

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

HIV/AIDS Bureau  
Division of Community HIV/AIDS Programs

***Ryan White HIV/AIDS Program Part C Early Intervention Services Program:  
Existing Geographic Service Areas***

***Funding Opportunity Numbers: HRSA-22-011, HRSA-22-014, HRSA-22-015  
Funding Opportunity Type(s): New and Competing Continuation  
Assistance Listings (CFDA) Number: 93.918***

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2022

**Application Due Date: June 21, 2021**

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!  
HRSA will not approve deadline extensions for lack of registration.  
Registration in all systems, including SAM.gov and Grants.gov,  
may take up to 1 month to complete.*

**Issuance Date: March 29, 2021**

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Authority: 42 U.S.C. §§ 300ff-51-67 and 300ff-121 (sections 2651-2667 and 2693 of the Public Health Service (PHS) Act).

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2022 – FY 2024 Ryan White HIV/AIDS Program (RWHAP) Part C HIV Early Intervention Services (EIS) Program: Existing Geographic Service Areas. The purpose of this program is to provide comprehensive primary health care and support services in an outpatient setting for low income, uninsured, and underserved people with HIV.

Under this announcement, applicants must propose to provide: (1) counseling for individuals with respect to HIV; (2) targeted HIV testing; (3) periodic medical evaluations of individuals with HIV and other clinical and diagnostic services regarding HIV; (4) therapeutic measures for preventing and treating the deterioration of the immune system, and for preventing and treating conditions arising from HIV; and (5) referrals for people with HIV to appropriate providers of health and support services. These services are to be provided directly or through referrals, contracts or memoranda of understanding (MOUs).

This competition is open to current recipients and new organizations proposing to provide RWHAP Part C EIS funded services in the geographic service areas, as described in [Appendix B](#). Please note that there are three (3) funding announcement numbers included in this document with three (3) different periods of performance (see table below). **Applicants must apply to the funding opportunity announcement number that corresponds to the period of performance start date for their project. The application must address the entire service area, as defined in [Appendix B](#). Applicants applying for more than one service area listed in [Appendix B](#) must submit a separate application for each service area under the correct funding opportunity number.**

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part C HIV Early Intervention Services Program: Existing Geographic Service Areas	
Funding Opportunity Number:	HRSA-22-011 – January 1 start date HRSA-22-014 – April 1 start date HRSA-22-015 – May 1 start date	
Due Date for Applications:	June 21, 2021	
Anticipated Total Annual Available Funding:	HRSA-22-011 – \$62,400,000 HRSA-22-014 – \$49,200,000 HRSA-22-015 – \$69,000,000	
Estimated Number and Type of Award(s):	HRSA-22-011: 90 grants HRSA-22-014: 112 grants HRSA-22-015: 145 grants	
Estimated Award Amount:	Varies; See Appendix B	
Cost Sharing/Match Required:	No	
	<b>NOFO #</b>	<b>Period of Performance</b>

Project Period/Period of Performance:	HRSA-22-011	January 1, 2022 through December 31, 2024
	HRSA-22-014	April 1, 2022 through March 31, 2025
	HRSA-22-015	May 1, 2022 through April 30, 2025
	Each period of performance will be for three (3) years	
Eligible Applicants:	<p>Public and nonprofit private entities that are: a) Federally qualified health centers under section 1905(1)(2)(B) of the Social Security Act; b) Grant recipients under section 1001 (regarding family planning) other than States; c) Comprehensive hemophilia diagnostic and treatment centers; d) Rural health clinics; e) Health facilities operated by or pursuant to a contract with the Indian Health Service; f) Community-based organizations, clinics, hospitals, and other health facilities that provide early intervention services to people who contracted HIV through intravenous drug use; or g) Nonprofit private entities that provide comprehensive primary care services to populations at risk of HIV, including faith-based and community-based organizations.</p> <p>See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.</p>	

## **Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this NOFO to do otherwise.

## **Technical Assistance**

HRSA has scheduled the following technical assistance:

### *Webinar*

Day and Date: Tuesday, April 20, 2021

Time: 2 – 4 p.m. ET

Call-In Number: 1-833-568-9964

Participant Code: 04879305

Weblink:

[https://hrsa-  
gov.zoomgov.com/j/1608895322?pwd=K3lZSm1vT3FaVEFkcHlSemNlREZaUT09](https://hrsa.gov.zoomgov.com/j/1608895322?pwd=K3lZSm1vT3FaVEFkcHlSemNlREZaUT09)

This TA webinar will be recorded and made available on the [TargetHIV Center](https://targethiv.org) website at <https://targethiv.org/library/nofos>.

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under Ryan White HIV/AIDS Program (RWHAP) Part C Early Intervention Services (EIS) Program: Existing Geographic Service Areas. The purpose of this program is to provide comprehensive primary health care and support services in an outpatient setting for low income, uninsured, and underserved people with HIV.

Under this announcement, successful applicants must provide: (1) counseling for individuals with respect to HIV; (2) targeted HIV testing; (3) periodic medical evaluations of individuals with HIV and clinical and diagnostic services for HIV care and treatment; (4) therapeutic measures for preventing and treating the deterioration of the immune system, and for preventing and treating conditions arising from HIV; and (5) referrals for people with HIV to appropriate providers of health care and support services. These services are to be provided directly or through referrals, contracts or memoranda of understanding (MOUs).

RWHAP Part C EIS recipients must provide comprehensive primary health care and support services throughout the entire designated geographic service areas (referred to as “service areas” throughout this Notice of Funding Opportunity (NOFO)) listed in [Appendix B](#) with the goals of providing optimal HIV care and treatment for low-income, uninsured, and underserved people with HIV and improving health outcomes. **Your application must address the entire service area, as defined in [Appendix B](#). If you are applying for more than one service area listed in [Appendix B](#) you must submit a separate application for each service area under the correct funding opportunity number.**

All allowable services must relate to HIV diagnosis, care, and support, and must adhere to established HIV clinical practice standards consistent with [U.S. Department of Health and Human Services \(HHS\) Guidelines](#). Please refer to the HIV/AIDS Bureau (HAB) [Policy Clarification Notice \(PCN\) 16-02 Ryan White HIV/AIDS Program Services](#) for a list of RWHAP allowable core medical and support services and their descriptions. According to the RWHAP Part C legislation:

- At least 50 percent of the amount received under the grant must be expended on EIS costs (except counseling and referrals/linkage to care);
- At least 75 percent of the award (after reserving amounts for administrative costs, planning/evaluation, and clinical quality management (CQM)) must be expended on core medical services costs (Please note: EIS is a subset of this 75 percent of the award) and;
- Not more than 10 percent of the total RWHAP Part C grant funds can be expended on administrative costs.

Applicants seeking a waiver to the core medical services requirement must submit a waiver request with this application. If submitting with the application, a core medical services waiver request should be included as **Attachment 15**.

## 2. Background

The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

The RWHAP has five statutorily defined Parts (Parts A, B, C, D and F) that provide funding for core medical, support services, and medications; technical assistance; clinical training; and the development of innovative models of care to meet the needs of different communities and populations affected by HIV.

An important framework in the RWHAP is the HIV care continuum, which depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication to achieve viral suppression. Supporting people with HIV to reach viral suppression not only increases their own quality of life and lifespan, it also prevents sexual transmission to an HIV-negative partner.

The HIV care continuum framework allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are encouraged to assess the outcomes of their programs and should work with their community and public health partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the [performance measures](#) developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

### Strategic Frameworks and National Objectives

National objectives and strategic frameworks like the [Healthy People 2030](#), the [HIV National Strategic Plan: A Roadmap to End the HIV Epidemic \(2021 – 2025\)](#); the [Sexually Transmitted Infections National Strategic Plan for the United States \(2021 – 2025\)](#); and the [Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination \(2021 – 2025\)](#) are crucial to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and provides a blueprint for collective action across the federal government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to extent possible.

### Expanding the Effort: Ending the HIV Epidemic

According to recent data from the [2019 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2015 to 2019, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 83.4 percent to 88.1 percent. Additionally, racial/ethnic, age-based, and regional disparities reflected in viral suppression rates have

significantly decreased.<sup>1</sup> For example, the disparities in viral suppression rates between Black/African Americans and white clients have decreased since 2010.<sup>2</sup> These improved outcomes mean more people with HIV in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.<sup>3</sup>

In February 2019, the [Ending the HIV Epidemic](#) (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. This 10-year initiative seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. The initiative promotes and implements four strategies to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. The initiative is a collaborative effort among key HHS agencies, primarily HRSA, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

For the RWHAP, the EHE initiative expands the program’s ability to meet the needs of clients specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed in care but not yet virally suppressed to the essential HIV care and treatment and support services needed to help them achieve viral suppression.

### **Using Data Effectively: Integrated Data Sharing and Use**

HRSA and CDC’s Division of HIV/AIDS Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, conducting needs assessments, determining unmet need estimates, reporting, quality improvement, enhancing the HIV care continuum, and public health action. HRSA strongly encourages RWHAP recipients to:

- Follow the principles and standards in the [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action](#).
- Establish data sharing agreements between surveillance and HIV programs to ensure clarity about the process and purpose of the data sharing and utilization.

Integrated data sharing, analysis, and utilization of HIV data by state and territorial health departments can help further progress toward reaching the HIV National Strategic Plan goals and improve outcomes on the HIV care continuum.

HRSA strongly encourages complete CD4, viral load (VL) and HIV nucleotide sequence reporting to the state and territorial health departments’ HIV surveillance systems to benefit fully from integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and nucleotide sequence data to identify cases, stage of HIV disease at

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<sup>1</sup> Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2019. <http://hab.hrsa.gov/data/data-reports>. Published December 2020. Accessed December 2, 2020.

<sup>2</sup> Black/African American clients went from 79.4 percent viral suppression in 2015 to 85.2 percent in 2019, while 88.3 percent of white clients were virally suppressed in 2015 and 91.8 percent in 2019

<sup>3</sup> National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: <https://clinicaltrials.gov> NCT00074581 NLM Identifier: NCT00074581.



diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

## **Program Resources and Innovative Models**

HRSA has a number of projects and resources that may assist RWHAP recipients with program implementation. These include a variety of HRSA HAB cooperative agreements, contracts, and grants focused on specific technical assistance (TA), evaluation, and intervention activities. A list of these resources is available on [TargetHIV](#). Recipients should be familiar with these resources and are encouraged to use them as needed to support their program implementation.

In addition, many RWHAP Special Projects of National Significance (SPNS) projects have demonstrated promising new approaches for linking and retaining priority populations into care. As resources permit, RWHAP recipients are encouraged to review and integrate these tools within their HIV system of care in accordance with the allowable service categories defined in [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#). Examples of these resources include:

- [\*\*E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV\*\*](#)  
E2i uses an implementation science approach to evaluate and understand existing and new intervention strategies that can be used in RWHAP provider settings. Once interventions or strategies are demonstrated and evaluated using implementation science, manuals, guides, interactive online tools, publications, and instructional materials are developed and disseminated for replication and integration into RWHAP provider settings.
- [\*\*Integrating HIV Innovative Practices \(IHIP\)\*\*](#)  
Resources on the IHIP website include easy-to-use training manuals, curricula, case studies, pocket guides, monographs, and handbooks, as well as informational handouts and infographics about SPNS generally. IHIP also hosts TA training webinars designed to provide a more interactive experience with experts, and a TA help desk exists for you to submit additional questions and share your own lessons learned.
- [\*\*Replication Resources from the SPNS Systems Linkages and Access to Care\*\*](#)  
There are intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among hard-to-reach people with HIV.

- **[Dissemination of Evidence Informed Interventions](#)**

The Dissemination of Evidence-Informed Interventions initiative ran from 2015-2020 and disseminated four adapted linkage and retention interventions from prior SPNS and the Minority HIV/AIDS Funds (MHAF) from the HHS Secretary's Office initiatives to improve health outcomes along the HIV care continuum. The initiative produced four evidence-informed care and treatment interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing healthcare environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

HRSA HAB also recognizes the importance of addressing emerging issues, as well as supporting the needs of special populations. To help recipients in responding to these critical issues, HRSA HAB funds projects to provide technical assistance and resources for recipients. Examples of projects include:

- **[Building Futures: Supporting Youth Living with HIV](#)**
- **[The Center for Engaging Black MSM Across the Care Continuum \(CEBACC\)](#)**
- **[Using Community Health Workers to Improve Linkage and Retention in Care](#)**

**Social determinants of health (SDOH)** are conditions in which people are born, grow, live, work, and age. They include factors like socioeconomic status, education, neighborhood and physical environment, community violence, employment, and social support networks, as well as access to health care. Intimate partner violence (IPV) is among these factors that can disproportionately affect underserved communities.

According to Centers for Disease Control and Prevention, National Intimate Partner and Sexual Violence Survey (NISVS), IPV describes physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse, and can have both direct and indirect effects on individual, family, and community health. In 2017, HRSA launched its [Strategy to Address IPV](#), an effort to address this critical social determinant of health through agency-wide collaborative action. The Strategy includes four priority areas including (1) Training the nation's health workforce, (2) Building partnerships to raise awareness, (3) Increasing access to quality care, and (4) Addressing gaps in knowledge about IPV risks, impacts, and interventions. Applicants are encouraged to consider one or more of these priority areas, as relevant, in the development and measurement of their initiative.

Additional resources to assist you in determining how to effectively address intimate partner violence in your HRSA-funded programs may be found in the [HRSA Strategy to Address IPV](#).

## **II. Award Information**

### **1. Type of Application and Award**

Types of applications sought: New and Competing Continuation.

HRSA will provide funding in the form of a grant.

## 2. Summary of Funding

HRSA estimates approximately \$180,600,000 to be available annually to fund 347 recipients with three (3) different periods of performance start dates. You may apply up to the published ceiling amount in [Appendix B](#) per year. The actual amount available will not be determined until enactment of the final FY 2022 federal budget. This program announcement is subject to the appropriation of funds and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The funding announcement has three (3) period of performance start dates (see table below). **Applications must be complete, within the specified page limit, and validated by Grants.gov prior to the deadline to be considered under this NOFO. Be sure to submit the application under the correct funding opportunity number.**

Funding Opportunity Number	Period of Performance
HRSA-22-011	January 1, 2022 through December 31, 2024
HRSA-22-014	April 1, 2022 through March 31, 2025
HRSA-22-015	May 1, 2022 through April 30, 2025

Funding for each period of performance will be for three (3) years. Funding beyond the first year is subject to the availability of appropriated funds for RWHAP Part C HIV EIS Program: Existing Geographic Service Areas in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

In FY 2018, HRSA implemented a systematic revision of the distribution of RWHAP Part C funding to ensure that it is awarded across service areas based on the following objective RWHAP data: the number and current demographics of clients served, HIV-related health disparities, and the number of uninsured clients. The RWHAP Part C funding methodology ensures baseline funding for the maintenance of program operations, minimizes disruptions by constraining the maximum allowable decrease in funding, and maintains the provision of quality HIV care in existing service areas. For this competition, HRSA has again used the funding methodology to determine the funding ceiling amount per service area under this NOFO, which continues to be a competitive, discretionary grant opportunity.

The RWHAP Part C funding methodology uses quantitative data primarily from the RSR to allocate funds to grant service areas in a more streamlined and consistent manner, achieving a reasonable and sustainable allocation of resources to improve health outcomes for people with HIV. Similar to FY 2018, the RWHAP Part C funding methodology includes the following proportions and objective factors: 1) 70 percent of funding is base funding (minimum award amount of \$100,000<sup>4</sup> per service area augmented by an amount corresponding to the number of eligible Part C clients served in that area as reported through the 2019 RSR); and 2) 30 percent of funding is based on a) demographics as reported through the 2019 RSR (limited to the service area's proportion of populations

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<sup>4</sup> Due to efforts to constrain the degree of change in funding experienced by each service area, there is one service area whose base award amount is slightly lower than \$100,000.

disproportionately impacted by the HIV epidemic with significant disparities in health outcomes, including men of color who have sex with men, women of color, people who inject drugs, youth aged 13-24, transgender individuals, and uninsured populations), and b) RWHAP Part A resources (RWHAP Part C service areas outside of RWHAP Part A jurisdictions will receive additional funding). Future iterations of the RWHAP Part C funding methodology may include new proportions in funding and factors, such as performance in HIV viral suppression, to ensure that the funding allocation across service areas will be responsive to HIV health disparities and the changing demographics of the HIV epidemic, as well as the evolving health care landscape.

To maintain continued access to high quality HIV primary care and support services, funds will continue to be awarded across existing service areas. Existing service areas will be kept intact, as described in this NOFO. Under this three-year award, HRSA has constrained the degree of change in funding.

The funding ceiling amounts in [Appendix B](#) reflect the implementation of this methodology.

HRSA encourages current RWHAP Part C recipients to assess their history of expending Part C funds and to examine all resources available, including program income generated as a result of the RWHAP Part C award, when they consider the funding level for which to apply. Appendix B describes the ceiling amount for each service area; applicants can request a funding level that is less than the listed amount in light of their history of expending Part C funds and availability of other resources. HRSA HAB anticipates directing any balance in funds to support the funding of new RWHAP Part C service areas where there is the greatest burden of infection, illness, and disparities from HIV, as well as to support the RWHAP Part C Capacity Development grant program. In addition, HRSA reserves the right to fund less than the amount requested based on a history of current RWHAP Part C recipients' unobligated balances.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

### **III. Eligibility Information**

#### **1. Eligible Applicants**

This competition is open to current recipients and new eligible applicants proposing to provide comprehensive primary health care and support services in outpatient settings for low income, uninsured, and underserved people with HIV in the service areas as described in [Appendix B](#).

As identified in section 2652(a)(1) of the PHS Act, the following public and non-profit private entities are eligible to apply:

- a) Federally-qualified health centers under section 1905(1)(2)(B) of the Social Security Act;
- b) Grant recipients under section 1001 of the PHS Act (regarding family planning) other than States;
- c) Comprehensive hemophilia diagnostic and treatment centers;
- d) Rural health clinics;
- e) Health facilities operated by or pursuant to a contract with the Indian Health Service;

- f) Community-based organizations, clinics, hospitals, and other health facilities that provide early intervention services to people who contracted HIV through intravenous drug use; or
- g) Nonprofit private entities that provide comprehensive primary care services to populations at risk of HIV, including faith-based and community-based organizations.

