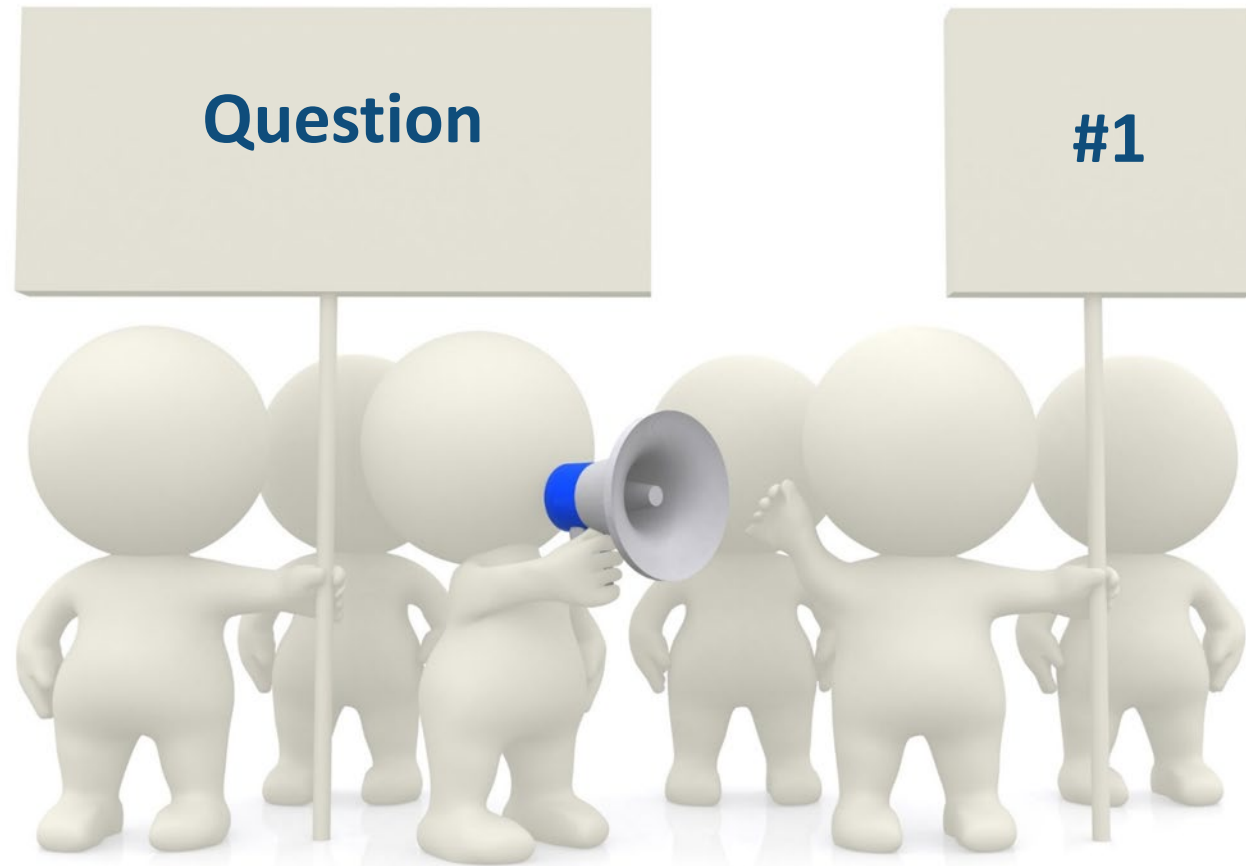


Helpful Hints/Tips

- Successful applicants will submit all the information requested in the programmatic specific instructions.
- Use the section headers as outlined in the NOFO to organize your submission.
- If requested information is not applicable, state ‘non-applicable’ and provide the rationale. Do not leave blank.