**2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

**3. Other**

HRSA will consider any application that exceeds the ceiling amount listed in [Appendix B](#) non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that exceeds the page limit referenced in [Section IV](#) non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are allowable. If you are applying for more than one service area listed in [Appendix B](#), you must submit a separate application for each service area under the correct funding opportunity number. Each application must address the entire service area, as defined in [Appendix B](#).

**Be sure to submit the application under the correct funding opportunity number.**

As a reminder:

<b>Funding Opportunity Number</b>	<b>Period of Performance</b>
HRSA-22-011	January 1, 2022 through December 31, 2024
HRSA-22-014	April 1, 2022 through March 31, 2025
HRSA-22-015	May 1, 2022 through April 30, 2025

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

**Maintenance of Effort**

You must agree to maintain non-federal expenditures for EIS services (i.e., counseling of individuals with respect to HIV, targeted HIV testing, referrals/linkage to care, therapeutic measures, and periodic medical evaluations of people with HIV and other clinical and diagnostic services related to HIV diagnosis) at a level equal to or greater than your total non-federal expenditures for EIS during the most recently completed fiscal year prior to the competitive application deadline (as required by section 2664(d) of the PHS Act). You must report that you will meet the Maintenance of Effort requirement (see Attachment 7).

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](http://www.grants.gov) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

### 2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

#### **Application Page Limit**

The total size of all uploaded files counted in the page limit may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the [Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement (if applicable) and proof of non-profit status do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

**Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice. The three (3) funding opportunity numbers included in**



**this announcement are stated in the table below. Be sure to submit the application under the correct funding opportunity number.**

Funding Opportunity Number	Period of Performance
<b>HRSA 22-011</b>	January 1, 2022 through December 31, 2024
<b>HRSA 22-014</b>	April 1, 2022 through March 31, 2025
<b>HRSA 22-015</b>	May 1, 2022 through April 30, 2025

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in [Attachment 15: Core Medical Services Waiver Request](#).

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

### **Program Requirements and Expectations**

Recipients must adhere to the following clinical, administrative, and fiscal statutory requirements and program expectations.

### **Clinical Requirements:**

- **HIV Counseling, Testing and Referral** – RWHAP Part C funds can be used to provide HIV Counseling, Testing, and Referral (CTR) services to high risk targeted populations in the designated service area in order to identify people with HIV and link them into medical care. However, recipients must coordinate these services with other HIV prevention and testing programs to avoid duplication of effort. Linkages and formal referral mechanisms should be established to ensure follow-up care and treatment for those persons identified as having HIV. Please note that RWHAP Part C funds cannot (1) supplant CTR efforts paid for by other sources, or (2) support routine CTR services in the general patient population, or testing activities in the general population. If HIV CTR is provided, these services must comply with sections 2661 to 2663 of the PHS Act. The revised HHS Guidelines for CTR are available at: <http://aidsinfo.nih.gov/guidelines>. The CTR program also must assure the confidentiality of patient information in compliance with applicable federal, state, and local laws.

Pre-exposure prophylaxis (PrEP) or non-occupational post-exposure prophylaxis (nPEP) is intended for persons who do not have HIV; therefore, RWHAP Part C funds shall not be used to pay for PrEP or nPEP medication or associated medical services. However, RWHAP recipients, including Part C providers, may

provide services such as counseling and targeted testing, which should be part of a comprehensive PrEP program. For further guidance, please see the [HAB Program Letter on PrEP](#).

- **Medical Care Evaluation and Clinical Care** – RWHAP Part C recipients must provide comprehensive patient-centered primary health care services in an outpatient setting for low income people with HIV throughout their entire designated service area (see [Appendix B](#)). In addition, recipients must ensure, directly or via referral, access for clients to core medical services as described in HAB [PCN 16-02](#). If a program is unable to provide any of these services directly, it must enter into formal arrangements, such as contracts or MOUs, with appropriate providers.

Recipients must also be able to diagnose, provide prophylaxis, and treat or refer clients with tuberculosis, Hepatitis B or C, and sexually transmitted infections. Program-wide clinical protocols should be in place to address these co-morbidities. In addition, program clinical staff should track and coordinate all inpatient care. They should develop plans for the resumption of patient care in the program if a patient has been discharged from the hospital or if there is any other disruption in outpatient care. Finally, recipients must also have a system in place for after-hours and weekend clinical coverage for medical and dental services; and patients must be involved and fully educated about their medical needs and treatment options within the standards of medical care.

- **Clinical Guidelines** – All clinical care must be provided in accordance with HHS Guidelines, which can be found on the HIV.GOV website at: <https://clinicalinfo.hiv.gov/en/guidelines>. You are strongly encouraged to require, at least yearly, continuing education opportunities for RWHAP Part C program staff to ensure they remain knowledgeable of clinical advances in the treatment of HIV and are familiar with the most recent HHS Guidelines.
- **Referral Systems** - A process must be in place for referring patients to needed health care and support services such as oral health, specialty care, medical case management, etc. The referral system should include the tracking and monitoring of those referrals, including the documentation of the referral's outcome in the medical record so that follow-up may occur.
- **Linkage to Clinical Trials** – A plan must be in place for referring appropriate patients to biomedical research facilities or community-based organizations that conduct HIV-related clinical trials. For information on these protocols, visit the NIH HIV Clinical Trials Network website at: <https://www.niaid.nih.gov/research/hiv-research-enterprise>
- **Clinical Quality Management** – Section 2664(g)(5) of the PHS Act requires RWHAP Part C recipients to establish a CQM program to: (1) assess the extent to which HIV health services provided to patients under the grant are consistent with HHS Guidelines for the treatment of HIV and related opportunistic infections, (2) develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to quality HIV health services, and (3)



ensure that improvements in the access and quality of HIV health services are addressed. Please see HAB [PCN 15-02 Clinical Quality Management](#) and related [Frequently Asked Questions for PCN 15-02](#) for information on CQM program requirements.

- **Coordination/Linkages to Other Programs** – Coordination must occur with all available and accessible community resources, such as federally-funded and non-federally-funded programs (e.g., substance use disorder treatment, mental health treatment, homelessness, housing, other support service programs). This may also include other publicly funded entities providing primary care services, such as Federally Qualified Health Centers (FQHCs) and behavioral health treatment service organizations, including those funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). HRSA expects recipients to collaborate with entities that provide ongoing HIV prevention activities and establish formal linkages with them for referral of people with HIV into care and treatment services at your site.

HRSA expects applicants located near existing RWHAP Part C funded programs to coordinate/collaborate with those programs and to avoid duplication of services provided in the service area. A searchable RWHAP recipient database is available at: <http://findhivcare.hrsa.gov/index.html>. In addition, HRSA requires successful applicants to coordinate services with other RWHAP providers, including Parts A, B, D, Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), the Dental Reimbursement Program, and the Community-Based Dental Partnership Program. HRSA encourages successful applicants located in an Eligible Metropolitan Area (EMA) or a Transitional Grant Area (TGA) to participate in the activities of the RWHAP Part A Planning Council and demonstrate that they have coordinated with and not duplicated Part A services. HRSA encourages RWHAP Part C recipients to participate in the RWHAP Part B state/territory planning body and/or RWHAP Part B HIV Care Consortium. Further, HRSA expects RWHAP Part C recipients to provide services consistent with their jurisdiction's Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need.

- **Medicaid Provider Status** – All providers of services available under the state Medicaid plan must have entered into a participation agreement under the state plan and be qualified to receive payments under such plan, or receive a waiver from this requirement. This requirement may be waived for entities with which RWHAP Part C recipients have an agreement to provide services under the award that do not impose a charge or accept reimbursement available from any third-party payer, including reimbursement under any insurance policy or under any Federal or State health benefits program. Recipients providing services directly pursuant to the award will not be eligible for a waiver.
- **Clinic Licensure** – Primary medical care providers and case management agencies must be fully licensed to provide clinical and case management services, as required by their state and/or local jurisdiction (see [Attachment 13](#)).

**Administrative/Fiscal Requirements:**

- **Consumer Involvement** – People with HIV who receive services at a RWHAP-funded organization should be actively involved in the development, implementation, and evaluation of program and CQM activities. To receive effective input from people with HIV, programs should provide necessary training, mentoring, and supervision. Examples of involvement include but are not limited to the following:
  - Representation on the organization’s Board of Directors.
  - Representation on a newly established or existing consumer advisory board.
  - Recruiting people with HIV to serve as volunteer peer trainers to work directly with patients to help them address issues related to making healthy decisions, treatment decisions and adherence, gaining access to clinical trials, and chronic disease self- management, etc.
  - Participation on workgroups, committees, and task forces, such as a Quality Committee, a Linkage/Retention initiative, or a Patient Education Committee.
  - Serving as peer educators, outreach workers, or staff in the clinic, with fair and equitable pay for the job they are hired to perform.
  - Participation through patient satisfaction and needs assessment surveys, forums, and focus groups.
  
- **Imposition of Charges for Services** – Patients cannot be denied services if they are unable to pay. The RWHAP statute prohibits imposing a charge on individuals whose income is at or below 100 percent of the Federal Poverty Level (FPL) and requires that recipients impose a charge on individuals with incomes greater than 100 percent of the FPL, according to a publicly available schedule of charges.
  - **Annual Cap on Charges** – The RWHAP statute requires recipients to limit the amount of charges for HIV-related services they can impose on patients per year:

<b>Individual Income</b>	<b>Maximum Charge*</b>
At or below 100 percent of FPL	N/A – no charge
101 to 200 percent of FPL	No more than 5 percent of annual gross income
201 to 300 percent of FPL	No more than 7 percent of annual gross income
Over 300 percent of FPL	No more than 10 percent of annual gross income

- \*Waiver of imposition of charges requirements: Entities operating as free clinics, meaning those that do not impose a charge or accept reimbursement available from any third party payer, may request a waiver of the imposition of charges requirements from HRSA.

Recipients must track the patient's income and charges imposed and have a system in place to ensure that they are able to cap out-of-pocket charges.

- **Payor of Last Resort** – With the exception of programs administered by or providing the services of the Indian Health Service, the RWHAP is the payor of last resort. RWHAP Part C funds may not be used for a service if payment has been made, or reasonably can be expected to be made by a State compensation program, an insurance policy, a Federal or State health benefits program, or by an entity that provides health services on a pre-paid basis.

In accordance with the RWHAP client eligibility determination and recertification requirements (see HAB [Program Letter on Rapid Eligibility](#) and HAB [PCN 13-02 Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements](#)), HRSA expects clients' eligibility to be assessed during the initial eligibility determination and recertified at least every six months. At least once a year (whether defined as a 12-month period or calendar year), the recertification procedures should include the collection of more in-depth information, similar to that collected at the initial eligibility determination. The purposes of the eligibility and recertification procedures are to ensure that the program only serves eligible clients and that the RWHAP is the payor of last resort. Recipients and subrecipients are required to vigorously pursue and rigorously document enrollment into, and subsequent reimbursement from, health care coverage for which their clients may be eligible (e.g., Medicaid, Medicare, Children's Health Insurance Program (CHIP), state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, health plans offered through other private health insurance) to extend finite RWHAP grant resources to low income, uninsured, and underserved people with HIV.

**RWHAP Part C funds cannot be used to supplement the maximum cost allowance for services reimbursed by third party payers such as Medicaid, Medicare, or other insurance programs.** Please note that recipients cannot use direct or indirect federal funds such as RWHAP Parts A, B, D, and F Dental to duplicate reimbursement for services funded under Part C. Additionally, recipients cannot bill services reimbursed by RWHAP Part C to RWHAP Parts A, B, D, or F.

- **Information Systems** – Recipients must have an information system that has the capacity to manage and report at a minimum, the following administrative, fiscal, and clinical data:
  - Client Demographic/Clinical Data and Service Provision Data as required by the Ryan White HIV/AIDS Program Services Report (RSR) – see the most recent [Annual RSR Instruction Manual](#);
  - Source and use of program income;
  - Services according to funding source;
  - Time and effort supported by grant funds; and
  - Number of people with HIV who received specific core medical and support services by funding source.
- **Service Availability** – HIV medical services should be available to clients no later than 90 days from the RWHAP Part C EIS award issuance date.

- **Subawarded Services** – In addition to the information included in [45 CFR § 75.352](#), subrecipient agreements must include: (1) the total number of people with HIV to be served; (2) eligibility for Medicaid certification of the medical providers and ambulatory care facilities; (3) details of the services to be provided; and (4) assurance that providers will comply with RWHAP Part C legislative and program requirements, including data sharing, submission of the RSR, and participation in the CQM program.

Per [45 CFR §§ 75.351 - .353](#), recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, RWHAP legislative and programmatic requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.

- **Medication Discounts** – HRSA expects RWHAP grant recipients that purchase, are reimbursed for, or provide reimbursement to other entities for outpatient prescription drugs to secure the best prices available for such products and to maximize results for their organization and its patients (see [42 CFR part 50, subpart E](#)). Eligible health care organizations/covered entities that enroll in the 340B Drug Pricing Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at: <https://www.hrsa.gov/opa/>.
- **Program Income** -- All program income generated as a result of awarded funds is considered additive and must be added to the grant amount and used for otherwise allowable costs to further the objectives of the RWHAP Part C grant program. Please see [HAB PCN 15-03](#) for more information on the RWHAP and program income.
- **Other Financial Issues** - Programs must have appropriate financial systems in place that provide internal controls in safeguarding assets, ensuring stewardship of federal funds, maintaining adequate cash flow to meet daily operations, and maximizing revenue from non-federal sources.

### Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

#### *i. Project Abstract*

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#). In addition to the requirements listed in the [Application Guide](#), please include the following in this order:

- General overview of the HIV epidemiology in the entire designated service area selected (specify the entire service area, as listed in Appendix B);

- Description of the key services to be supported by this request, the amount requested, and the target populations (including sub-populations) to be served.

The project abstract must be single-spaced and limited to one page.

## **ii. Project Narrative**

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project. Successful applications will contain the information below. Please use the following section headers for the narrative:

▪ **INTRODUCTION** -- Corresponds to Section V's Review [Criterion \(1\) Need](#)  
Identify the entire service area you plan to serve, as designated in Appendix B, and provide the following information:

- Your organization's experience in providing comprehensive, outpatient primary health care and support services to people with HIV;
- Your organization's experience with the administration of federal funds;
- A brief description of people with HIV in the designated service area (i.e., your target population, inclusive of any subpopulations); and
- How your organization will utilize RWHAP Part C funds to support the HIV care continuum in your service area.

If you are a new applicant for a given service area, provide the following information:

- Identify the recipient (listed in [Appendix B](#)) that you intend to replace;
- Demonstrate that you have the readiness, including any telehealth infrastructure capabilities that are in place (if applicable), to serve the existing clients of the current recipient;
- Describe a transition strategy for existing clients that minimizes disruption and maintains service continuity;
- Provide at least the same scope of services as the current recipient; and
- Provide services directly or through referrals, contracts, or memoranda of understanding (MOU) throughout the entire service area, as listed in [Appendix B](#).

Reminder: if applying for more than one service area listed in [Appendix B](#), you must submit a separate application for each service area under the correct funding opportunity number. Each application must address the entire service area listed in [Appendix B](#).

Indicate whether you are requesting a funding preference as described in Section V.3. If requesting a funding preference, include a narrative submitted as [Attachment 8](#).

▪ **NEEDS ASSESSMENT** -- Corresponds to Section V's Review [Criterion\(1\) Need](#)

The purpose of this section is to use quantifiable data to demonstrate the burden of the HIV epidemic in the designated service area and the need for RWHAP Part C funding to meet the outpatient primary health care and support service needs of the target population(s), particularly in relation to identified gaps and challenges in the HIV care continuum. There are two (2) required components of the needs assessment section:

1. Target populations currently being served by your organization; and

2. The local HIV service delivery system and any recent changes, including changes as a result of the COVID-19 pandemic.

### **1. Populations Currently Being Served by Your Organization**

Base this overview on the most recent three years of HIV surveillance data available for the service area and the past three calendar years (CY) of data (i.e., CY18, CY19, and CY20) for your patient population(s). Clearly cite all data sources. Please address each bullet with a table and any associated narrative explanation.

- Describe the burden of HIV in the population(s) being served by your organization and compare it to the overall burden of HIV in the service area using newly diagnosed cases (diagnosed incidence) and total number of people with diagnosed HIV (diagnosed prevalence) data. Present data by race, ethnicity, age, gender, and transmission categories to highlight particular disparities. Clearly describe if there are specific highly impacted groups (i.e., subpopulations) within the service area who have the greatest needs and who will be a focus for RWHAP Part C funded services. This demonstrates your intent to address the goals to end the HIV epidemic through the reduction of HIV-related health disparities. Identify any trends that have emerged during the last three years, including those related to the COVID-19 pandemic, such as any increases or decreases in HIV incidence/prevalence among specific subpopulations. Provide the above information in a table format.
- Describe the unmet need based on your evaluation of the gaps in the HIV care continuum for the population(s) of people with HIV who are served by your organization. Provide data on the five stages of the HIV care continuum for the identified focus population(s) with disparate rates of HIV using the most recent five calendar years of available data (e.g., CY16 through CY20). The stages in the HIV care continuum are: diagnosis of HIV infection, linkage to care, retention in care, receipt of antiretroviral therapy, and achievement of viral suppression. Clearly define the numerator and the denominator for each stage. Use the same numerators and denominators as outlined for the [HHS Common HIV Core Indicators](#). Provide the data in a table format. A detailed resource for how to calculate data indicators for each stage [can be found here](#) in the CDC's [HIV Resource Library](#). The table may list the stages in the left hand column and, across the top of the table, list the measurement periods by calendar year (each year as a separate column).
- Briefly describe how you used RWHAP Part A or B Unmet Need estimates of people with HIV in your own program and budget planning efforts. Include any subpopulations in the designated service area who (1) are unaware of their HIV status, or (2) know they have tested positive for HIV.

### **2. The Local HIV Service Delivery System and Recent Changes**

Describe the HIV services available to people with HIV in the entire designated service area and demonstrate how the proposed RWHAP Part C services will not duplicate other funded services. The presentation of the local HIV service delivery system should cover three broad areas:



- **HIV service providers**

- a. Provide a map of the entire designated service area (as listed in Appendix B) and show the locations of all current and proposed local providers of HIV outpatient primary health care services, including your organization. Include this map as **Attachment 9**.
- b. List all public and private organizations (including any other RWHAP providers) that provide HIV outpatient primary health care services to people with HIV in the entire designated service area. Provide a table listing (1) name of organization, (2) specific services each one provides, (3) target populations served, and if possible (4) the number of unduplicated clients served annually. [The CDC and HRSA Integrated HIV Prevention and Care Plan](#), including the [Statewide Coordinated Statement of Need](#), together with the RWHAP Part A and Part B Programs, may serve as resources for this information.

- **Gaps in local services and barriers to care**

Based on the unmet need and gaps in the HIV care continuum as described in the Needs Assessment section, describe where current HIV core medical and support services need strengthening. Describe any corresponding significant barriers (individual/structural), including those arising from COVID-19 pandemic, that prevent people with HIV from accessing needed services and achieving improved outcomes in the entire designated service area.

- **Description of the Current Health Care Landscape**

Describe the health care environment and any significant changes that have affected the availability of health care services, including:

- a. Your clients by payor source in CY20 (e.g., Medicaid, Medicare, CHIP, state-funded HIV programs, employer-sponsored health insurance coverage, other private health insurance, and/or other third-party payor).
- b. How the Medicaid program provides services to people with HIV in your state, including a description of eligibility, a listing of the HIV core medical and support services covered by Medicaid, and any gaps in coverage for these services. For example, identify if there are limits on the number of primary care or mental health visits, the types of oral health services that are reimbursable, medical/non-medical case management services, or prescription medication coverage.
- c. Any gaps in coverage for HIV core medical and support services from other major health care payor sources (e.g., employer-sponsored health insurance coverage, state-funded HIV programs, Medicare, AIDS Drug Assistance Program (ADAP) funding, and/or other third-party payor) in the designated service area. For example, identify if there are limits on the number of primary care or mental health visits, the types of oral health services that are reimbursable, medical/non-medical case management services, or prescription medication coverage.
- d. Any recent economic, system, or demographic shifts (e.g., in specific populations, closings of local hospitals, community health care providers, or major local employers), public health emergencies such as COVID-19, or natural disasters that have affected care to your clients.

- **METHODOLOGY** -- *Corresponds to Section V's Review [Criterion\(2\) Response](#)*

Utilizing the section headings provided below, describe the proposed outpatient core medical and support services you will provide to address the unmet needs/service

gaps/barriers identified in your needs assessment section. For example, if a service area is lacking access to oral health care, you should describe how you will address this unmet need in the Core Medical Services subsection, or if the HIV viral suppression rate is low (e.g., as compared to your state's average rate) among a specific subpopulation in your clinic, your application should address this gap in the HIV Care Continuum Services subsection. The section headings are:

- 1) HIV Care Continuum Services
- 2) Core Medical Services
- 3) Support Services
- 4) Referral System
- 5) Coordination and Linkages with other HIV Programs
- 6) Health Care Coverage, Benefit Coordination, and Third Party Reimbursement

## **1) HIV Care Continuum Services**

### **A) HIV-Diagnosed**

Please describe:

- How HIV CTR services are delivered in the service area.
- How CTR services will be targeted to subpopulations identified in the needs assessment section and not duplicate CTR services already funded by other sources (i.e., other RWHAP Parts, CDC, SAMSHA, or state funds), if you are proposing to use RWHAP Part C funds to support CTR services. Use the HIV care continuum data presented in the Needs Assessment section to support your use of RWHAP Part C funds for CTR services.

### **B) Linkage to Care**

Please describe:

- How newly-identified individuals with HIV are linked into and provided with outpatient primary health care and support services and how these newly-identified individuals are successfully transitioned into care.
- Any targeted linkage efforts that are specific to subpopulations in the proposed service area as identified in the Needs Assessment section.
- Referral relationships and collaborations with any community-based organizations, medical providers, HIV testing sites, local health departments, or local jails and/or transitional facilities ([see HAB PCN 18-02](#)) serving as important referral sources or points of entry into care. Please be aware that HRSA may request documentation of those relationships as part of the post-award administration process.

### **C) Retention in Care**

Please describe:

- Strategies you use to retain people with HIV in medical care, including any related to telehealth.
- Any targeted efforts to retain subpopulations who have poor health outcomes in HIV health care.



#### D) Antiretroviral Use and Viral Suppression

Please describe:

- The successes and challenges of your current strategies, including any related to telehealth, to monitor viral suppression in your clinic population, and how these have influenced your selection of treatment adherence interventions.
- Your innovative approaches to improve ART acceptance and viral suppression in key populations (e.g., youth, Black/African American women) who are disproportionately affected by the HIV epidemic with poor health outcomes.

### 2) Description of Core Medical Services

Please describe:

- Which core medical services will be provided, and how they will be provided (if not provided directly by your organization, detail the referral system for care including the accessibility of the service and the coordination of care by your organization). Refer to HAB [PCN 16-02](#) for more information on core medical services.
- The strategies used to engage your clients, including women and minority populations, to learn about and enroll in HIV-related clinical research trials as appropriate. Indicate if your clients express any barriers to participating in clinical trials, and if so, how you overcome these barriers.
- How you provide risk reduction counseling to people with HIV according to the HHS Guidelines, including prevention counseling that is part of a comprehensive PrEP program. Identify any chronic care models (e.g., inter-professional collaborative model, patient centered medical home) or any strategies/interventions (e.g., peer navigator programs, chronic disease self-management) used to maximize desired health outcomes for your clients.
- Any major gaps and barriers associated with accessing core medical services before and during the COVID-19 pandemic for the proposed target population(s) and/or subpopulation(s) and how these have been or will be addressed. Indicate if any telehealth strategies were used.
- The availability of state(s) ADAP or other locally available pharmacy assistance programs. If there is an ADAP waiting list in the proposed geographic area, discuss how your program ensures that all eligible patients will have access to HIV and HIV-related therapeutic medications, applicable vaccines, etc.

### 3) Description of Support Services

Please describe:

- Which support services will be provided, and how they will be provided (if not provided directly by your organization). If you propose to use RWHAP Part C funds for any support services, explain how each of the Part C funded support services will be provided and how each is linked to improving or maximizing health outcomes. Refer to HAB [PCN 16-02](#) for more information on support services.

### 4) Description of Referral System and Care Coordination

Please describe:

- How referrals to specialty/subspecialty medical care and other health and social services are assessed and provided for clients. Also describe how these referrals are tracked and the results entered into the health record, including whether the appointment was kept.

- The strategies used to improve care transitions (including transitioning youth with HIV into adult care). Also provide information that supports the effectiveness of these strategies. Identify any challenges or barriers experienced and how you address these barriers for an effective transition.
- The coordination of HIV medical and support services for pregnant women with HIV during the perinatal and post-partum periods, as well as services for their exposed infants.

## 5) Health Care Coverage, Benefit Coordination and Third Party Reimbursement

Please describe:

- Process(es) used to ensure clients are assessed, informed, and enrolled, as appropriate, into other forms of insurance including Medicaid, Medicare, CHIP, private insurance, and other options.
- How you ensure clients are educated about any out-of-pocket costs, including deductibles, co-pays, coinsurance, schedules of charges, or nominal fees, and how the collection of these fees are subject to the RWHAP cap on annual patient out-of-pocket charges.
- Your system or procedures for managing and tracking program income. This includes third party reimbursement, patient fee collection, income generated by participation in the 340B Drug Discount Program, or any other sources of program income derived from RWHAP-funded activities.

## 6) Coordination and Linkages with Other HIV Programs

Please describe your organization's participation in, coordination, and/or linkage(s) with the following publicly funded HIV care and prevention programs in your service area. In **Attachment 11**, include a list of organizations for which signed Letters/MOUs are available, with a brief description of the activities/services to be provided by each identified organization and the location of the partner(s). HRSA recommends submitting this information in table format. Please be aware that HRSA may request copies of those agreements as part of the post-award administration process.

- RWHAP Part A - If the program is located in a [RWHAP Part A Eligible Metropolitan Area or Transitional Grant Area](#), indicate the amount of RWHAP Part A funds allocated to provide the core medical and support services that you propose to fund in your RWHAP Part C EIS application. Identify how the budget for the RWHAP Part C EIS grant has been developed in coordination with the planning process for localities funded under RWHAP Part A.
- [RWHAP Part B](#) - Identify how the budget for the RWHAP Part C EIS grant has been developed in coordination with the State and Territory's Integrated Plans.
- If your organization receives RWHAP Part A and/or Part B funding:
  - a. Identify the amount of funding received for each RWHAP Part A and/or Part B funded service category, including the specific services supported.
  - b. Describe how the services proposed in this application are not duplicative of services supported by RWHAP Part A and/or Part B.
  - c. Include in **Attachment 10** a letter from the RWHAP Part A and/or Part B Recipient's Authorizing Official/Representative that documents your organization's involvement with RWHAP Parts A and/or B HIV Body and/or Planning Council, if applicable. Provide the requested letter(s) that address why RWHAP Part C EIS funds are necessary to support the needs described

in this application and how your proposed services are not duplicative of other available services. If you cannot obtain this letter(s), please explain why.

- Other RWHAP Providers - Describe your organization's participation in, coordination, and/or linkage with any other RWHAP programs in your area (i.e., Part D; Part F- Dental Reimbursement Program, Community Based Dental Partnership, and nearest RWHAP AETC(s) or Special Projects of National Significance).
- Other Federally Funded Services - Describe your organization's collaboration with other primary health care services (if any exist in the area). These include, but are not limited to, publicly funded Federally Qualified Health Centers, mental health and substance use disorders treatment programs including those funded by SAMHSA, and research programs including those funded by NIH.

▪ *WORK PLAN -- Corresponds to Section V's Review [Criterion\(4\) Impact](#)*

A work plan is a concise easy-to-read overview of your goals, strategies, objectives, activities, timeline, and those responsible for making the program happen. The work plan must include measurable objectives for core medical and support services (as defined by HAB [PCN 16-02](#)).

Establish and provide measurable objectives in the four areas below for each year of the proposed period of performance (three years). Provide a table, which you should submit as [Attachment 12](#).

- HIV Testing and Counseling (HIV Diagnosed)
- Access to Care (Linkage)
- Core Medical and Support Services (Retention in Care)
- Antiretroviral Therapy and Viral Suppression

**Your work plan objectives are for all clients eligible to receive services funded by RWHAP Part C**, inclusive of the populations served by any subrecipient. If your budget includes subrecipient(s), provide measurable objectives broken out for each subrecipient(s) within the recommended table format.

### **HIV Testing and Counseling - HIV-Diagnosed**

If you are requesting the use of RWHAP Part C funds for CTR, provide the projected number of persons who will:

- Receive targeted testing and counseling services
- Have a confirmatory positive HIV test result

### **Access to Care - Linkage to Care**

Provide the projected number of:

- Newly diagnosed individuals who will enroll in care within one month of HIV diagnosis

### **Retention in Care - Core Medical and Support Services**

Provide the projected number of people with HIV who will:

- Receive Core Medical Services (see HAB [PCN 16-02](#)) (Please only list each core medical service that you are supporting with RWHAP Part C funds.)
- Receive Support Services (see HAB [PCN 16-02](#)) (Please only list each support service that you are supporting with RWHAP Part C funds.)

## **Antiretroviral Use and Viral Suppression**

Provide the projected percent (specify the numerator and denominator as well as percent) of people with HIV who will:

- Receive ART
- Be virally suppressed. Provide a total as well as by targeted subpopulation, as identified in your Needs Assessment section.

- **RESOLUTION OF CHALLENGES** -- Corresponds to Section V's Review [Criterion\(2\) Response](#)

**Challenges and Resolutions** - Describe the approaches you will use to resolve the challenges and barriers identified throughout this application in your organization and in the larger context of implementing the RWHAP Part C proposed project (e.g., changes in the health care landscape, subpopulation disparities). In lieu of a narrative for this section, include a table with the following headers: Challenges, Resolutions, Outcomes/Current Status.

**Transition Plan (to be completed by new applicants only):** For those applicants who currently do not receive RWHAP Part C EIS funding for the specific service area or areas described in [Appendix B](#), please describe:

- How your organization will improve services to the current patients and target populations of the existing RWHAP Part C recipient throughout the entire designated service area.
- Your detailed transition plan for how current patients and the scope of services will be transferred from the existing RWHAP Part C recipient to your organization if successfully awarded the grant as a result of this competition.
- How the activities, time frames, and efforts to coordinate the transition of services will be conducted so that the delivery of RWHAP Part C services to the existing patient population is not disrupted or impeded. (Note: for newly awarded organizations, HAB expects that HIV medical services will be available to clients no later than 90 days from the award date.)

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- Corresponds to Section V's Review [Criteria \(3\) Evaluative Measures](#) and [\(5\) Resources/Capabilities](#)

### **CQM Program Infrastructure**

- List the number of staff FTEs assigned to CQM and their positions. Describe the CQM program staff roles and responsibilities, including the key leaders and members of the quality committee.
- Describe how stakeholders, particularly your clients with HIV, are involved in the planning, implementation, and evaluation of your HIV program, including examples (e.g., focus groups, surveys, consumer advisory boards) that you have recently conducted or plan to conduct in the upcoming period of performance.

### **CQM Performance Measures**

- Describe the proposed data collection plan and processes for performance measurement (e.g., frequency of data collection, key activities, and responsible staff). Include information on data collection from subrecipient(s) as applicable.
- Describe the process for selecting, reporting, and disseminating results on the performance measures to stakeholders.

- Describe how performance measure data are analyzed to assess disparities in care and the actions taken to eliminate those disparities. Summarize the performance measure data collected during the past period of performance and note any trends, especially related to HIV outpatient primary health care services and other core medical services.

### **Continuous Quality Improvement (CQI)**

- Describe the CQI methodology you are using to identify priorities for quality improvement projects. Provide examples of specific quality improvement projects undertaken, including any for HIV outpatient primary health care services and/or medical case management in the past three years. Include a statement of the clinical issue, baseline data, interventions implemented, and follow-up data. Describe the involvement of stakeholders in the selection of quality improvement activities.
- Describe the quality improvement (QI) activities planned for the upcoming period of performance. Include viral suppression and medical retention in care as QI projects, highlighting upcoming efforts with any subpopulations identified in your Needs Assessment.

### **Information Systems**

Accurate records of services provided and clients served are critical to HRSA's implementation of the RWHAP legislation and fulfillment of responsibilities in the administration of grant funds. As such, HRSA requires the reporting of medical information at the client level of service using a unique identifier, the collection of data for funded services, and the transmission of data electronically through the RSR.

Describe the current information system in use to track health care service data. Existing recipients should discuss their experience and challenges with collecting, reporting, and analyzing client-level data for the RSR. New applicants should describe their capacity to manage, collect, and report the RSR (refer to [RSR Instruction Manual](#)).

### ▪ **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review [Criterion\(5\) Resources/Capabilities](#)

In this section, describe your organization's capacity and expertise to provide HIV outpatient primary health care and support services by detailing your administrative, fiscal, and clinical operations. At a minimum, please describe:

- The mission and vision of your organization and how a RWHAP Part C EIS project fits within the scope of that mission and vision.
- The structure of your organization. Include in [Attachment 5](#) an organizational chart that clearly shows where the RWHAP Part C EIS program fits within your organization and how the program is divided into departments, if applicable. If the program is divided into departments, the chart should show the professional staff positions that administer those departments and the reporting relationships for the management of the HIV program.
- Your organization's experience in providing core medical (including medical case management) and support services as described in HAB [PCN 16-02](#), whether in person or through telehealth
- Your systems that ensure staff are trained/educated in and use the most current HHS Guidelines, and that RWHAP Part C clinic-specific policies and

procedures are being followed, including any training through the regional/local AETC. Information about the RWHAP AETC network can be found at <http://hab.hrsa.gov/abouthab/parteducation.html>.

- Your experience with fiscal management of grants and contracts, including information on what kind of accounting systems are in place, what internal systems you use to monitor grant expenditures, and how you will manage and monitor subrecipient performance and compliance with RWHAP Part C EIS requirements.
- How your organization will ensure that you properly document any sub-awarded funds or funds expended on contracts.
- Your processes to perform and monitor fiscal assessment of all people with HIV for their eligibility for RWHAP supported services or other payor sources for health care services.
- How you will collect, track, and use program income to support the objectives of the RWHAP Part C program.
- Your organization’s participation or intent to participate in the 340B Drug Pricing Program (see 42 CFR part 50, subpart E, section 340B of the PHS Act, and <https://www.hrsa.gov/opa/>).

<b>NARRATIVE GUIDANCE</b>	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

**iii. Budget**

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that,



if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

In addition to the SF-424 Application Guide requirements, you **must** also provide the line item budget and budget narrative according to the following five allowable RWHAP Part C cost categories: **EIS, Core Medical Services, Support Services, CQM, and Administrative Costs.**

**1) Early Intervention Services (EIS) Costs**—At least 50 percent of the amount received under the grant must be expended on the following Part C EIS costs, either directly or through referrals, contracts, or MOUs:

- Targeted HIV testing
- Other clinical and diagnostic services regarding HIV, and periodic medical evaluations for people with HIV
- Providing therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV

Applicants must ensure that at least 50 percent of the award will be expended on targeted HIV testing, clinical and diagnostic services regarding HIV and periodic medical evaluations for people with HIV, and providing therapeutic medications. Clinical and diagnostic services may include medical case management, mental health, oral health, and other clinical services, in addition to outpatient ambulatory health services. The legislative budgetary requirement of at least 50 percent for the EIS Cost Category excludes counseling and referrals/linkage to care, although the budget allocation for these services cannot be zero (see next section).

**2) Core Medical Services Costs** (At least 75 percent of the award – after reserving amounts for administrative costs, planning/evaluation, and clinical quality management – must be expended on core medical services.) Core medical services, by statute, include the following service categories (further described in HAB [PCN 16-02](#)):

- AIDS Drug Assistance Program Treatments
- AIDS Pharmaceutical Assistance
- EIS
  - Counseling individuals with respect to HIV
  - Referrals/linkage to care
- Health Insurance Premiums and Cost Sharing Assistance for Low Income Individuals
- Home and Community-Based Health Services
- Home Health Care
- Hospice
- Medical Case Management, including Treatment Adherence Services
- Medical Nutrition Therapy
- Mental Health Services

- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care

As a reminder, 50 percent of the award must be allocated to the EIS cost category, as described above in IV.2.iii.1. Since allocations for counseling and referrals/linkage to care cannot be zero, they must be allocated under the Core Medical Services cost category (not EIS cost category).