Knowledge Check 1



Project Abstract

The project abstract should be single-spaced, limited to one page, and include the following:

- **General Overview of the HIV epidemic** in the EMA/TGA, including epidemiologic, demographic and geographic information. May present this in a table format
- **Comprehensive System of Care** in EMA/TGA, including core medical and support services, locations, client access, and special services for disproportionately affected populations
- **Overall Viral Suppression Rate** for the EMA/TGA
 - ✓ Use HIV surveillance data on [TargetHIV](#)

Please refer to page 10 of the NOFO and page 8 of the SF-424 Application Guide

Project Narrative

Sections:

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

Please refer to pages **11-25** of the NOFO



Project Narrative

Organizational Information

Grant Administration

- 1) Program Organization
 - ✓ **Attachment 1.** - Program Organizational Chart
 - ✓ **Attachment 2.** - Staffing Plan
 - Include vacant positions
 - Expectation: person responsible for the management of the RWHAP Part A award must have at least 0.5 FTE allocated to the Part A program
- 2) Grant Recipient Accountability
 - ✓ Description of subrecipient monitoring, payor of last resort, and fiscal oversight

Maintenance of Effort (MOE)

- Non-federal funding for award activities for core medical and support services must be maintained at a level not less than expenditures for such activities in the most recent completed program year, as required by Section 2605(a)(1)(B) of the PHS Act.
- Submit documentation demonstrating compliance with MOE requirements as **Attachment 3**:
 - Identification of the baseline aggregate non-federal EMA/TGA political subdivision expenditures for HIV-related core medical and support services for the recipient's most recently completed fiscal year;
 - MOE estimate for the current fiscal year in which the application is being submitted; and
 - A description of the process and elements used to determine the amount of expenditures in the MOE calculations.



Please refer to pages **11-14** of the NOFO



Staffing Plan – Attachment 2.

SAMPLE Table

Name	Education/ Credentials	Title	Project Role	Experience	% FTE			
					Admin	CQM	MAI	HIV Services
Mrs. Doe	MPH	Program Coordinator	Oversight of RWHAP award and project implementation	5-years as program coordinator, previously Data/CQM Manager for same entity	0.15	0.15	0.25	0.45
Dr. Jones	MD	Medical Director	Oversight of clinic staff, SOPS and CQI projects	15-years providing HIV primary care	0.15	0.20	0.15	0.45
				4-years working in HIV				



Name	Education/ Credentials	Title	Project Role	Experience	% FTE			
					Admin	CQM	MAI	HIV Services



Project Narrative – Needs Assessment

The Needs Assessment section includes:

- **Demonstrated Need**
 - ✓ Epidemiological Overview
 - ✓ Unmet Need
 - ✓ HIV Care Continuum
- **Early Identification of Individuals with HIV/AIDS (EIIHA)**
- **Subpopulations of Focus**

Please refer to pages **14-18** of the NOFO



Project Narrative – Needs Assessment

Demonstrated Need – Epidemiologic Overview

Summary of the HIV epidemic in your EMA/TGA jurisdiction not to exceed one page.

Description of socio-demographic characteristics of (1) persons newly diagnosed, (2) people with HIV, and (3) persons at higher risk for HIV in the EMA/TGA jurisdiction not to exceed two pages.

Incidence and prevalence estimates of the co-occurring conditions.

Description of health care coverage options available to all people with HIV in the jurisdiction, not to exceed one page.



Please refer to pages 14-15 of the NOFO



Project Narrative – Needs Assessment

Demonstrated Need – Unmet Need

Unmet Need

1. Submit Unmet Need Framework estimates as Attachment 6, and identify method utilized for the unmet need framework
2. Based on the estimates included in Attachment 6, describe the need(s) of the estimated number of people in your jurisdiction that:
 - Are late-diagnosed
 - Have unmet need
 - Are in care, but not virally suppressed



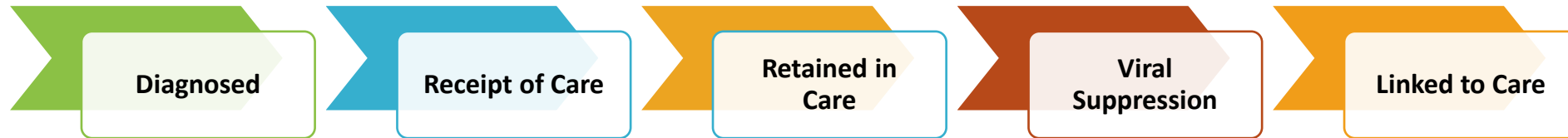
Please refer to pages 15-16 of the NOFO



Project Narrative – Needs Assessment

Demonstrated Need – HIV Care Continuum

HIV CARE CONTINUUM – DIAGNOSIS BASED



- The CDC data set provided on TargetHIV must be used to complete the HIV care continuum from FY 2025 – 2027.
 - Using the CDC definition for a diagnosis-based HIV care continuum, provide a graphic depiction (i.e., bar chart) of the HIV care continuum for the jurisdiction.

Project Narrative – Needs Assessment

Early Identification of Individuals with HIV/AIDS (EIIHA)

- Brief description of the overall EIIHA strategy for your jurisdiction
 - Include any adjustments from prior period of performance
- Description (can be in a table format) of activities, anticipated outcomes, and primary collaborators for each EIIHA component

EIIHA Components	Activities	Anticipated Outcomes	Primary Collaborators
<u>Identifying</u> individuals with HIV who do not know their HIV status;			
Making such individuals <u>aware</u> of their status and enabling them to use the health and support services			
<u>Reducing barriers</u> to routine testing and disparities in access and services among affected subpopulations and historically underserved communities			
<u>Linkage</u> to care of newly diagnosed individuals.			

Note: EIIHA activities will be undertaken for the three-year period of performance. Outcomes will be reported in FY 2026 and FY 2027 Reporting Requirements.

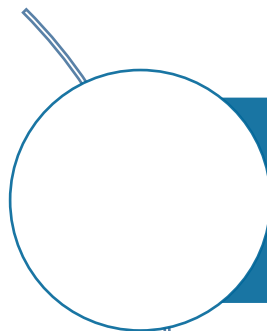
Please refer to pages **16-17** of the NOFO



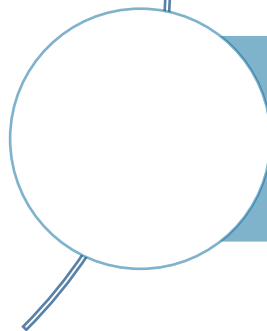
Project Narrative – Needs Assessment

Subpopulations of Focus

A data driven process should be used to identify subpopulations of focus disproportionately affected by HIV.



Identify three subpopulations with disparities in health outcomes in your jurisdiction, and briefly describe the specific needs for each subpopulation.



Briefly describe how the activities for each required EIIHA component align with the needs of the identified subpopulations of focus for the jurisdiction. Indicate which EIIHA activities are not applicable.



Please refer to pages **17-18** of the NOFO



Project Narrative – Approach

The Approach section includes:

- **Planning Responsibilities**
 - The letter of Assurance from Planning Council Chair(s) or Letter of Concurrence from Planning Body
 - Resource Inventory



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



Project Narrative – Approach

Planning Responsibilities

Letter of Assurance from Planning Council Chair(s) or Letter of Concurrence from Planning Body

Letter of Assurance from Planning Council Chair(s) or Letter of Concurrence from Planning Body leadership (Attachment 7)

- **Planning**
 - Comprehensive Needs Assessment Completion Date
 - Comprehensive Planning Process

- **Priority Setting and Resource Allocation (PRSA)**
 - Data used
 - Involvement of people with HIV
 - Fiscal Year 2023 funds expended according to the PC/PB priorities