**3) Support Services Costs-** Support services as described in HAB [PCN 16-02](#) are those services needed by people with HIV to achieve optimal HIV medical outcomes. These include:

- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Legal Services
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management Services
- Other Professional Services
- Outreach Services
- Permanency Planning
- Psychosocial Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Services (residential)

**4) CQM Costs-** CQM includes those costs required to implement HAB [PCN 15-02](#). This incorporates those costs required to assess the extent to which services are consistent with the current HHS Guidelines for the treatment of HIV and related opportunistic infections, develop strategies for ensuring such services are consistent with the guidelines, and ensure improvements are made in the access to and quality of HIV health services. Examples of CQM costs include CQM coordination; CQI activities; data collection for CQM purposes (collection, aggregation, analysis, development and implementation of a data-based strategy for CQI implementation); CQM staff training/technical assistance (including travel and registration) to improve clinical care services; attendance for approximately three staff members at the National Ryan White Conference on HIV Care and Treatment; training subrecipients on CQM; participation in the Integrated Plan process and local planning; and people with HIV involvement in the design, implementation, and evaluation to improve services. HRSA expects that **grant funding spent on clinical quality management shall be kept to a reasonable level.**

**5) Administrative Costs-** (Not more than 10 percent of the total RWHAP Part C grant award may be expended on administrative costs) – Administrative Costs are those direct and indirect costs associated with the administration of the RWHAP Part C EIS



grant. Staff activities that are administrative in nature should be allocated to administrative costs. Planning and evaluation costs are subject to the 10 percent cap. For further guidance on the treatment of costs under the 10 percent administrative expenses limit, refer to HAB [PCN 15-01 Treatment of Costs under the 10 Percent Administrative Cap for Ryan White HIV/AIDS Programs Parts A, B, C and D](#) and [Frequently Asked Questions for PCN 15-01](#).

Please note there are associated Indirect Costs that are considered Administrative Costs. Please refer to HAB [PCN 15-01](#) and the [SF-424 Application Guide](#) regarding Indirect Cost Allowance guidelines.

**Line item budget:** In order to evaluate applicant adherence to RWHAP Part C legislative budget requirements, you must submit separate program-specific line item budgets for each year of the three-year period of performance. The budget allocations on the line item must relate to the activities proposed in the project narrative, including the work plan. Allocations of provider time and effort should be reasonable for the number of clients to be served.

The line item budget requested for each year must not exceed the total award for the service area as listed in Appendix B. In addition, the total amount requested on the SF-424A must match the total amount listed on the line item budget. Please list personnel separately by position title and individual name, or note if position is vacant. Upload the line item budgets as **Attachment 1**.

**Salary Rate Limitation** - The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, Title II, Section 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." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

NOTE: HRSA recommends that the budgets be converted or scanned into PDF format for submission. Do not submit Excel spreadsheets. Submit the program-specific line item budget in table format, listing the program cost categories (i.e., EIS, Core Medical Services, Support Services, CQM, and Administrative costs) across the top and object class categories (e.g., Personnel, Fringe Benefits, Travel) in a column down the left hand side.

#### **iv. Budget Narrative**

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#).

In addition to the directions in Section 4.1.v. of HRSA's SF-424 Application Guide, you must provide a narrative that clearly explains the amounts requested for each line in the budget. For subsequent budget years, the budget justification narrative should highlight only the changes from Year One or clearly indicate that there are no substantive budget changes during the period of performance. The budget narrative must be clear and concise.

For each object class category (e.g., Personnel, Fringe Benefits, Travel), divide the budget narrative according to the five RWHAP Part C EIS Cost Categories: **EIS, Core Medical Services, Support Services, CQM, and Administrative**.

Descriptions must be specific to the cost category. Other RWHAP Part C EIS specific budget information includes:

- **Travel:** List travel costs according to local and long distance travel. For local travel, you should list the mileage rate, number of miles, reason for travel, and staff member/ people with HIV completing the travel. You should list any clinical staff traveling to provide care in the EIS/Core Medical Services category. List any patient transportation in the Support Services category. In the CQM category, list staff travel to CQM related conferences and continuing education workshops/conferences. Allowable travel costs also include attendance for approximately three staff members at the [National Ryan White Conference on HIV Care and Treatment](#), etc. HRSA expects your organization to support the travel and training for HIV related CME/CEU activities where appropriate and to use your local AETCs as a resource for training needs.
- **Contractual:** Subrecipients providing services under this award must adhere to the same requirements as the recipient. All RWHAP Part C legislative requirements and program expectations that apply to the recipients also apply to subrecipients of their award. Your organization is accountable for your subrecipients' performance of the project, program, activity, and appropriate expenditure of funds under the award. **As such, recipients are required to monitor all subrecipients.** Assurance that subrecipients are tracking the source, documenting the allowable use, and reporting program income earned at the subrecipient level is a RWHAP requirement. Your subrecipients must also report and validate program expenditures in accordance with core medical and support services categories to determine that they comply with legislative mandates and required distribution of funds.

As a reminder, for subsequent budget years, the budget narrative should highlight only the changes from year one or clearly indicate that there are no substantive budget changes during the period of performance. Do not repeat the same information across years in the budget narrative.

**v. Program-Specific Forms**

**Program-specific instructions for the Project/Performance Site Location(s) form included in the SF-424 application kit** are as follows: Following the [instructions](#) provided by Grants.gov, enter your organization's information as the primary location. Complete all site location information for each provider/service delivery site to be funded under the RWHAP Part C EIS award in the existing service area. By clicking the "Next Site" button, you may complete information for up to 299 sites. This form does not count toward the page limit.

**vi. Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

*Attachment 1: Program-Specific Line Item Budget (Required)*

Submit as a PDF document a program-specific line item budget for each year

of the three-year period of performance.

***Attachment 2: Federally Negotiated Indirect Cost Rate Agreement (If applicable)***

Submit a copy of the current agreement. This does not count toward the page limit.

***Attachment 3: Staffing Plan and Biographical Sketches for Key Personnel (see Section 4.1. of HRSA's SF-424 Application Guide) (Required)***

Include biographical sketches for staff occupying the key positions. Keep each biographical sketch brief (a paragraph at most). Include the role, responsibilities, and qualifications of proposed project staff, including education, training, HIV experience, and expertise. The staffing plan should include all positions funded by the grant, as well as staff vital to program operations and the provision of the RWHAP Part C-supported HIV services whether or not paid by the grant. Key staff include, at a minimum, the program coordinator and the program medical director, all medical care providers funded directly or through a contract or covered by MOU, and the quality management lead. For each staff, note all sources of funding and the corresponding time and effort. It may be helpful to supply this information in a table. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs. In the event that a biographical sketch is included for an identified individual whom you have not yet hired, please include a letter of commitment from that person with the biographical sketch.

***Attachment 4: Job Descriptions for Key Vacant Positions (If Applicable)***

Describe the roles and responsibilities for key personnel vacancies. Also describe the educational and experience qualifications needed to fill the positions and the FTE associated with the position(s). Limit each job description to one page in length. It may be helpful to supply this information in a table.

***Attachment 5: Project Organizational Chart (Required)***

Include an organizational chart that clearly shows where the RWHAP Part C EIS program fits within your organization. If the program is divided into departments, the chart should show the professional staff positions that administer those departments, and the reporting relationships for the management of the HIV program.

***Attachment 6: Signed and Scanned RWHAP Part C EIS Additional Agreements and Assurances (Required)***

Review the RWHAP Part C EIS Additional Agreements and Assurances located in [Appendix A](#). This document must be signed by the Authorized Organization Representative (AOR), scanned, and uploaded.

***Attachment 7: Maintenance of Effort (MOE)***

You must provide a baseline aggregate total of the actual expenditure of non-federal funds for the fiscal year prior to the application and estimates for the next fiscal year using a table similar to the one below. In addition, you must provide a description of baseline data and the methodology used to calculate

the MOE.

NON-FEDERAL EXPENDITURES	
<p style="text-align: center;">FY Prior to Application (Actual)</p> <p>Actual prior FY non-federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$ _____</p>	<p style="text-align: center;">Current FY of Application (Estimated)</p> <p>Estimated current FY non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$ _____</p>

Recipients must maintain non-federal expenditures for EIS at a level equal to or greater than their total non-federal expenditures for EIS during the most recently completed fiscal year prior to the competitive application deadline.

The costs associated with the RWHAP Part C Early Intervention Services include:

- Counseling of individuals with respect to HIV
- Targeted HIV testing
- Referral/linkage to care
- Other clinical and diagnostic services related to HIV diagnosis, and periodic medical evaluations for people with HIV
- Therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV

*Attachment 8: Request for Funding Preference (If Applicable)*

To receive a funding preference, identify the preference(s) and include a statement that justifies your qualification for the funding preference(s). The justification must demonstrate the existence of ALL of the specified factors for Qualification 1: Increased burden in providing services, as described in section V.3, Funding Preference. Applicants who qualify for preference under Qualification 1 can request additional preferences under Qualification 2: Rural Areas and/or Qualification 3: Underserved. The additional requests must also be justified in this attachment. **If you do not submit Attachment 8, HRSA will not consider you for a funding preference.** See Section V.2 for more information.

*Attachment 9: Map of Service Area (Required)*

Provide a map of the entire service area as defined in [Appendix B](#), noting your clinical services location(s) and the location of other local providers of HIV primary care services. HAB recommends that you use an official state or local map showing jurisdictional boundaries (e.g.,

<https://www.census.gov/quickfacts/>, state public health websites) to display the proposed service area.

*Attachment 10: Letter(s) from RWHAP Part A and/or Part B Recipient of Record (Required)*

Include a letter from the RWHAP Part A and/or Part B Recipient's AOR that documents your organization's involvement with RWHAP Part A and/or Part B HIV Body and/or Planning Council, as applicable. Provide requested letter(s) that address why RWHAP Part C EIS funds are necessary to support the needs described in your application and how your proposed services are not duplicative of other available services. If you cannot obtain this letter(s), provide an explanation as to why.

*Attachment 11: List of Provider Organizations with Contracts and/or MOUs (If Applicable)*

If you propose to work with partners, include a list of organizations for which signed Letters/MOUs are available with a brief description of the activities/services to be provided by each identified organization and the location of the partner(s). HRSA recommends submitting this information in table format. Please be aware that HRSA may request copies of those agreements as part of the post-award administration process.

*Attachment 12: Work Plan (Required)*

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. You must establish measurable objectives and provide them in the five areas stated in Section IV. ii. Project Narrative for each year of the proposed period of performance (three years). Provide a table to outline the work plan.

*Attachment 13: Table of Provider Medicaid and Medicare Numbers (National Provider Identifier) and Clinic Licensure Status (Required)*

Use a table that identifies all providers' Medicaid and Medicare numbers and clinic licensure status. Include the Medicaid and Medicare provider number(s) for employed and contracted primary care and specialty care provider(s). If your jurisdiction does not require clinic licensure, describe how that can be confirmed in state regulation or other information. Official documentation may be required prior to an award being made or in the post-award period.

*Attachment 14: Proof of Non-Profit status*

Include your proof of non-profit status (**required**, not counted in the page limit).

*Attachment 15: Core Medical Services Waiver Request and Other Attachments*

Include Core Medical Services waiver request if submitting with the application (counted in the page limit). If unable to attest to the statements in this certification stated in Section IV.2, an explanation shall be included.

### 3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the \*DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

\*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA’s [SF-424 Application Guide](#).

**SAM.GOV ALERT:** For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government’s efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA’s application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](#).



**If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.**

#### **4. Submission Dates and Times**

##### **Application Due Date**

The due date for applications under this NOFO is June 21, 2021 at 11:59 p.m. ET. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

#### **5. Intergovernmental Review**

The RWHAP Part C Early Intervention Services Program: Existing Geographic Service Areas is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the HHS Grants Policy Statement.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

#### **6. Funding Restrictions**

The General Provisions in Division H, Title II of the Consolidated Appropriations Act, 2021 (P.L. 116-260) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

You may request funding for up to three years, at an annual ceiling amount of no more than the amount listed in Appendix B for the service area to which you are applying. If you are applying for more than one service area listed in Appendix B, you must submit a separate application for each service area under the correct funding opportunity number. Each application must address the entire service area, as defined in Appendix B. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the federal government.

In addition to the general funding restrictions included in Section 4.1.iv of the [SF-424 Application Guide](#), you may not use funds under this announcement for the following purposes:

- Charges that are billable to third party payors (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, HUD, other RWHAP funding including ADAP)
- Payments for clinical research
- Payments for nursing home care
- Cash payments to intended recipients of RWHAP services
- Purchase or improvement of land
- Purchase, construction, or major alterations or renovations on any building or other facility (see [45 CFR part 75](#) – subpart A Definitions)

- PrEP or nPEP medications or medical services. As outlined in the [June 22, 2016 RWHAP and PrEP program letter](#), the RWHAP legislation provides grant funds to be used for the care and treatment of people with HIV, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as physician visits and laboratory costs. However, RWHAP Part C recipients and subrecipients may provide prevention counseling and information, which should be part of a comprehensive PrEP program.
- Purchase of sterile needles or syringes for the purposes of hypodermic injection of any illegal drug. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy (see: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs/s/>).
- Development of materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.
- Research
- Foreign travel

Other non-allowable costs can be found in [45 CFR part 75](#) – subpart E Cost Principles.

The RWHAP Part C statute requires recipients to expend at least 50 percent of their Part C grant on Part C EIS costs (except counseling and referrals/linkage to care); at least 75 percent of the award (after reserving amounts for administrative costs, planning/evaluation, and clinical quality management) on core medical services costs; and not more than 10 percent of the on administrative costs. Please see HAB [PCN 15-01](#) and [Frequently Asked Questions for PCN 15-01](#) regarding the statutory 10 percent limitation on administrative costs. HRSA also expects that grant funding spent on clinical quality management will be kept to a reasonable level, consistent with Parts A and B.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

#### *Program Income*

All program income generated as a result of awarded funds is considered additive and must be added to the grant amount and used for otherwise allowable costs to further the objectives of the RWHAP Part C grant program. HHS award regulations require recipients and/or subrecipients to track and report program income. Program income shall be monitored by the recipient, retained by the recipient (or subrecipient if earned at the subrecipient level), and used to provide RWHAP Part C services to eligible clients. Program income means gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided on 45 CFR § 75.307(f). Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal



funds is not program income. Except as otherwise provided in Federal statutes, regulation, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. Please see 45 CFR § 75.307 and HRSA [HAB PCN 15-03 Clarifications Regarding the RWHAP and Program Income](#) for additional information.

## V. Application Review Information

### 1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Review criteria are used to review and rank applications. The RWHAP Part C Program has six (6) review criteria. See the review criteria outlined below with specific detail and scoring points.

*Criterion 1: NEED (12 points)-Corresponds to Sections IV's [Introduction](#) and [Needs Assessment](#).*

- The completeness of the data provided that demonstrate the burden of HIV infection in the target population(s) served by the applicant's organization in comparison to the entire designated service area, as defined in [Appendix B](#).
- The strength of the applicant's narrative that identifies the specific subpopulations that have the greatest needs for receiving RWHAP Part C funded services.
- The strength of your description of unmet need, gaps in services, and barriers to care across the target population using the HIV care continuum as a framework and citing appropriate references.
- The completeness of the applicant's documentation of the types of services currently available and the other RWHAP providers throughout the entire designated service area as defined in [Appendix B](#).
- The strength of the applicant's description of the current health care landscape within the entire designated service area, as defined in [Appendix B](#) and its impact on the delivery of HIV outpatient primary health care and support services.

*Criterion 2: RESPONSE (30 points) - Corresponds to Section IV's [Methodology](#), and [Resolution of Challenges](#).*

- The strength of the applicant's description of the utilization of RWHAP Part C EIS funds in support of a comprehensive continuum of core medical and support services to meet the needs of people with HIV throughout the entire designated service area, as defined in [Appendix B](#).
- The strength of the applicant's description of how CTR services will be coordinated with other organizations within the service area, and of how CTR services will be directed to high risk populations within the service

area.

- The strength of the applicant's description of the applicant's system for linking newly diagnosed individuals to care.
- The clarity and completeness of the applicant's description of retention strategies that are keeping people with HIV in care.
- The strength of the applicant's description of innovative interventions for improving HIV viral suppression in targeted subpopulations identified in the application.
- The strength of the applicant's description of the applicant's ability to transition HIV-positive youth into the adult HIV primary care system.
- The strength of the applicant's narrative that demonstrates how referrals to specialty and subspecialty medical care and other health and social services are tracked and monitored.
- The feasibility of the applicant's plan for outreach and enrollment of RWHAP clients into new health coverage options.
- The clarity of the applicant's narrative that demonstrates a process is in place to inform clients about HIV-related clinical research trials and refer those interested clients to the relevant resources.
- The strength of the applicant's description of the availability of and access to support services for the applicant's target population throughout the entire service area.
- The strength of the applicant's narrative that demonstrates the availability of and access to other core medical services.
- **For new applicants:** the strength and completeness of the applicant's narrative that demonstrates you have the infrastructure in place to serve the existing HIV population throughout the entire service area as defined in [Appendix B](#), and provide the same scope of services as the current recipient you are proposing to replace.
- **For new applicants:** the strength and completeness of the applicant's description of the applicant's readiness to provide HIV medical services within 90 days of receipt of the Notice of Award including a detailed transition plan, provisions for minimizing disruptions and maintaining continuity of care, and how current patients and the scope of services for the entire designated service area will be transferred from the existing RWHAP Part C recipient to you.

*Criterion 3: EVALUATIVE MEASURES (16 points) - Corresponds to Section IV's [Evaluation and Technical Support Capacity](#)*

- The strength of the proposed CQM program infrastructure, including evidence of key leaders and dedicated staff, descriptions of roles and responsibilities for CQM staff, dedicated resources, and involvement of key stakeholders.
- The strength of the applicant's narrative that describes the level of people with HIV involvement in the development, implementation, and evaluation of the RWHAP Part C EIS Program.
- The feasibility of the applicant's data collection plan and processes (e.g., frequency, key activities, and responsible staff).
- The strength of the applicant's narrative that demonstrates the applicant's ability to analyze and evaluate the applicant's performance measure data for

health outcome disparities and to take action to eliminate them.

- The strength and completeness of the applicant's narrative that describes a recently conducted HIV primary care quality improvement project including baseline data, interventions, and follow up data.
- The strength of the applicant's narrative which demonstrates the capacity to manage, collect, and report client level data and to comply with all program reporting requirements.