- **Annual Membership Training (include dates)**

- **Assessment of the Efficiency of the Administrative Mechanism**

Please refer to pages 18-20 of the NOFO



Project Narrative – Approach

Planning Responsibilities - Resource Inventory

Coordination of Services and Funding Streams Table				
Funding Source	FY 2022 Funding Amount		Number of Agencies	
	Dollar Amount	%		
Part A	\$			
Part B	\$			
Part C	\$			
Part D	\$			
Part F	\$			
CDC	\$			
SAMHSA	\$			
HOPWA	\$			
Federal	\$			
State	\$			
Local	\$			
EHE	\$			
Total	\$	100%		
				Prevention Services
				HIV Testing & Policy Alignment Efforts
				PLWH/Partner Prevention Services
				Condom Distribution
				Core Medical-related Services
				Outpatient/Ambulatory Health Services
				AIDS Drug Assistance Program Treatment (Tx)
				AIDS Pharmaceutical Assistance
				Oral Health Care
				Early Intervention Services
				Health Insurance Premium & Cost-Sharing
				Home Health Care
				Home & Community-based Health Services
				Hospice Services
				Mental Health Services
				Medical Nutrition Therapy
				Medical Case Mgmt. incl. Tx Adherence
				Substance Abuse Outpatient Care
				Supportive Services
				Non-Medical Case Management Services
				Child Care Services
				Emergency Financial Assistance
				Food Bank/Home-delivered Meals
				Health Education/Risk Reduction
				Housing Services
				Linguistic Services
				Medical Transportation
				Other Professional Services: Legal Services
				Outreach Services
				Psychosocial Support Services
				Referral for Health Care & Support Services
				Rehabilitation Services
				Respite Care
				Substance Abuse Services (residential)
				Treatment Adherence Counseling

Please refer to pages 18-20 of the NOFO



Project Narrative – Work Plan

The Work Plan section includes:

- HIV Care Continuum Services Table and Narrative
- Service Category Plan Tables
- MAI Service Category Plan Narrative
- Unmet Need Narrative
- Core Medical Services Waiver, if applicable



Please refer to pages **20-24** of the NOFO



Project Narrative – Work Plan

HIV Care Continuum Services Table & Narrative

II. Receipt of Care: Percentage of persons with diagnosed HIV who had at least one CD4 or viral load test during the calendar year.					Receipt of Care Service Category (List service categories that tie to target goal as described in Part A and/or MAI Service Category Plan Table)
Goal	Improve HIV-related outcomes for people with HIV.	Objective	By 2030, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 95%. (Source: NHSS, Indicator HIV05***).		
2022 CDC Baseline					Medical Case Management, Outpatient Ambulatory Health Services, Medical Transportation
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had a care visit during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 28 No 4**).	18,582	Denominator: Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	23,678	78%	
FY 2027 Three-Year Period of Performance Target					
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had a care visit during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 28 No 4**).	23,000	Denominator: Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	27,250	84%	Percentage Change from Baseline to Target 6%



Please refer to pages 20-21 of the NOFO



Project Narrative – Work Plan

Funding for Core & Support Services

- Service Category Plan
 - ✓ Service Category Plan Table
 - RWHAP Part A Table
 - MAI Table
 - Service Unit Definitions
 - Unit Cost Reasonableness Explanations, if applicable
 - ✓ Submit as **Attachment 10**
- MAI Service Category Plan Narrative



Please refer to pages 21-23 of the NOFO



Work Plan – SAMPLE Attachment 10

RWHAP Part A Service Category Plan Table

RWHAP Part A Service Category Plan Table									
Service Category	FY 2024 Allocated				FY 2025 Estimated				
	Priority #	Allocated Amount	Unduplicated Clients	Service Units	Priority #	Estimated Amount	Unduplicated Clients	Service Units	Average Cost Per Service Unit
Example: Outpatient Ambulatory Health Services	1	\$2,000,000	2,000	4,500	1	\$1,200,000	1,200	3,800	\$315.79
Example: Medical Case Management	2	\$1,500,000	2,500	25,000	2	\$2,000,000	2,600	30,000	\$66.67



Please refer to pages 21-22 of the NOFO



Work Plan - SAMPLE Attachment 10

Service Category Plan Table MAI

MAI Service Category Plan Table											
Service Category	FY 2024 Allocated					FY 2025 Estimated					
	Priority Number	Allocated Amount	Unduplicated Clients	Service Units	Subpopulation(s) of Focus	Priority Number	Estimated Amount	Unduplicated Clients	Service Units	Subpopulation(s) of Focus	Average Cost per Service Unit
Example: Outpatient Ambulatory Health Services	2	\$400,000	300	900	Hispanic Women Child-bearing Age; Black MSM	2	\$420,000	200	1100	Hispanic Women Child-bearing Age, Black MSM	\$381.82
Example: Medical Case Management	1	\$250,000	600	5000	Hispanic Women Child-bearing Age	1	\$300,000	650	6000	Hispanic Women Child-bearing Age	\$50



Please refer to pages 21-22 of the NOFO



Work Plan – SAMPLE Attachment 10

Service Unit Definitions and Unit Cost Reasonable Explanations Template

Service Unit Definitions	
RWHAP Service Category	Comments
Medical Case Management (Part A and MAI)	<ul style="list-style-type: none"> • 1 15-minute Face to Face Encounter with Client • 1 15-minute Other Encounter on Behalf of Client • 1 15-minute Increment for Assessment
Outpatient Ambulatory Health Services (Part A)	<ul style="list-style-type: none"> • 1 medical visit • 1 Lab - Viral Load • 1 Lab - CD4 • 1 Lab - Other

Unit Cost Reasonableness Explanations	
RWHAP Service Category	Comments
Medical Transportation	<ul style="list-style-type: none"> • \$10 per service unit. Cost of scooter rental for medical transportation
Medical Nutritional Therapy	<ul style="list-style-type: none"> • \$3 per service unit. Cost of a can of Ensure to fill dietician prescription



Please refer to pages 22-23 of the NOFO



Project Narrative – Work Plan

Unmet Need

Refer to **Attachment 6 – Unmet Need Framework** and identify specific interventions focused on improving the outcomes for individuals with unmet need who:

- Are late diagnosed
- Have unmet need
- Are in care but not virally suppressed



Please refer to page 24 of the NOFO



Core Medical Services Waiver

1. RWHAP Part A funds are subject to Section 2604(c) of the PHS Act
 - a. Requires that not less than 75 percent of the funds remaining after reserving funds for administration and clinical quality management (CQM) be used to provide core medical services

2. To request a waiver, submit HRSA RWHAP Core Medical Services Waiver Request Attestation Form as **Attachment 11**

OMB Number: 0906-0065

**HRSA Ryan White HIV/AIDS Program (RWHAP)
Core Medical Services Waiver Request Attestation Form**

*This form is to be completed by the Chief Elected Official, Chief Executive Officer, or a designee of either.
Please initial to attest to meeting each requirement after reading and understanding the explanation.*

Name of recipient _____

RWHAP Part A recipient RWHAP Part B recipient RWHAP Part C recipient

Initial request Renewal request

Year of request _____

REQUIREMENT	EXPLANATION
No ADAP waiting lists	By initialing here and signing this document, you attest there are no AIDS Drug Assistance Program (ADAP) waiting lists in the service area. <input type="checkbox"/>
Availability of, and accessibility to core medical services to all eligible individuals	By initialing here and signing this document, you attest to the availability of and access to core medical services for all HRSA RWHAP eligible individuals in the service area within 30 days. Such access is without regard to funding source, and without the need to spend on these services, at least 75 percent of funds remaining from your RWHAP award after reserving statutory permissible amounts for administrative and clinical quality management. You also agree to provide HRSA HAB supportive evidence of meeting this requirement upon request. <input type="checkbox"/>
Evidence of a public process	By initialing here and signing this document, you attest to having had a public process during which input related to the availability of core medical services and the decision to request this waiver was sought from impacted communities, including clients and RWHAP funded core medical services providers. You also agree to provide supportive evidence of such process to HRSA HAB upon request. <input type="checkbox"/>