*Criterion 4: IMPACT (10 points) - Corresponds to Section IV's [Work Plan](#)*

- The strength of the applicant's proposed work plan as evidenced by measurable and appropriate objectives that reflect Access to Care, Counseling and Testing, Core Medical and Support Services, Antiretroviral Therapy, and Viral Suppression.
- The strength of the applicant's description of a quality improvement project for improving viral suppression.

*Criterion 5: RESOURCES/CAPABILITIES (27 points) - Corresponds to Section IV's [Evaluation and Technical Support Capacity](#) and [Organizational Information](#).*

- The strength of the applicant's narrative that describes how the goal of the RWHAP Part C EIS program aligns with the scope of the applicant's overall mission.
- The strength of the applicant's experience in providing comprehensive HIV outpatient primary health care and support services and the applicant's capacity to respond to the needs of subpopulations experiencing poor health outcomes.
- The strength of the applicant's experience with the administration of federal funds.
- The clarity of the applicant's organizational chart, including placement of the RWHAP Part C program within the applicant's entire organization.
- The clarity and completeness of the applicant's narrative describing the applicant's ability to manage and monitor subrecipient performance and compliance with RWHAP Part C EIS requirements, if applicable.
- The clarity and completeness of the applicant's narrative describing the applicant's processes to conduct financial assessments of people with HIV for RWHAP eligibility.
- The strength of the applicant's narrative that describes sufficient processes/systems for ensuring staff 1) are trained about evidence-based HHS Guidelines, and 2) are correctly implementing these guidelines.
- The clarity and completeness of the applicant's description of project personnel who are qualified by training and/or experience to provide HIV primary care services, and otherwise carry out the program expectations and requirements under the federal grant. The appropriateness of the staffing plan (including the full range of information requested, combining the elements of job descriptions and biographical sketches).
- The strength of the applicant's fiscal and Management Information Systems, and the applicant's capacity to meet program requirements, including monitoring grant expenditures (including sub-awarded funds or funds expended on contracts), a schedule of charges, annual caps on patient out-of-pocket charges, billing/collecting/tracking reimbursable health care services, and tracking and using program income to further the objectives of the

RWHAP Part C program.

- The strength of the applicant's description of the applicant's participation, or intent to participate, in the 340B Drug Pricing Program.

*Criterion 6: SUPPORT REQUESTED (5 points) - Corresponds to Section IV's [Budget](#) and [Budget Narrative](#)*

- The extent to which the budget and budget narrative align with the work plan.
- The appropriateness of the applicant's budget in that it adheres to the following requirements: at least 75 percent of the award (after reserving amounts for administrative costs, planning/evaluation, and CQM) must be expended on core medical services; at least 50 percent of the award must be expended on EIS costs (except counseling and referrals/linkage to care); and no more than 10 percent of the award may be expended on administrative costs. Additionally, the amount expended on CQM is reasonable given the scope of work.
- The alignment and agreement of the applicant's program-specific line item budgets, budget justification narrative, and SF-424A.

## **2. Review and Selection Process**

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

HRSA will consider past performance in managing contracts, grants and/or cooperative agreements of similar size, scope and complexity. Past performance includes timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous awards, and if applicable, the extent to which any previously awarded federal funds will be expended prior to future awards.

For all service areas with two or more applicants, up to five additional points related to past performance (excluding performance during FY 2019 and FY 2020 due to the novel coronavirus pandemic) will be added to the objective review score. HRSA will consider the following:

- Compliance with terms and conditions of RWHAP Parts C and/or D award(s) issued in FY 2018, specifically the number of patients the recipient proposed to serve in their application in relation to the actual number of patients served as reported in annual progress reports (1 point)
- Previously awarded federal funds in FY 2018 expended (1 point)
- Timeliness of reporting in FY 2018 (1 point)
- Site visit report findings and progress on programmatic corrective action plans, if applicable (1 point)
- Financial assessment conducted by HRSA's Division of Financial Integrity. Financial assessments are a summary of key findings from single audits and/or RWHAP program-

specific audits as an indicator of financial risk and its possible impact on program performance. (1 point)

## **Funding Preferences**

This program provides a funding preference for some applicants as authorized by section 2653 of the PHS Act. Applicants receiving preference will be placed in a more competitive position among applications that can be funded. 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 preference(s) as follows:

*Qualification 1: Increased Burden* - The Secretary shall give a funding preference to any qualified applicant experiencing an increased burden in providing HIV services. To request this preference, an applicant must provide information on ALL of the following factors for the service area:

- Number of cases of HIV;
- Rate of increase of HIV cases;
- Lack of availability of early intervention services;
- Number and rate of increase of cases of sexually transmitted infections, tuberculosis, substance use disorder, and co-infection with hepatitis B or C;
- Lack of availability of primary health care providers other than the applicant;
- Distance between the applicant's service area and the nearest community that has an adequate level of availability of appropriate HIV-related services, and the length of time required for patients to travel that distance.

The relevant time period for qualifying for this preference is the two-year period preceding the fiscal year for which the applicant is applying to receive the grant.

Additional Preference(s):

### *Qualification 2: Rural Areas*

If you qualify for preference under Qualification 1, you may request an additional funding preference if you provide EIS in rural areas. Rural communities are those that are NOT designated a metropolitan statistical area (MSA). An MSA, as defined by OMB, must include one city with 50,000 or more inhabitants. MSAs are also urbanized areas (defined by the Bureau of the Census) with at least 50,000 or more inhabitants and a total MSA population of at least 100,000 (75,000 in New England). Rural communities may exist within the broad geographic boundaries of MSAs. For more information, see <http://www.hrsa.gov/ruralhealth/aboutus/definition.html>. For a list of those areas, refer to <https://data.hrsa.gov/tools/rural-health>.

### *Qualification 3: Underserved Areas*

If you qualify for preference under Qualification 1, you may request an additional funding preference if you provide EIS in areas that are underserved with respect to EIS. The RWHAP funds EIS under Parts A, B, C, and D. Applicants requesting a funding preference based on an underserved qualification must demonstrate that the area has gaps in the provision of EIS for people with HIV. You must define and document these gaps and may

include inadequate and/or unavailable services or services that do not sufficiently target particular segments of any community.

*If requesting a funding preference, include a narrative justification as [Attachment 8](#). The justification must demonstrate the existence of ALL of the specified factors for Qualification 1: Increased burden, as described in section V.3, Funding Preference. Applicants who qualify for preference under Qualification 1 can request additional preferences under Qualification 2: Rural Areas and/or Qualification 3: Underserved Areas. The additional requests must also be justified in this attachment. The funding preferences must be explicitly justified in this attachment in order for HRSA to consider them.*

### **3. Assessment of Risk**

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).



## VI. Award Administration Information

### 1. Award Notices

Funding Opportunity Number	Period Of Performance
HRSA-22-011	January 1, 2022 Through December 31, 2024
HRSA-22-014	April 1, 2022 Through March 31, 2025
HRSA-22-015	May 1, 2022 Through April 30, 2025

HRSA will issue the Notice of Award (NOA) prior to the start dates listed above. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### 2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

#### Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

### 3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be available in the NOA.
- 2) **Allocation Report and Expenditure Report** - You must submit to HRSA an Allocation Report due 60 days after the start of the budget period and an Expenditure Report due 90 days after the end of the budget period. These reports account for the allocation and expenditure of all grant funds according to Core Medical Services, Support Services, Clinical Quality Management, and Administration.
- 3) **Ryan White Services Report** - The RSR captures information necessary to demonstrate program performance and

accountability and is due to HRSA on an annual basis. You must comply with RSR data requirements and mandate compliance by any subrecipients. Please refer to the [RSR website](#) for additional information.

- 4) **Federal Financial Report (FFR)** – The recipient will submit to HRSA the annual federal financial report. The report should reflect cumulative reporting within the project period and must be submitted using the Payment Management System. The FFR due dates have been aligned with the Payment Management System quarterly report due dates.
- 5) **Audits** - You must submit audits every two (2) years to the lead state agency for RWHAP Part B, consistent with Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75 regarding funds expended in accordance with this title, and include necessary client-level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.
- 6) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

## VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Adejumoke Oladele  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-2441  
Fax: (301) 443-9810  
Email: [aoladele@hrsa.gov](mailto:aoladele@hrsa.gov)

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Hanna Endale  
Chief, Atlantic Branch  
Division of Community HIV/AIDS Programs (DCHAP)  
Attn: RWHAP Part C EIS  
HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 9N16  
Rockville, MD 20857  
Telephone: (301) 443-1326  
Email: [HEndale@hrsa.gov](mailto:HEndale@hrsa.gov)

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)  
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center  
Telephone: (877) 464-4772  
TTY: (877) 897-9910  
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## **VIII. Other Information**

### **Technical Assistance**

HRSA has scheduled following technical assistance:

#### *Webinar*

Day and Date: April 20, 2021  
Time: 2 – 4 p.m.  
Call-In Number: 1-833-568-9964  
Participant Code: 04879305  
Weblink: <https://hrsa.gov.zoomgov.com/j/1608895322?pwd=K3lZSm1vT3FaVEFkcHlSemNIREZaUT09>:

HRSA-22-011, HRSA-22-014, HRSA-22-015

## **Tips for Writing a Strong Application**

See Section 4.7 of HRSA's [SF-424 Application Guide](#).

## Appendix A: RWHAP Part C EIS Additional Agreements and Assurances

### Ryan White HIV/AIDS Treatment Extension Act of 2009, RWHAP Part C EIS

The authorized representative of the applicant must include a signed and scanned original copy of the attached form with the grant application. This form lists the program assurances that must be satisfied to qualify for a RWHAP Part C grant.

NOTE: The text of the assurances has been abbreviated on this form for ease of understanding; however, recipients are required to comply with all aspects of the assurances as they are stated in the Act.

I, the authorized representative of \_\_\_\_\_ in applying for a grant under RWHAP Part C of Title XXVI, sections 2651–2667 of the Public Health Service Act, hereby certify that:

I. As required in section 2651:

A. Grant funds will be expended only for providing core medical services as described in subsection (c), support services as described in subsection (d), administrative expenses as described in section 2664(g)(3), and a clinical quality management program under 2664(g)(5).

B. Grant funds will be expended for the purposes of providing, on an outpatient basis, each of the following early intervention required services:

- 1) Counseling individuals with respect to HIV in accordance with section 2662;
- 2) Testing to confirm the presence of HIV; to diagnose the extent of immune deficiency; to provide clinical information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease;
- 3) Other clinical preventive and diagnostic services regarding HIV, and periodic medical evaluations of individuals with HIV;
- 4) Providing the therapeutic measures described in 2 above; and
- 5) Referrals described in section 2651(e)(2);

C. Recipient will expend at least 50 percent of grant funds awarded for activities described in 2) – 4) above.

D. After reserving funds for administration and clinical quality management, recipient will use at least 75 percent of the remaining grant funds to provide core medical services that are needed in the area involved for individuals with HIV who are identified and eligible under this title (including services regarding the co-occurring conditions of the individuals).

E. RWHAP Part C services will be available through the applicant entity, either directly or, if the recipient is not a Medicaid provider, through public or nonprofit private entities, or through for-profit entities if such entities are the only available provider of quality HIV care in the area.

- F. Grant funds may also be expended to provide the support services that are needed for individuals with HIV to achieve their medical outcomes.
- II. As required under section 2652(b), all providers of services available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or, for entities providing services under the award on behalf of the recipient, receive a waiver from this requirement.
- III. As required under section 2654(a): Provisions of services to persons with hemophilia will be made and/or coordinated with the network of comprehensive hemophilia diagnostic and treatment centers.
- IV. As required under section 2661(a): The confidentiality of all information relating to the person(s) receiving services will be maintained in accordance with applicable law.
- V. As required under section 2661(b): Informed consent for HIV testing will be obtained.
- VI. As required under section 2662: The applicant agrees to provide appropriate counseling services, under conditions appropriate to the needs of individuals.
- VII. As required under section 2663: All testing that is conducted with RWHAP funds will be carried out in accordance with sections 2661 and 2662.
- VIII. As required under section 2664(a)(1)(C): Information regarding how the expected expenditures under the grant are related to the planning process for localities funded under Part A (including the planning process described in section 2602) and for States funded under Part B (including the planning process described in section 2617(b)) will be submitted.
- IX. As required under section 2664(a)(1)(D): A specification of the expected expenditures and how those expenditures will improve overall client outcomes, as described in the State plan under section 2517(b) will be submitted.
- X. As required under section 2664(a)(2): A report to the Secretary in the form and on the schedule specified by the Secretary will be submitted.
- XI. As required under section 2664(a)(3): Additional documentation to the Secretary regarding the process used to obtain community input into the design and implementation of activities related to the grant will be submitted.
- XII. As required under section 2664(a)(4): Audits regarding funds expended under RWHAP Part C will be submitted every 2 years to the lead State agency under section 2617(b)(4) and will include necessary client level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.



XIII. As required under section 2664(b): To the extent permitted under State law, regulation or rule, opportunities for anonymous counseling and testing will be provided.

XIV. As required under section 2664(c): Individuals seeking services will not have to undergo testing as a condition of receiving other health services.

XV. As required under section 2664(d): The level of pre-grant expenditures for early intervention services will be maintained at the level of the year prior to the grant year.

XVI. As required under section 2664(e): A schedule of charges specified in section 2664 (e) will be utilized.

XVII. As required under section 2664(f): Funds will not be expended for services covered, or which could reasonably be expected to be covered, under any State compensation program, insurance policy, or any Federal or State health benefits program (except for a program administered by or providing services of the Indian Health Service); or by an entity that provides health services on a prepaid basis.

XVIII. As required under section 2664(g): Funds will be expended only for the purposes awarded, such procedures for fiscal control and fund accounting as may be necessary will be established, and not more than 10 percent of the grant will be expended for administrative expenses, including planning and evaluation, except that the costs of a clinical quality management program may not be considered administrative expenses for the purposes of such limitation.

XIX. As required under section 2667: Agreement that counseling programs shall not be designed to promote, or encourage directly, intravenous drug abuse or sexual activity, homosexual or heterosexual; shall be designed to reduce exposure to and transmission of HIV/AIDS by providing accurate information; shall provide information on the health risks of promiscuous sexual activity and intravenous drug abuse; and shall provide information on the transmission and prevention of hepatitis A, B, and C, including education about the availability of hepatitis A and B vaccines and assisting patients in identifying vaccination sites.

XX. As required under section 2681: Assure that services funded will be integrated with other such services, coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.

XXI. As required under section 2684: No funds will be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

## Appendix B: Geographic Service Areas

Service areas are organized according to their period of performance start date: January 1, 2022, April 1, 2022, and May 1, 2022. New applicants submitting proposals to provide services in an existing service area must identify the service area to be served and the current recipient you intend to replace. **Applications must propose to serve the entire service area, as defined here in Appendix B.**

The total funding available for each service area for the delivery of comprehensive primary health care and support services in an outpatient setting for low income, uninsured and underserved people with HIV, is identified in the “Funding Ceiling” column. Funding requests must not exceed the published funding ceiling amount.

Current RWHAP Part C recipients are encouraged to assess their history of expending Part C funds and to examine all resources available, including program income generated as a result of the RWHAP Part C award, when they consider the funding level for which to apply. Appendix B describes the ceiling amount for each service area; applicants can request a funding level that is less than the listed amount in light of their history of expending Part C funds and availability of other resources. HRSA HAB anticipates directing any balance in funds to support the funding of new RWHAP Part C service areas where there is the greatest burden of infection, illness, and disparities from HIV, as well as to support the continuation of the RWHAP Part C Capacity Development grant program. In addition, HRSA reserves the right to fund less than the amount requested based on a history of current RWHAP Part C recipient’s unobligated balances.

**Reminder:** if you are applying for more than one service area listed in Appendix B, you must submit a separate application for each service area under the correct funding opportunity number (located in the first column in the chart below). Each application must address the entire service area.