SIGNATURE OF CHIEF ELECTED OFFICIAL OR CHIEF EXECUTIVE OFFICER (OR DESIGNEE)

PRINT NAME

TITLE

DATE

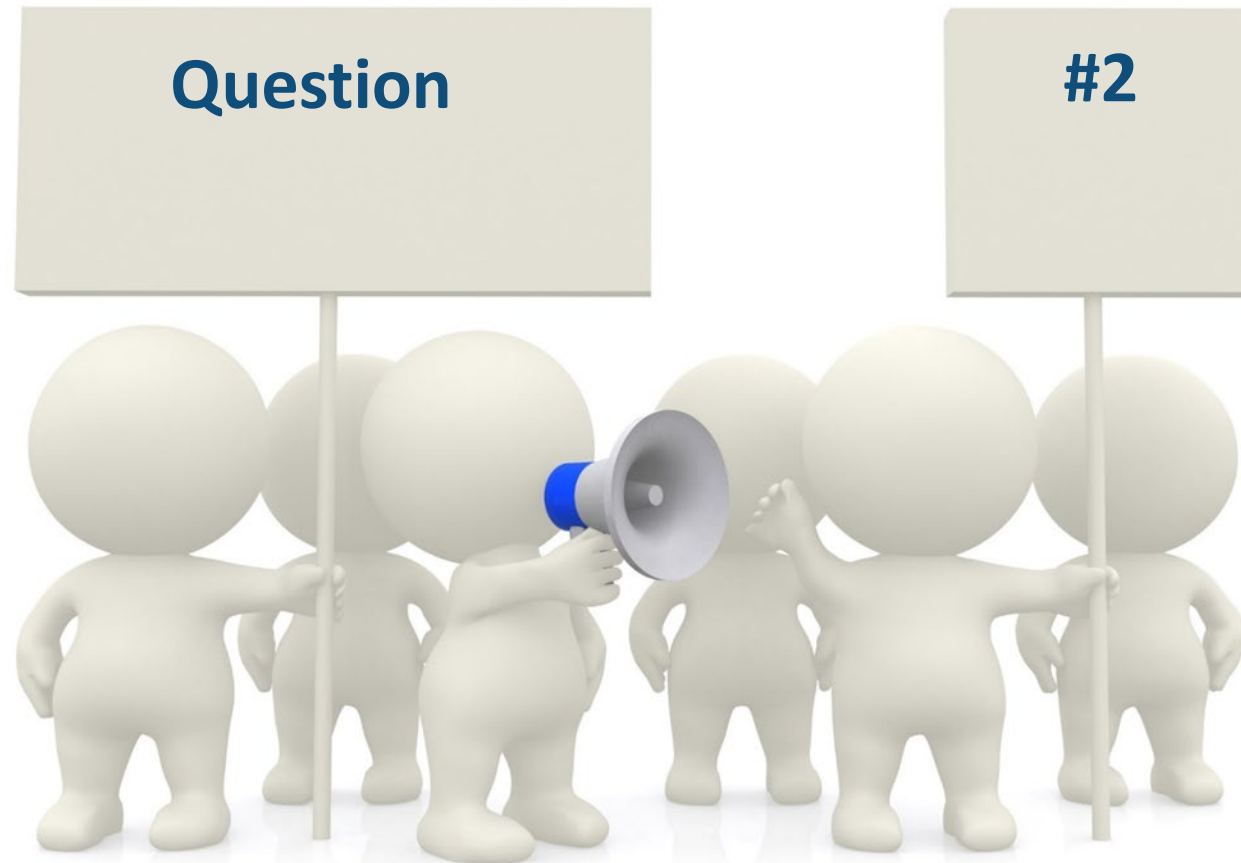
Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0065 and is valid until 09/30/2024. Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

Expiration Date 09/30/2024

Please refer to page 24 of the NOFO



Knowledge Check 2



Project Narrative – Resolution of Challenges

SAMPLE Table

Resolution of Challenges				
	Challenge/Barriers	Proposed Resolution	Intended Outcomes	Current Status
Challenge 1				
Challenge 2				
Challenge 3				



Please refer to pages 24-25 of the NOFO



Project Narrative - Evaluation and Technical Support Capacity

SAMPLE Table

Provide information for at least one quality improvement activity for FY 2025

Quality Improvement Activities					
Methodology Used	Related Service Category	Key Activities	Timeline	Person(s)/organizations(s) Responsible	Intended Outcome/Impact



Please refer to page 25 of the NOFO



Budget Requirements

Budget information consists of two parts:

1. SF-424A Budget Information for Non-Construction Programs
2. Budget Narrative/Justification



Please refer to pages **25-31** of the NOFO



Budget Requirements - SF-424A - Budget Information for Non-Construction Programs

[View Burden Statement](#)

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2025

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. [Redacted]	[Redacted]	\$ [Redacted]	\$ [Redacted]	\$ [Redacted]	\$ [Redacted]	[Redacted]
2. [Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
3. [Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
4. [Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
5. Totals		\$ [Redacted]	\$ [Redacted]	\$ [Redacted]	\$ [Redacted]	\$ [Redacted]

Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A -102) Page 1



Budget Requirements - Budget Narrative/Justification

Budget Summary

RWHAP PART A BUDGET SUMMARY
RECIPIENT:
FISCAL YEAR: 2025

Object Class Categories	Part A			Minority AIDS Initiative (MAI)			Total
	Administration	CQM	HIV Services	Administration	CQM	HIV Services	
a. Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Contractual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
g. Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Charges	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Charges	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Income							\$ -

FY 2024 Funding Ceiling:							Manually Enter HIV Services Allocation Percentages
				Administrative Budget 10%			
				Part A and MAI	Within Limit		Core Medical Services 0%
Part A Funding	\$ -						Support Services 0%
MAI Funding	\$ -			CQM Budget 5%			
Total:	\$ -			Part A and MAI	Within Limit		

CAUTION Only enter **program income** on this worksheet (i.e., cells D19 and G19), if applicable. Otherwise, do not enter any other amounts on this table; the remaining cells will autopopulate based on amounts entered in the Part A and MAI worksheets.



Budget Requirements - Methods for Claiming Indirect Costs

1. A federally negotiated indirect cost rate agreement (NICRA)
2. Tribal organizations and state/local government agencies may claim indirect costs without a federally negotiated indirect cost rate agreement
 - Cost Allocation Plan or Indirect Cost Rate Proposal
3. 10% De Minimis Cost Rate



Budget Requirements - Salary Limitation

The current salary rate limitation applicable to RWHAP domestic grants and cooperative agreements is \$221,900 in FY 2024.

- 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

Please refer to page 27 of the NOFO & pages 19-20 of the SF-424 Application Guide



Budget Requirements - Funding Restrictions

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

- Cash payments to intended recipients of RWHAP services
- International travel
- Pre-exposure (PrEP) or post-exposure (PEP) prophylaxis medications or related medical services
- Development of materials designed to promote or encourage intravenous drug use or sexual activity
- Payment for any item or service that has been (or can be expected to be) paid by a state compensation program, insurance policy, federal or state health benefits program, or any entity that provides health services on a prepaid basis
- Syringe Services Programs*
- Construction*

*Discuss with your HAB project officer.