**Be sure to submit the application under the correct funding opportunity number.**

As a reminder:

<b>Funding Opportunity Number</b>	<b>Period of Performance</b>
HRSA-22-011	January 1, 2022 through December 31, 2024
HRSA-22-014	April 1, 2022 through March 31, 2025
HRSA-22-015	May 1, 2022 through April 30, 2025

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

**Periods of Performance starting in January (HRSA-22-011)**

<b>NOFO #</b>	<b>Current Recipient Name</b>	<b>City</b>	<b>State</b>	<b>Funding Ceiling</b>	<b>Service Area</b>
011	Alaska Native Tribal Health Consortium	Anchorage	AK	\$435,437	Statewide for all Alaska Natives and American Indians Non-Natives outside of the Municipality of Anchorage
011	Health Services Center, Inc.	Anniston	AL	\$713,411	Counties: Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, DeKalb, Etowah, Randolph, Talladega, Tallapoosa
011	Mobile County Health Department	Mobile	AL	\$460,476	Counties: Baldwin, Choctaw, Mobile
011	Montgomery AIDS Outreach, Inc.	Montgomery	AL	\$1,042,899	Counties: Autauga, Barbour, Bullock, Butler, Chambers, Chilton, Coffee, Conecuh, Covington, Crenshaw, Dale, Dallas, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Monroe, Montgomery, Perry, Pike, Russell, Tallapoosa, Wilcox
011	El Rio Santa Cruz Neighborhood Health Center	Tucson	AZ	\$913,916	County: Pima
011	Maricopa County Special Health Care District - DBA Maricopa Integrated Health System	Phoenix	AZ	\$751,766	Counties: Gila, Maricopa, Pinal, Yavapai
011	AltaMed Health Services Corporation	Commerce	CA	\$852,385	County: Los Angeles—Service Planning Areas 3 and 7

011	Community Medical Centers	Stockton	CA	\$350,490	Counties: San Joaquin, Solano, and Yolo
011	County of Orange	Santa Ana	CA	\$689,024	County: Orange
011	Family Health Centers of San Diego, Inc.	San Diego	CA	\$672,579	County: San Diego
011	Los Angeles LGBT Center	Los Angeles	CA	\$738,484	County: Los Angeles—Service Planning Area 4
011	Mendocino Community Health Clinic, Inc.	Ukiah	CA	\$400,907	Counties: Lake, Mendocino
011	Northeast Valley Health Corporation	San Fernando	CA	\$450,822	County: Los Angeles—Service Planning Area 2
011	San Bernardino County of Public Health Dept.	San Bernardino	CA	\$388,443	County: San Bernardino
011	San Francisco Community Clinic Consortium	San Francisco	CA	\$705,908	City and County: San Francisco
011	Santa Clara County Dept. of Public Health	San Jose	CA	\$681,769	County: Santa Clara
011	Santa Cruz County	Santa Cruz	CA	\$409,150	County: Santa Cruz
011	Tri-City Health Center	Fremont	CA	\$890,521	County: Alameda
011	Watts Healthcare Corporation	Los Angeles	CA	\$255,214	County: Los Angeles—Service Planning Area 6
011	West County Health Centers	Guerneville	CA	\$331,865	County: Sonoma
011	Denver Health and Hospital Authority	Denver	CO	\$723,507	Counties: Adams, Arapahoe, Denver, Douglas, and Jefferson.
011	Unity Health Care, Inc.	Washington	DC	\$585,972	District of Columbia
011	Miami Beach Community Health Center	Miami Beach	FL	\$763,287	County: Miami-Dade
011	Monroe County Health Department	Key West	FL	\$476,420	County: Monroe
011	University of Miami	Miami	FL	\$942,065	County: Miami-Dade
011	Augusta University	Augusta	GA	\$1,031,262	Counties: Burke, Columbia, Emanuel, Glascock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Wilkes
011	Chatham County Board of Health	Savannah	GA	\$1,169,012	Counties: Chatham, Effingham, Bryan,

					Camden, Glynn, Liberty, Long, McIntosh
011	Emory University	Atlanta	GA	\$644,234	Counties: Clayton, Cobb, DeKalb, Fulton, Gwinnett
011	St. Joseph's Mercy Care Services	Atlanta	GA	\$648,405	Counties: DeKalb, Fulton
011	Ware County Health Department	Waycross	GA	\$700,882	Counties: Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware, Wayne
011	Hektoen Institute for Medical Research	Chicago	IL	\$1,095,368	Counties: Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, Will
011	Howard Brown Health Center	Chicago	IL	\$787,591	Counties: Cook, Kane, Lake, McHenry, Will
011	University of Illinois at Peoria	Chicago	IL	\$611,798	Counties: Fulton, Hancock, Henderson, Knox, LaSalle, Marshall, Mason, McDonough, McLean, Peoria, Putnam, Stark, Tazewell, Warren, Woodford
011	Health & Hospital Corporation of Marion County	Indianapolis	IN	\$692,888	Counties: Boone, Brown, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Putnam, Shelby
011	University of Kansas School of Medicine - Wichita Medical Practice Association	Wichita	KS	\$843,708	Counties: Barton, Cheyenne, Cloud, Decatur, Dickinson, Ellis, Ellsworth, Gove, Graham, Jewell, Lincoln, Logan, McPherson, Mitchell, Norton, Osborne, Ottawa, Rawlins, Republic,

					Rice, Rooks, Russell, Saline, Sedgwick, Sheridan, Sherman, Smith, Thomas, Trego, Wallace
011	Fenway Community Health Center	Boston	MA	\$776,776	Counties: Middlesex, Norfolk, Suffolk
011	Holyoke Health Center, Inc.	Holyoke	MA	\$816,832	County: Hampden
011	New England Hospital - DBA Dimock CHC	Roxbury	MA	\$434,013	County: Suffolk
011	Chase Brexton Health Services	Baltimore	MD	\$1,048,395	City: Baltimore; Counties: Anne Arundel, Baltimore, Harford, Howard
011	Portland Community Health Center	Portland	ME	\$316,722	Counties: Cumberland, York
011	The Regents of the University of Michigan	Ann Arbor	MI	\$574,239	Counties: Jackson, Lenawee, Livingston, Monroe, Washtenaw, Wayne
011	Trinity Health Michigan - DBA Mercy Health Saint Mary's	Grand Rapids	MI	\$553,995	Counties: Allegan, Ionia, Kent, Lake, Manistee, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Ottawa
011	Wayne State University	Detroit	MI	\$838,293	Counties: Lapeer, Macomb, Monroe, Oakland, St. Clair, Wayne
011	AIDS Project of the Ozarks	Springfield	MO	\$827,715	Counties: Barry, Barton, Cedar, Christian, Dade, Dallas, Dent, Douglas, Greene, Hickory, Howell, Jasper, Laclede, Lawrence, McDonald, Newton, Oregon, Ozark, Phelps, Polk, Pulaski, Shannon, St. Clair, Stone, Taney, Texas, Vernon, Webster, Wright



011	Kansas City CARE Clinic	Kansas City	MO	\$818,828	Counties: Cass, Clay, Clinton, Jackson, Johnson, Lafayette, Platte, Ray
011	Washington University	Saint Louis	MO	\$673,481	City: St. Louis; Counties: Franklin, Jefferson, Lincoln, St. Charles, St. Louis, Warren
011	The Coastal Family Health Center, Inc.	Biloxi	MS	\$549,042	Counties: Hancock, Harrison, Jackson
011	Western North Carolina Community Health Services	Asheville	NC	\$629,383	Counties: Avery, Buncombe, Cherokee, Cleveland, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey
011	University of Nebraska	Omaha	NE	\$703,131	Counties in IA: Adams, Audubon, Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie, Shelby, Taylor; Counties in NE: Adams, Antelope, Arthur, Blaine, Boone, Boyd, Brown, Buffalo, Burt, Butler, Cass, Cedar, Chase, Cherry, Clay, Colfax, Cuming, Custer, Dakota, Dawson, Dixon, Dodge, Douglas, Dundy, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock,

					Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Knox, Lancaster, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Richardson, Rock, Saline, Sarpy, Saunders, Seward, Sherman, Stanton, Thayer, Thomas, Thurston, Valley, Washington, Wayne, Webster, Wheeler, York.
011	Newark Community Health Centers, Inc.	Newark	NJ	\$475,559	County: Essex
011	Rutgers, The State University of New Jersey	Newark	NJ	\$995,525	County: Essex; City: Newark
011	St. Francis Medical Center	Trenton	NJ	\$304,991	County: Mercer
011	St. Joseph's Hospital and Medical Center	Paterson	NJ	\$693,753	County: Passaic
011	Northern Nevada HOPES	Reno	NV	\$643,381	City: Carson City; Counties: Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lyon, Mineral, Pershing, Storey, Washoe, White Pine
011	Albany Medical College	Albany	NY	\$957,520	Counties: Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan,

					Ulster, Warren, Washington
011	Bronx Lebanon Hospital Center	Bronx	NY	\$562,409	County: Bronx
011	Community Healthcare Network	New York	NY	\$795,407	Counties: Kings—zip codes 11206, 11208, 11212, 11213, 11216, 11225, 11237, 11238 and Queens—zip code 11435
011	East Harlem Council for Human Services	New York	NY	\$341,940	County: New York
011	Erie County Medical Center	Buffalo	NY	\$731,362	Counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming
011	Hudson River Healthcare	Peekskill	NY	\$350,700	Suffolk County
011	La Casa De Salud, Inc.	Bronx	NY	\$588,250	County: Bronx
011	Montefiore Medical Center	Bronx	NY	\$965,763	County: Bronx
011	New York University School of Medicine	New York	NY	\$605,020	Counties: New York, Richmond
011	NYCHHC/Woodhull Medical and Mental Health	Brooklyn	NY	\$755,885	County: Kings—zip codes 11205, 11206, 11207, 11211, 11221, 11237, 11238, 11225, 11226, 11201, 11220
011	Open Door Family Medical Center	Ossining	NY	\$203,622	Counties: Brewster and Westchester
011	Sunset Park Health Council, Inc.	Brooklyn	NY	\$638,318	County: Kings - including the neighborhoods of Sunset Park, East Flatbush/Flatbush, Park Slope, Red Hook, Brownsville, Crown Heights
011	The Brooklyn Hospital Center	Brooklyn	NY	\$1,011,523	County: Kings—zip codes 11216, 11238

011	The Research Foundation of State University of New York	Albany	NY	\$1,153,169	County: Kings—zip codes 11203, 11207, 11208, 11210, 11212, 11213, 11216, 11225, 11226, 11233, 11234, 11236, 11238, 11239
011	Trillium Health Center, Inc. - DBA AIDS Care and Pleasant Street Apothecary	Rochester	NY	\$637,131	Counties: Chemung, Livingston, Monroe, Ontario, Schuyler
011	EQUITAS	Portsmouth	OH	\$270,169	Counties in KY: Boyd, Carter, Fleming, Greenup, Lawrence, Lewis, Mason; Counties in OH: Adams, Athens, Brown, Clinton, Gallia, Jackson, Lawrence, Meigs, Pike, Ross, Scioto, Vinton, Washington; Counties in WV: Cabell, Jackson, Mason, Wayne, Wood
011	Oklahoma State University	Tulsa	OK	\$826,852	Counties: Adair, Cherokee, Craig, Creek, Delaware, Haskell, Latimer, Le Flore, Mayes, McIntosh, Muskogee, Nowata, Okfuskee, Okmulgee, Osage, Ottawa, Pawnee, Pittsburg, Rogers, Sequoyah, Tulsa, Wagoner, Washington

011	University of Oklahoma HSC	Oklahoma City	OK	\$850,560	Counties: Alfalfa, Atoka, Beaver, Beckham, Blaine, Caddo, Canadian, Carter, Choctaw, Cimarron, Cleveland, Coal, Comanche, Cotton, Custer, Dewey, Ellis, Garfield, Garvin, Grady, Grant, Greer, Harmon, Harper, Hughes, Jackson, Jefferson, Johnston, Kay, Kingfisher, Kiowa, Lincoln, Logan, Love, Major, Marshall, McClain, McCurtain, Murray, Noble, Oklahoma, Payne, Pontotoc, Pottawatomie, Pushmataha, Roger Mills, Seminole, Stephens, Texas, Tillman, Washita, Woods, Woodward
011	Multnomah County Health Department	Portland	OR	\$763,855	Counties in OR: Clackamas, Columbia, Multnomah, Washington and Yamhill. County in WA: Clark
011	Esperanza Health Center	Philadelphia	PA	\$500,773	County: Philadelphia—zip codes 19111, 19120, 19124, 19133, 19134, 19140, 19149
011	Philadelphia Public Health Department	Philadelphia	PA	\$803,870	County: Philadelphia—zip codes 19104, 19121, 19122, 19123, 19130, 19132, 19133, 19134, 19140, 19142, 19143, 19151, 19153

011	Centro de Salud Familiar (Palmieri)	Arroyo	PR	\$457,214	Municipalities: Arroyo, Coamo, Patillas, Maunabo, Guayama, Salinas; Zip code: 00769
011	Consejo De Salud De Puerto Rico, Inc.	Ponce	PR	\$846,921	Municipalities: Guayanilla, Juana Diaz, Peñuelas, Ponce, Villalba, Yauco
011	Municipality of Bayamon	Bayamon	PR	\$624,862	Municipalities: Barranquitas, Bayamón, Cataño, Comerío, Corozal, Dorado, Naranjito, Orocovis, Toa Alta, Toa Baja, Vegal Alta, and Vega Baja
011	Puerto Rico Community Network For Clinical Research On Aids (CONCRA)	San Juan	PR	\$716,794	Municipalities: Aguas Buenas, Barceloneta, Bayamón, Canóvanas, Cataño, Ceiba, Corozal, Dorado, Fajardo, Florida, Guaynabo, Gurabo, Humacao, Juncos, Las Marías, Las Piedras, Loíza, Luzuillo, Manatí, Morovis, Naguabo, Naranjito, Río Grande, San Juan, Toa Alta, Toa Baja, Trujillo Alto, Vega Alta, Vega Baja, Yabucoa
011	The Miriam Hospital	Providence	RI	\$791,211	Counties in RI: Bristol, Kent, Newport, Providence; Town/Village in RI: East Greenwich, Wakefield; County in MA: Bristol; Counties in CT: Windham, New London

011	Regional One Health	Memphis	TN	\$886,248	Counties in TN: Fayette, Shelby, Tipton; Counties in MS: DeSoto, Marshall, Tate, Tunica; County in AR: Crittenden
011	Austin/Travis City Health and Human Services Dept.	Austin	TX	\$901,217	Counties: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, Williamson
011	Centro De Salud Familiar La Fe	El Paso	TX	\$939,491	County: El Paso
011	Dallas County Hospital District	Dallas	TX	\$1,060,160	Counties: Collin, Dallas, Denton, Ellis, Henderson, Hunt, Kaufman, Rockwall
011	Harris County Hospital District	Houston	TX	\$1,026,267	County: Harris
011	Tarrant County Health Department	Fort Worth	TX	\$863,084	Counties: Tarrant, Johnson, Parker, Erath, Hood, Palo Pinto, Somervell, and Wise
011	Valley AIDS Counsel	Harlingen	TX	\$860,773	Counties: Cameron, Hidalgo, Willacy
011	University of Utah	Salt Lake City	UT	\$863,468	Counties: Beaver, Box Elder, Cache, Carbon, Daggett, Davis, Duchesne, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Morgan, Piute, Rich, Salt Lake, San Juan, Sanpete, Sevier, Summit, Tooele, Uintah, Utah, Wasatch, Washington, Wayne, Weber
011	Frederiksted Health Care, Inc.	St. Croix	VI	\$208,819	Island: St. Croix
011	Harborview Medical Center	Seattle	WA	\$532,097	County: King



**Periods of Performance starting in April (HRSA-22-014)**

<b>NOFO #</b>	<b>Current Recipient Name</b>	<b>City</b>	<b>State</b>	<b>Funding Ceiling</b>	<b>Service Area</b>
014	AIDS Action Coalition of Huntsville, Inc.	Huntsville	AL	\$625,956	Counties: Colbert, Cullman, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Winston
014	Whatley Health Services, Inc.	Tuscaloosa	AL	\$388,043	Counties: Bibb, Fayette, Greene, Hale, Lamar, Perry, Pickens, Sumter, Tuscaloosa, Walker
014	ARcare	Augusta	AR	\$392,793	Counties: Baxter, Clay, Cleburne, Craighead, Cross, Faulkner, Fulton, Greene, Independence, Izard, Jackson, Lawrence, Lonoke, Marion, Monroe, Prairie, Poinsett, Pulaski, Randolph, Searcy, Sharp, Stone, Van Buren, White, Woodruff
014	East Arkansas Family Health Center, Inc.	West Memphis	AR	\$272,798	Counties: Crittenden, Cross, Lee, Mississippi, Monroe, Phillips, St. Francis, Woodruff
014	Arizona Board of Regents, The University of Arizona	Tucson	AZ	\$275,248	Counties: Pima, Cochise, Graham, Greenlee, Santa Cruz and Yuma
014	Ampla Health	Yuba City	CA	\$408,933	Counties: Butte, Glenn, Colusa, Sutter, Yuba
014	Center for AIDS Research, Education and Services/	Sacramento	CA	\$540,896	Counties: El Dorado, Placer, Sacramento, Yolo, Alpine, Nevada, Sierra

014	County of Ventura	Oxnard	CA	\$243,588	County: Ventura
014	Fresno Community Hospital and Medical Center - DBA University Medical Center	Fresno	CA	\$606,415	County: Fresno
014	Natividad Medical Center/monterey county of	Salinas	CA	\$338,144	Counties: Monterey, San Benito
014	Open Door Community Health Centers	Arcata	CA	\$341,838	Counties: Del Norte, Humboldt
014	Plumas County Public Health Agency	Quincy	CA	\$242,236	Counties: Lassen, Modoc, Plumas, Sierra, Siskiyou
014	Solano County Health & Social Services Dept.	Fairfield	CA	\$322,329	County: Solano
014	Tarzana Treatment Centers, Inc.	Tarzana	CA	\$306,750	County: Los Angeles--Service Planning Area 2
014	University of Southern California, School of Medicine	Los Angeles	CA	\$345,859	County: Los Angeles
014	Boulder Community Hospital	Boulder	CO	\$387,599	Counties: Boulder, Broomfield, Clear Creek, Gilpin, Larimer, Weld
014	Pueblo Community Center, Inc.	Pueblo	CO	\$280,851	Counties: Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Las Animas, Otero, Prowers, Pueblo, Rio Grande, Saguache
014	St. Mary's Hospital Medical Center	Grand Junction	CO	\$343,181	Counties: Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, Lake, La Plata, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, Summit

014	Community Health and Wellness Center of Greater Torrington, Inc.	Torrington	CT	\$213,682	County: Litchfield
014	Community Health Center, Inc.	Middletown	CT	\$358,293	County: Hartford
014	Cornell Scott Hill Health Corporation	New Haven	CT	\$523,502	County: New Haven
014	Generations Family Health Center	Willimantic	CT	\$259,558	Counties: New London, Tolland, Windham
014	Staywell Health Care	Waterbury	CT	\$381,197	Counties: Hartford, Litchfield, Middlesex, New Haven
014	Howard University Hospital Comprehensive Clinic	Washington	DC	\$341,610	Northern VA, Suburban MD and Washington, DC
014	Whitman-Walker Clinic	Washington	DC	\$604,559	District of Columbia
014	Borinquen Health Care Center, Inc.	Miami	FL	\$709,506	County: Miami-Dade
014	Duval County Health Department	Jacksonville	FL	\$350,240	County: Duval
014	Hendry County Health Department	Labelle	FL	\$301,809	Counties: Glades, Hendry
014	Manatee County Rural Health Services, Inc.	Palmetto	FL	\$500,113	County: Manatee
014	Okaloosa County Health Department	Fort Walton Beach	FL	\$307,043	Counties: Okaloosa, Walton
014	Orange County Health Department	Orlando	FL	\$1,063,777	Counties: Lake, Orange, Osceola
014	Polk County Health Department	Bartow	FL	\$625,733	Counties: Hardee, Highlands, Polk
014	Clarke County Board of Health	Athens	GA	\$542,459	Counties: Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton
014	Cobb County Board of Health	Marietta	GA	\$335,588	Counties: Cobb, Douglas
014	County Houston	Macon	GA	\$656,495	Counties: Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, Wilkinson
014	DeKalb County Board of Health	Decatur	GA	\$426,429	County: DeKalb

014	Floyd County Board of Health	Rome	GA	\$307,301	Counties: Bartow, Catoosa, Chattooga, Dade, Floyd, Gordon, Haralson, Paulding, Polk, Walker
014	Lowndes County Board of Health	Valdosta	GA	\$553,616	Counties: Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift, Turner
014	North Georgia Health District - Cherokee County Board of Health	Dalton	GA	\$409,689	Counties: Cherokee, Fannin, Gilmer, Murray, Pickens, Whitfield
014	Positive Health Impact Centers, Inc.	Duluth	GA	\$567,558	Counties: Gwinnett, Newton, Rockdale
014	Waikiki Health Center	Honolulu	HI	\$378,975	Counties: Hawai'i, Honolulu, Maui
014	Crusaders Central Clinic Association	Rockford	IL	\$385,903	Counties: Boone, Carroll, Dekalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside, Winnebago
014	Heartland Health Outreach, Inc.	Chicago	IL	\$786,108	Chicago Community Areas: Albany Park, Edgewater, Rogers Park, Uptown
014	Lawndale Christian Health Center	Chicago	IL	\$309,595	City: Chicago— Community Areas: Austin, East Garfield Park, Near West Side, North Lawndale, South Lawndale, West Garfield Park
014	Near North Health Service Corporation	Chicago	IL	\$336,151	City: Chicago—zip codes 60610, 60615, 60640, 60651, 60653
014	Matthew 25 AIDS Services, Inc.	Henderson	KY	\$453,414	County in IN: Vanderburgh; Counties in KY: Allen, Barren, Breckinridge, Butler, Daviess, Edmonson, Grayson, Hancock,

					Hardin, Hart, Henderson, LaRue, Logan, McLean, Marion, Meade, Metcalfe, Monroe, Nelson, Ohio, Simpson, Union, Warren, Washington, Webster
014	University of Kentucky Research Foundation	Lexington	KY	\$690,658	Counties: Adair, Anderson, Bath, Bell, Bourbon, Boyd, Boyle, Bracken, Breathitt, Carter, Casey, Clark, Clay, Clinton, Cumberland, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Garrard, Green, Greenup, Harlan, Harrison, Jackson, Jessamine, Johnson, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Madison, Magoffin, Martin, Mason, McCreary, Menifee, Mercer, Montgomery, Morgan, Nicholas, Owsley, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Taylor, Wayne, Whitley, Wolfe, Woodford
014	Capitol City Family Health Center, Inc.	Baton Rouge	LA	\$367,574	Parishes: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, West Baton

					Rouge, West Feliciana
014	Greater Ouachita Coalition Providing AIDS Resources	Monroe	LA	\$540,664	Parishes: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll
014	Tulane University Health Sciences Center	New Orleans	LA	\$541,092	Parishes: Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn
014	Boston Healthcare for the Homeless, Inc.	Boston	MA	\$279,645	Cities: Boston, Cambridge
014	Brockton Neighborhood Health Center	Brockton	MA	\$296,552	City: Brockton
014	Cape Cod Hospital	Hyannis	MA	\$477,963	Counties: Barnstable, Dukes, Nantucket; Town: Wareham
014	Lynn Community Health, Inc.	Lynn	MA	\$252,681	City: Lynn
014	University of Massachusetts Medical School	Worcester	MA	\$474,017	County: Worcester
014	Johns Hopkins University	Baltimore	MD	\$306,682	City: Baltimore; Counties: Anne Arundel, Baltimore, Carroll, Harford, Howard, Queen Anne's
014	MedStar Research Institute	Hyattsville	MD	\$429,800	Washington, DC
014	Maine General Medical Center	Augusta	ME	\$265,068	Counties: Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, Waldo
014	Regional Medical Center at Lubec	Lubec	ME	\$353,151	Counties: Aroostook, Hancock, Penobscot, Piscataquis, Washington

014	G.A. Carmichael Family Health Care Clinic	Canton	MS	\$274,888	Counties: Attala, Carroll, Holmes, Humphreys, Issaquena, Leake, Leflore, Madison, Montgomery, Sharkey, Yazoo
014	GLH Magnolia Medical Clinic	Greenwood	MS	\$370,709	Counties: Attala, Bolivar, Carroll, Grenada, Holmes, Humphreys, Leflore, Montgomery, Sunflower, Washington
014	Southeast Mississippi Rural Health Initiative, Inc.	Hattiesburg	MS	\$669,460	Counties: Covington, Forrest, George, Greene, Jefferson Davis, Jones, Lamar, Lawrence, Lincoln, Marion, Pearl River, Perry, Pike, Stone, Walthall, Wayne
014	University of Mississippi Medical Center	Jackson	MS	\$573,382	Counties: Claiborne, Copiah, Hinds, Simpson, Rankin, Warren
014	Catawba Valley Medical Center	Hickory	NC	\$393,952	Counties: Alexander, Alleghany, Ashe, Burke, Caldwell, Catawba, Lincoln, Watauga, Wilkes
014	Robeson Health Care Corporation	Pembroke	NC	\$446,831	Counties: Cumberland, Hoke, Montgomery, Moore, Robeson, Richmond, Scotland
014	Tri-County Community Health	Newton Grove	NC	\$360,625	Counties: Cumberland, Duplin, Greene, Harnett, Johnston, Sampson
014	University of North Carolina at Chapel Hill	Chapel Hill	NC	\$804,007	Counties: Alamance, Caswell, Chatham, Guilford, Lee, Orange,



					Randolph, Rockingham
014	Wake Forest University Health Sciences	Winston Salem	NC	\$621,872	Counties: Davidson, Davie, Forsyth, Guilford, Iredell, Rowan, Stokes, Surry, Yadkin
014	Chadron Community Hospital	Chadron	NE	\$147,603	Counties: Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, Sioux
014	Mary Hitchcock Memorial Hospital	Hanover	NH	\$395,922	State of New Hampshire
014	The Cooper Health System	Cherry Hill	NJ	\$371,888	Counties: Burlington, Camden, Gloucester, Salem
014	Visiting Nurse Association of Central Jersey Community Health Center, Inc.	Asbury Park	NJ	\$254,190	County: Monmouth
014	University of New Mexico	Albuquerque	NM	\$725,053	Counties: Bernalillo, Cibola, McKinley, Sandoval, San Juan, Valencia
014	University Medical Center of Southern Nevada	Las Vegas	NV	\$765,754	County: Clark
014	Asian Pacific Islander Coalition on HIV/AIDS Community Health Center	New York	NY	\$466,569	City: New York City
014	Hudson Headwaters Health Network	Queensbury	NY	\$275,278	Counties: Essex, Hamilton, Saratoga, Warren, Washington
014	New York City Health & Hospitals Corporation	New York	NY	\$483,660	City: New York City—zip codes; 10026, 10027, 10029, 10030, 10031, 10032, 10033, 10034, 10035, 10037, 10039 10040

014	New York City Health and Hospitals Corporation- Elmhurst	Elmhurst	NY	\$752,544	County: Queens
014	PROMESA, Inc.	Bronx	NY	\$360,497	County: Bronx
014	St. John's Riverside Hospital	Yonkers	NY	\$408,598	City: Yonkers
014	William F. Ryan Community Health Center, Inc.	New York	NY	\$862,952	County: New York
014	Cincinnati Health Network, Inc.	Cincinnati	OH	\$868,303	Counties in IN: Dearborn, Ohio; Counties in KY: Boone, Campbell, Grant, Kenton; Counties in OH: Adams, Brown, Butler, Clermont, Clinton, Fayette, Hamilton, Highland, Warren
014	University Hospitals of Cleveland	Cleveland	OH	\$508,037	Counties: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina
014	University of Toledo Health Science Campus	Toledo	OH	\$517,247	Counties: Defiance, Fulton, Henry, Lucas, Ottawa, Sandusky, Wood, Williams
014	Ursuline Center	Canfield	OH	\$335,987	Counties: Columbiana, Mahoning, Trumbull
014	Allegheny-Singer Research Institute	Pittsburgh	PA	\$583,569	Counties: Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland
014	Clarion University of Pennsylvania	Clarion	PA	\$391,868	Counties: Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, Warren
014	Community Health Net	Erie	PA	\$180,886	County: Erie

014	Lancaster General Hospital	Lancaster	PA	\$440,035	County: Lancaster
014	Lehigh Valley Hospital & Health Network	Allentown	PA	\$732,559	Counties: Lehigh, Northampton
014	Philadelphia FIGHT	Philadelphia	PA	\$536,972	City: Philadelphia—zip codes 19103, 19104, 19107, 19121, 19122, 19123, 19124, 19130, 19132, 19133, 19134, 19140, 19143, 19146, 19147
014	Pinnacle Health Medical Services	Harrisburg	PA	\$200,794	Counties: Dauphin
014	St. Luke's Hospital	Bethlehem	PA	\$312,263	County: Northampton
014	The Reading Hospital and Medical Center	Reading	PA	\$333,735	Counties: Berks, Schuylkill
014	The Wright Center Medical Group, P.C.	Scranton	PA	\$347,675	Counties: Lackawanna, Luzerne, Monroe, Pike, Susquehanna, Wayne, Wyoming
014	Ryder Memorial Hospital	Humacao	PR	\$557,552	Municipalities: Aguas Buenas, Caguas, Cayey, Ceiba, Cidra, Fajardo, Gurabo, Humacao, Juncos, Las Piedras, Maunabo, Naguabo, San Lorenzo, Yabucoa
014	Thundermist Health Center	Woonsocket	RI	\$333,318	Cities: Woonsocket, Central Falls, Pawtucket
014	Affinity Health Care	Rock Hill	SC	\$543,900	Counties: Chester, Lancaster, York
014	CareSouth Carolina, Inc.	Hartsville	SC	\$267,056	Counties: Chesterfield, Darlington, Lee, Marlboro
014	HopeHealth, Inc.	Florence	SC	\$618,636	Counties: Florence, Dillon, Marion
014	Sandhills Medical Foundation, Inc.	Jefferson	SC	\$321,049	Counties: Chesterfield, Kershaw, Sumter

014	Spartanburg Regional Health Services District, Inc.	Spartanburg	SC	\$491,200	Counties: Cherokee, Spartanburg, Union
014	City of Sioux Falls Health Department	Sioux Falls	SD	\$355,955	Counties: Aurora, Beadle, Bon Homme, Brookings, Brown, Brule, Buffalo, Campbell, Charles Mix, Clark, Clay, Codington, Davison, Day, Deuel, Douglas, Edmunds, Faulk, Grant, Hamlin, Hand, Hanson, Hughes, Hutchinson, Hyde, Jerauld, Kingsbury, Lake, Lincoln, Marshall, McCook, McPherson, Miner, Minnehaha, Moody, Potter, Roberts, Sanborn, Spink, Sully, Turner, Union, Walworth, Yankton
014	Chattanooga CARES	Chattanooga	TN	\$358,928	Counties: Bledsoe, Bradley, Franklin, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie
014	Meharry Medical College	Nashville	TN	\$476,334	County: Davidson
014	AIDS Arms, Inc.	Dallas	TX	\$499,370	Counties: Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Henderson, Hunt, Kaufman, Navarro, Rockwall
014	Special Health Resources For Texas, Inc.	Longview	TX	\$451,003	Counties: Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar,

					Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood
014	University of Virginia	Charlottesville	VA	\$441,390	Cities: Buena Vista, Charlottesville, Fredericksburg, Harrisonburg, Lexington, Staunton, Waynesboro, Winchester; Counties: Albemarle, Augusta, Bath, Caroline, Clarke, Culpeper, Fauquier, Fluvanna, Frederick, Greene, Highland, King George, Louisa, Madison, Nelson, Orange, Page, Rappahannock, Rockbridge, Rockingham, Shenandoah, Spotsylvania, Stafford, Warren
014	Sixteenth Street Community Health Centers, Inc.	Milwaukee	WI	\$368,666	City: Milwaukee— zip codes 53204, 53207, 53215
014	CAMC Health Education & Research Institute	Charleston	WV	\$457,793	Counties: Boone, Braxton, Clay, Fayette, Greenbrier, Kanawha, Lincoln, Logan, McDowell, Mercer, Mingo, Monroe, Nicholas, Pocahontas, Putnam, Raleigh, Summers, Webster, Wyoming

014	West Virginia University	Morgantown	WV	\$398,374	Counties: Barbour, Berkeley, Brooke, Calhoun, Doddridge, Gilmer, Grant, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Lewis, Marion, Marshall, Mineral, Monongalia, Morgan, Ohio, Pendleton, Pleasants, Preston, Randolph, Ritchie, Roane, Taylor, Tucker, Tyler, Upshur, Wetzel, Wirt, Wood
014	Wyoming Department of Health	Cheyenne	WY	\$244,423	State of Wyoming

**Periods of Performance starting in May (HRSA-22-015)**

<b>NOFO#</b>	<b>Current Recipient Name</b>	<b>City</b>	<b>State</b>	<b>Funding Ceiling</b>	<b>Service Area</b>
015	Anchorage Neighborhood Health Center	Anchorage	AK	\$319,913	Municipality: Anchorage; Borough: Matanuska-Susitna
015	Mobile County Health Department	Mobile	AL	\$751,304	Counties: Baldwin, Choctaw, Clarke, Mobile, Monroe, Washington
015	University of Alabama at Birmingham	Birmingham	AL	\$1,507,206	Counties: Blount, Cullman, Jefferson, Shelby, St. Clair, Walker, Winston
015	ARCARE	Augusta	AR	\$348,325	Counties: Benton, Boone, Calhoun, Carroll, Clark, Columbia, Conway, Crawford, Dallas, Franklin, Garland, Grant, Hempstead, Hot Springs, Howard, Johnson, Lafayette, Little

					River, Logan, Madison, Miller, Montgomery, Nevada, Newton, Ouachita, Perry, Pike, Polk, Pope, Saline, Scott, Sebastian, Sevier, Union, Washington, Yell
015	Jefferson Comprehensive Care System, Inc.	Pine Bluff	AR	\$541,724	Counties: Arkansas, Ashley, Chicot, Desha, Drew, Jefferson, Lincoln, Lonoke, Prairie, Pulaski
015	AIDS Healthcare Foundation	Los Angeles	CA	\$337,211	Counties: Baker, Clay, Duval, Nassau, St. Johns
015	Bartz-Altadonna Community Health Center	Lancaster	CA	\$252,136	Counties: Kern (eastern region), Los Angeles (northern region of Antelope Valley)
015	Centro De Salud De La Comunidad San Ysidro	San Ysidro	CA	\$642,004	County: San Diego—South Health Region
015	Charles R. Drew University of Medicine and Science	Los Angeles	CA	\$346,542	County: Los Angeles—Service Planning Area 6
015	City & County of San Francisco	San Francisco	CA	\$293,137	City: San Francisco
015	Clinica Sierra Vista	Bakersfield	CA	\$322,147	County: Kern
015	Contra Costa County Health Services Dept.	Martinez	CA	\$251,474	County: Contra Costa
015	Desert AIDS Project	Palm Springs	CA	\$313,731	County: Eastern Riverside
015	Dignity Health - DBA Saint Mary Medical Center	Long Beach	CA	\$822,885	County: Los Angeles—Service Planning Area 8 (Long Beach, South Bay and South Los Angeles)
015	El Proyecto Del Barrio	Arleta	CA	\$198,511	County: Los Angeles—Service Planning Area 2
015	JWCH Institute, Inc.	Los Angeles	CA	\$296,870	County: Los Angeles—zip codes 90011 and 90013



015	Regents of The University of California	La Jolla	CA	\$773,246	County: San Diego—East and Central Health Regions
015	Santa Barbara County Health Department	Santa Barbara	CA	\$326,193	County: Santa Barbara
015	Santa Rosa Community Health Centers	Santa Rosa	CA	\$426,135	County: Sonoma
015	Shasta Community Health Center	Redding	CA	\$254,593	Counties: Modoc, Shasta, Tehama and Trinity.
015	T.H.E. Clinic, Inc.	Los Angeles	CA	\$271,537	County: Los Angeles—Service Planning Area 6
015	Venice Family Clinic	Venice	CA	\$302,322	County: Los Angeles—Service Planning Area 5
015	Community Health Services, Inc.	Hartford	CT	\$327,544	County: Hartford
015	Fair Haven Community Health Clinic, Inc.	New Haven	CT	\$284,442	Census tract 1421-1426 in the City of New Haven
015	Optimus Health Care, Inc.	Bridgeport	CT	\$464,227	Cities: Bridgeport, Milford, Stamford, Town of Stratford
015	Southwest Community Health Center, Inc.	Bridgeport	CT	\$437,443	City: Bridgeport
015	Family and Medical Counseling Service	Washington	DC	\$566,738	District of Columbia: Wards 7 and 8
015	Christiana Care Health Services, Inc.	Wilmington	DE	\$892,694	Counties: Kent, New Castle, Sussex
015	Charlotte DeSoto County Health Department	Arcadia	FL	\$271,313	Counties: Charlotte, DeSoto
015	Collier Health Services	Immokalee	FL	\$422,896	County: Collier
015	Empower U	Miami Springs	FL	\$613,327	County: Miami-Dade
015	Neighborhood Medical Center, Inc.	Tallahassee	FL	\$492,721	Counties: Leon, Gadsden, Jefferson, Franklin, Liberty, Madison, Taylor, Wakulla
015	North Broward Hospital District	Fort Lauderdale	FL	\$840,675	County: Broward
015	Pancare of Florida Inc.	Panama City	FL	\$272,720	Counties: Bay, Calhoun, Gulf, Holmes, Jackson, and Washington
015	St. Johns County Health Department	St. Augustine	FL	\$329,788	County: St. Johns

015	The McGregor Clinic, Inc.	Fort Myers	FL	\$416,633	County: Lee
015	Unconditional Love, Inc.	Melbourne	FL	\$397,449	County: Brevard
015	University of Florida	Gainesville	FL	\$391,396	County: Duval City: Jacksonville
015	AID Atlanta, Inc.	Atlanta	GA	\$571,759	Counties: Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, Upson
015	Albany Area Primary Health Care, Inc.	Albany	GA	\$897,414	Counties: Terrell, Lee, Worth, Colquitt, Thomas, Grady, Decatur, Seminole, Miller, Baker, Mitchell, Early, Calhoun, Dougherty
015	Columbus Department of Public Health	Columbus	GA	\$512,051	Counties: Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster
015	County of Clayton	Jonesboro	GA	\$265,352	County: Clayton
015	County of Hall	Gainesville	GA	\$310,844	Counties: Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, White
015	Laurens County Board of Health	Dublin	GA	\$370,149	Counties: Bleckley, Dodge, Johnson, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wheeler, Wilcox
015	Genesis Health System	Davenport	IA	\$309,421	County: Scott

015	Primary Health Care, Inc.	Urbandale	IA	\$440,067	Counties: Boone, Clarke, Cerro Gordo, Dallas, Decatur, Greene, Guthrie, Hamilton, Hardin, Humboldt, Jasper, Madison, Marion, Marshall, Monroe, Polk, Poweshiek, Ringgold, Story, Tama, Warren, Wayne, Webster, Winnebago, Worth
015	Siouxland Community Health Center	Sioux City	IA	\$252,138	Counties in IA: Buena Vista, Carroll, Calhoun, Cherokee, Clay, Crawford, Dickinson, Emmet, Greene, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocohantas, Sac, Sioux, Woodbury; Counties in NE: Dakota, Dixon, Thurston; Counties in SD: Union
015	University of Iowa	Iowa City	IA	\$586,844	State of Iowa
015	Idaho State University	Pocatello	ID	\$248,887	Counties: Bannock, Bear Lake, Bonneville, Bingham, Butte, Caribou, Clark, Custer, Franklin, Fremont, Jefferson, Lemhi, Madison, Oneida, Power, Teton
015	The Family Medicine Residency of Idaho, Inc.	Boise	ID	\$719,150	Counties: Adams, Washington, Payette, Gem, Canyon, Owyhee, Boise, Elmore, Ada, Valley, Camas, Gooding, Twin Falls, Blaine,

					Lincoln, Jerome, Minidoka, Cassia
015	Access Community Health Network	Chicago	IL	\$593,411	Counties: Cook and DuPage; Community Areas: Rogers Park, Edgewater, Uptown, Austin, Humboldt Park, East Garfield Park, West Garfield Park, North Lawndale, Grand Boulevard, Fuller Park, Washington Park, Douglas Community Area; Cities: Chicago Heights, Ford Heights
015	Christian Community Health Center	Chicago	IL	\$354,190	City: Chicago— Community Areas: Washington Heights, Roseland, Burnside, Chatham, Auburn Gresham; Cook County: South Holland, Riverdale, Dolton, Harvey, Phoenix, Chicago Heights, and Ford Heights
015	Erie Family Health Center, Inc.	Chicago	IL	\$368,243	County: Cook; Chicago Community Areas: Humboldt Park, Logan Square, West Town
015	Open Door Clinic of Greater Elgin	Elgin	IL	\$310,829	Counties: DeKalb, DuPage, Kane, Kendall, McHenry, northwest portion of Cook
015	Southern Illinois Healthcare Foundation	Sauget	IL	\$490,950	Counties: Clinton, Jersey, Madison, Monroe, St. Clair

015	University of Illinois at Chicago	Chicago	IL	\$331,019	City: Chicago— Community Areas: Hermosa, Logan Square, Humboldt Park, West Town, West Town, Woodlawn, South Shore, Chatham, South Chicago, Burnside, Calumet Heights, Roseland, Greater Grand Crossing County: Lake
015	Community Healthnet	Gary	IN	\$268,352	
015	Heartland CARES, Inc.	Paducah	KY	\$568,265	Counties in IL: Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Saline, Union, Washington, White, Williamson; Counties in KY: Allen, Ballard, Barren, Butler, Caldwell, Calloway, Carlisle, Christian, Crittenden, Edmonson, Fulton, Graves, Hart, Hickman, Hopkins, Livingston, Logan, Lyon, Marshall, McCracken, Monroe, Muhlenberg, Simpson, Todd, Trigg, Warren
015	University of Louisville Research Foundation	Louisville	KY	\$719,967	Counties in IN: Clark, Floyd; Counties in KY: Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble
015	Louisiana State University HSC	Shreveport	LA	\$648,174	Parishes: Bienville, Bossier, Caddo,

					Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster
015	New Orleans AIDS Task Force (NOAIDS)	New Orleans	LA	\$322,852	Parish: Jefferson
015	NO/AIDS Task Force	New Orleans	LA	\$410,903	Parish: Orleans; City: New Orleans
015	Our Lady of the Lake Hospital, Inc.	Baton Rouge	LA	\$413,926	Parishes: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, West Baton Rouge, and West Feliciana
015	Southwest Louisiana AIDS Council	Lake Charles	LA	\$609,931	Parishes: Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
015	University Medical Center Management Corporation	New Orleans	LA	\$826,181	Parish: Orleans
015	Beth Israel Deaconess Hospital-Plymouth, Inc.	Plymouth	MA	\$198,155	Counties: Plymouth, Barnstable
015	Cambridge Health Alliance	Cambridge	MA	\$475,015	County: Middlesex
015	East Boston Neighborhood Health Center	Boston	MA	\$286,363	County: Suffolk—cities of Winthrop, Chelsea, Revere; community of East Boston
015	Family Health Center of Worcester, Inc.	Worcester	MA	\$465,694	County: Worcester
015	Greater Lawrence Family Health Center, Inc.	Lawrence	MA	\$532,837	Counties: Essex, Middlesex
015	Greater New Bedford Community Health Center, Inc.	New Bedford	MA	\$553,333	Counties: Bristol, Plymouth
015	Harbor Health Services	Dorchester	MA	\$321,122	Communities: Dorchester, South Boston, North Quincy, Hyannis
015	Greater Baden Medical Services	Upper Marlboro	MD	\$255,045	Counties: Charles, Prince George's, St. Mary's
015	Total Health Care, Inc.	Baltimore	MD	\$503,830	City: Baltimore

015	Detroit Community Health Connection	Detroit	MI	\$501,945	County: Wayne
015	Hennepin Healthcare System	Minneapolis	MN	\$541,259	Counties in MN: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright; Counties in WI: Pierce, St. Croix
015	Aaron E. Henry Community Health Services Center, Inc.	Clarksdale	MS	\$309,911	Counties: Coahoma, DeSoto, Grenada, Tate, Panola, Tunica, Quitman, Tallahatchie, Yalobusha
015	Delta Regional Medical Center	Greenville	MS	\$288,281	Counties: Bolivar, Sunflower, Washington
015	University of Mississippi Medical Center	Jackson	MS	\$322,527	Counties: Clark, Jasper, Lauderdale, Neshoba, Newton, Scott, Smith
015	Missoula City/County Health Dept., Partnership Health Center	Missoula	MT	\$295,509	Counties: Beaverhead, Deer Lodge, Flathead, Glacier, Granite, Jefferson, Lake, Lewis & Clark, Lincoln, Madison, Mineral, Missoula, Powell, Ravalli, Sanders, Silver Bow
015	Yellowstone City & County Health Department - DBA Riverstone Health	Billings	MT	\$372,806	Counties: Big Horn, Cascade, Chouteau, Custer, Daniels, Dawson, Fallon, Fergus, Gallatin, Golden Valley, Hill, Judith Basin, Meagher, Musselshell, Park, Petroleum, Pondera, Richland, Roosevelt, Rosebud, Sheridan,

					Toole, Valley, Wheatland, Yellowstone.
015	Carolina Family Health Centers, Inc.	Wilson	NC	\$540,962	Counties: Edgecombe, Nash, Wilson
015	East Carolina University	Greenville	NC	\$311,809	Counties: Carteret, Greene, Jones, Lenoir, Wayne
015	East Carolina University	Greenville	NC	\$554,327	Counties: Beaufort, Bertie, Chowan, Craven, Gates, Hertford, Hyde, Martin, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
015	Lincoln Community Health Center, Inc.	Durham	NC	\$471,715	County: Durham
015	New Hanover Regional Medical Center	Wilmington	NC	\$462,471	Counties: Bladen, Brunswick, Columbus, Duplin, New Hanover, Onslow, Pender
015	Quality Home Care Services	Charlotte	NC	\$247,644	Counties: Anson, Cabarrus, Gaston, Mecklenburg, Union
015	Wake County Department of Health	Raleigh	NC	\$619,299	County: Wake
015	Warren-Vance Community Health Center, Inc.	Henderson	NC	\$332,356	Counties: Franklin, Granville, Halifax, Vance and Warren.
015	CarePoint Health Foundation, Inc.	Hoboken	NJ	\$591,674	County: Hudson
015	Neighborhood Health Services Corporation	Plainfield	NJ	\$273,527	County: Union
015	Rutgers, The State University of New Jersey	New Brunswick	NJ	\$484,605	Counties: Hunterdon, Middlesex, Somerset
015	Zufall Health Center, Inc.	Dover	NJ	\$251,535	Counties: Hunterdon, Morris, Sussex, Warren
015	Southwest CARE Center	Santa Fe	NM	\$501,614	Counties: Colfax, Harding, Los Alamos, Mora, Rio



					Arriba, San Miguel, Santa Fe, Taos, Union
015	Bronx Community Health Network, Inc.	Bronx	NY	\$838,084	County: Bronx
015	Brooklyn Plaza Medical Center, Inc.	Brooklyn	NY	\$375,833	Brooklyn Neighborhoods: Bedford-Stuyvesant, Crown Heights, Fort Greene, Downtown Brooklyn, Brooklyn Heights, Park Slope
015	Community Health Project, Inc.	New York	NY	\$505,855	Counties: Bronx, Kings, New York, Queens, Richmond
015	Hudson River Healthcare, Inc.	Peekskill	NY	\$998,148	Counties: Dutchess, Sullivan, Westchester; Counties in NY: Bronx, Kings, Queens—zip codes 10451, 10452, 10454, 10455, 10456, 10459, 10474, 11201, 11203, 11205, 11213, 11216, 11217, 11225, 11238, 11412, 11423, 11432, 11433, 11434, 11435, 11436.
015	Joseph P. Addabbo Family Health Center	Arverne	NY	\$498,713	County: Queens (Community District 12: Jamaica, Hollis, St. Albans, and Springfield Gardens; Community District 14: The Rockaways; Community District 6: Red Hook (section of Brooklyn))
015	Morris Heights Health Center	Bronx	NY	\$588,359	Southwest and Central Bronx Neighborhoods: Morris Heights,

					Crotona/Tremont, Highbridge, Morrisania and Bronx Park/Fordham; South Bronx Neighborhoods: Mott Haven, Hunts Point
015	Mt. Sinai Hospital	New York	NY	\$414,713	City: New York City
015	Project Renewal, Inc.	New York	NY	\$94,486	Counties: New York, Kings
015	St Luke's-Roosevelt Hospital Center	New York	NY	\$1,028,270	New York City Neighborhoods: Chelsea/Clinton, Central Harlem/Morningside Heights, East Harlem, Washington Heights/Inwood, South Bronx; Brooklyn Neighborhood: Central Brooklyn
015	The Institute for Family Health	New York	NY	\$494,415	Neighborhoods: Central and East Harlem
015	Whitney M. Young, Jr. Community Health Center	Albany	NY	\$385,127	Counties: Albany, Rensselaer, Schenectady
015	Care Alliance	Cleveland	OH	\$203,426	County: Cuyahoga
015	Equitas Health, Inc.	Columbus	OH	\$630,395	Counties: Belmont, Delaware, Fairfield, Fayette, Franklin, Guernsey, Hocking, Licking, Madison, Monroe, Montgomery, Morgan, Muskingum, Noble, Perry, Pickaway, Union

015	Research Institute at Nationwide Children's Hospital	Columbus	OH	\$448,278	Counties: Allen, Athens, Auglaize, Belmont, Champaign, Clark, Coshocton, Crawford, Delaware, Fairfield, Fayette, Franklin, Gallia, Greene, Guernsey, Hardin, Hocking, Jackson, Knox, Lawrence, Licking, Logan, Madison, Marion, Meigs, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Richland, Ross, Scioto, Union, Van Wert, Vinton, Washington, Wyandot
015	AIDS Care Group	Chester	PA	\$688,543	Counties: Chester, Delaware, Lancaster
015	Albert Einstein Medical Center	Philadelphia	PA	\$404,817	Philadelphia City Health Districts: 7 (Lower Northeast Philadelphia), 8 (Far North Philadelphia), 9 (Northwest Philadelphia); Philadelphia Neighborhoods: Mt. Airy, Oak Lane, Olney, Tacony, Wadsworth, Frankford, Kensington, Richmond, East Germantown, Nicetown-Tioga, Logan, Germantown
015	Drexel University College of Medicine	Philadelphia	PA	\$857,672	City: Philadelphia

015	Family First Health Corporation	York	PA	\$541,664	Counties: Adams, York
015	Greater Philadelphia Health Action, Inc.	Philadelphia	PA	\$563,580	City: Philadelphia
015	Keystone Rural Health Center	Chambersburg	PA	\$228,916	Counties: Adams, Columbia, Cumberland, Erie, Franklin, Fulton, Lehigh, Lancaster, Northumberland, Schuylkill
015	Pinnacle Health Medical Services	Harrisburg	PA	\$393,079	Counties: Cumberland, Dauphin, Perry
015	The Pennsylvania State University	Hershey	PA	\$532,941	Counties: Bedford, Blair, Cumberland, Dauphin, Fulton, Huntingdon, Juniata, Lebanon, Mifflin, Perry
015	UPMC Presbyterian Shadyside	Pittsburgh	PA	\$964,548	Counties: Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland
015	Centro Ararat, Inc.	Ponce	PR	\$687,304	Municipalities: Guayanilla, Juana Díaz, Peñuelas, Ponce, Villalba, Yauco
015	Centro De Salud De Lares Inc.	Lares	PR	\$643,980	Municipalities: Barranquitas, Camuy, Ciales, Cidra, Comerío, Corozal, Hatillo, Humacao, Lares, Morovis, Naranjito, Orocovis, Patillas, Quebradillas, Rincón, San Lorenzo, Yabucoa
015	Concilio de Salud Integral de Loiza, Inc.	Loiza	PR	\$171,819	Municipalities: Loíza, Luquillo, Río Grande, Canóvanas

015	Migrant Health Center, Western Region, Inc.	Mayaguez	PR	\$674,206	Municipalities: Aguada, Aguadilla, Añasco, Cabo Rojo, Guánica, Hormigueros, Isabela, Lajas, Las Marías, Maricao, Mayagüez, Moca, Rincón, Sabana Grande, San Germán, San Sebastián, Yauco
015	Neomed Center, Inc.	Gurabo	PR	\$594,505	Municipalities: Aguas Buenas, Aibonito, Caguas, Cayey, Cidra, Gurabo, Humacao, Juncos, Las Piedras, Maunabo, Naguabo, San Lorenzo, Yabucoa
015	Beaufort-Jasper-Hampton Comprehensive Health Services, Inc.	Ridgeland	SC	\$412,747	Counties: Beaufort, Hampton, Jasper
015	CareAlliance Health Services	Charleston	SC	\$615,695	Counties: Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, Williamsburg
015	Eau Claire Cooperative Health Center	Columbia	SC	\$655,593	Counties: Fairfield, Newberry, Richland, Sumter
015	Little River Medical Center, Inc.	Little River	SC	\$345,338	Counties in SC: Horry, Georgetown; County in NC: Brunswick
015	Low Country Health Care System, Inc.	Fairfax	SC	\$137,363	Counties: Aiken, Allendale, Bamberg, Calhoun
015	Low Country Health Care System, Inc.	Fairfax	SC	\$459,868	Counties: Barnwell, Orangeburg; Cities: Fairfax, Blackville
015	New Horizon Family Health Services, Inc.	Greenville	SC	\$678,266	Counties: Abbeville, Anderson, Edgefield, Greenville, Greenwood, Laurens,

					McCormick, Oconee, Pickens, Saluda
015	Vanderbilt University Medical Center	Nashville	TN	\$777,796	Counties: Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson
015	City of Laredo	Laredo	TX	\$303,056	Counties: Jim Hogg, Starr, Webb, Zapata
015	El Centro Del Barrio, Inc.	San Antonio	TX	\$563,572	County: Bexar
015	Houston Regional HIV/AIDS Resource Group, Inc.	Houston	TX	\$1,086,342	Counties: Anderson, Angelina, Brazoria, Camp, Cherokee, Galveston, Gregg, Hardin, Harrison, Henderson, Houston, Jasper, Jefferson, Nacogdoches, Newton, Marion, Matagorda, Orange, Panola, Polk, Rains, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Trinity, Tyler,

					Upshur, Van Zandt, Wood
015	Carilion Medical Center	Roanoke	VA	\$300,080	Cities: Bristol, Galax City, Norton, Radford, and Roanoke; Counties: Bland, Buchanan, Carroll, Craig, Dickenson, Floyd, Franklin, Giles, Grayson, Henry, Lee, Montgomery, Patrick, Pulaski, Roanoke, Russell, Salem, Scott, Smyth, Tazewell, Washington, Wise, Wythe
015	Community Access Network	Lynchburg	VA	\$262,253	Counties: Amherst, Appomattox, Bedford, Campbell, Pittsylvania Cities: Danville, Lynchburg
015	Eastern Virginia Medical School	Norfolk	VA	\$431,248	County in NC: Currituck; Cities in VA: Chesapeake, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, Williamsburg Counties in VA: Accomack, Gloucester, Isle of Wight, James City, King and Queen, King William, Mathews, Middlesex, Northampton, Southampton, Surry, York

015	INOVA Health Care Services	Springfield	VA	\$584,201	Counties: Arlington, Fairfax, Loudoun, Prince William
015	Mary Washington Hosp./Medicorp Health System	Fredericksburg	VA	\$239,845	City: Fredericksburg; Counties: Culpeper, Fauquier, King George, Spotsylvania, Stafford, Westmoreland
015	Virginia Commonwealth University	Richmond	VA	\$615,758	County: Richmond
015	The University of Vermont Medical Center, Inc.	Burlington	VT	\$516,163	State of Vermont
015	Community Health Care	Tacoma	WA	\$359,466	County: Pierce
015	Country Doctor Community Clinic	Seattle	WA	\$448,439	County: King
015	AIDS Resource Center of Wisconsin	Milwaukee	WI	\$761,386	Counties: Ashland, Barron, Bayfield, Brown, Burnett, Chippewa, Clark, Door, Douglas, Dunn, Eau Claire, Florence, Forest, Iron, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Pierce, Polk, Portage, Price, Racine, Rusk, Sawyer, Shawano, St. Croix, Taylor, Vilas, Walworth, Washburn, Washington, Waukesha, Wood
015	Milwaukee Health Services, Inc.	Milwaukee	WI	\$477,492	County: Milwaukee



015	University of Wisconsin-Madison	Madison	WI	\$622,794	Counties: Adams, Buffalo, Calumet, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, La Crosse, Lafayette, Marquette, Monroe, Pepin, Richland, Rock, Sauk, Sheboygan, Trempealeau, Vernon, Waupaca, Waushara, Winnebago
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