Please refer to pages **34-35** of the NOFO

Application 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 31-32 of the NOFO



Application Review Information

- HRSA's Division of Independent Review (DIR) is responsible for managing the objective and independent application review performed by a committee of qualified experts.
- Applications will be reviewed and rated based on the review criteria in Section V of the NOFO *if* they:
 - ✓ are submitted by the published deadline
 - ✓ do not exceed the page limit
 - ✓ do not request more than the ceiling amount, and
 - ✓ pass the initial HRSA eligibility and completeness screening
- The competitive objective review process is based solely on the merits of the application. It is critical that it paints a clear picture of your proposed project and the capabilities that your organization brings to the work



Please refer to pages **36-41** of the NOFO



Application Review Information

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

Criteria	Points
Criterion 1: Need	66
Criterion 2: Response	12
Criterion 3: Evaluative Measures	2
Criterion 4: Impact	10
Criterion 5: Resources/Capabilities	5
Criterion 6: Support Requested	5
Total Points	100



Please refer to pages **36-41** of the NOFO



GRANT UPDATES



Grant Updates

Federal Financial Report:

- Reports are due 90 days after the budget period end date.

Returning Funds

- Domestic Automated Clearing House (ACH) Returns (Direct Deposit) - Returning funds to PSC via Automated Clearing House (ACH) means you will most likely be returning funds to PSC in the manner in which they were received at your organization.
- Returning funds via check will result in a processing delay. Please allow 4-6 weeks for processing of a payment by check to be applied to the appropriate PMS account.



Grant Updates

2 CFR 200 Implementation:

- Changes to some requirements based on the updated CFR are coming soon.
- HHS will be the first to announce, after which HRSA will update our terms and reporting requirements as applicable



Application Submission Information



Application Submission Deadline

- Your application must be electronically submitted through and successfully validated by Grants.gov no later than October 01, 2024, 11:59 p.m. EDT.
- We recommend submission of the application at least four business days before the due date.



Application Package: Where Is It?

- On HRSA's website at <https://www.hrsa.gov/grants/>
 - Click on the “Apply for a Grant” link for info
- At <https://www.grants.gov/>
 - Search by opportunity number (HRSA-25-054) or
 - CFDA Number: 93.914
- The Application Guide is available at https://www.hrsa.gov/sites/default/files/hrsa/grants/apply/application_guide/sf-424-app-guide.pdf or click the links in the NOFO



Application Submission Tips

- Read the NOFO HRSA-25-054 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 A HIV Emergency Relief Grant Program](#)).
- 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 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
 - ✓ Send an email to: support@grants.gov or visit <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 st e-mail	Submission Receipt	Within 48 hours	Grants.gov	AOR
	2 nd e-mail Most Crucial	Submission Validation Receipt OR Rejected with Errors	Within 48 hours	Grants.gov	AOR
	3 rd e-mail	Grantor Agency Retrieval Receipt	Within hours of second e-mail	Grants.gov	AOR
	4 th e-mail	Agency Tracking number assignment	Within 3 business days	Grants.gov	AOR

SF-424 Application Guide, section 8.2.5

The Grants.gov Contact Center can be reached by email at support@grants.gov, or by telephone at 1-800-518-4726



Contact Information

Applicants who need additional information may contact:

Program Contact

Chrissy Abrahms Woodland
Director, Division of
Metropolitan HIV/AIDS
Programs

CAbrahms@hrsa.gov

(301) 443-1373

Grants Contact

Olusola Dada
Grants Management Specialist
Division of Grants Management
Operations, OFAM

ODada@hrsa.gov

(301) 443-0195



Thank you for attending and Thanks to the following HRSA HAB Staff.....

DMHAP NOFO Workgroup Members:

- Kristin Athey
- Priscilla Báez-Merced
- Jenifer Gray
- Deborah Medina
- Audrey Sienkiewicz
- Andy Tesfazion

Division of Grants Management

- Olusola Dada





Connect with HRSA

To learn more about our agency, visit

www.HRSA.gov



Sign up for the HRSA *eNews*

FOLLOW US:

