UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

AMERICAN ACADEMY OF HIV MEDICINE; HIV MEDICINE ASSOCIATION, a division of the INFECTIOUS DISEASES SOCIETY OF AMERICA; INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE; JENNIFER K. BRODY, MD; and CHRISTOPHER B. FOX, NP, et al. Plaintiffs, v. HEALTH RESOURCES AND SERVICES ADMINISTRATION; THOMAS J. ENGELS, in his official capacity as the Administrator of the Health Resources and Services Administration; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; and ROBERT F. KENNEDY, JR., in his official capacity as Secretary of the U.S. Department of Health and Human Services, Defendants.	Civil Action No. 1:26-cv-12638-WGY

ADMINISTRATIVE RECORD
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	Language for Discretionary NOFOs and NOAs)
26	March 11, 2026 – HRSA Update to HRSA's Fiscal Year 2026 Terms and Conditions (adding *Alignment with HRSA Funding Priorities* term)
27	March 11, 2026 – HRSA FAC Notice on the Update to HRSA Fiscal Year 2026 Terms and Conditions
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Respectfully submitted:

LEAH B. FOLEY
United States Attorney

By: */s/ Nicole M. O'Connor*
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Dated: August 14, 2026

CERTIFICATE OF SERVICE

I, Nicole M. O'Connor, Assistant U.S. Attorney, hereby certify that I served at true copy of the above document upon all parties of record via email on August 14, 2026.

Dated: August 14, 2026

/s/ Nicole M. O'Connor
Nicole M. O'Connor
Assistant United States Attorney

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

AMERICAN ACADEMY OF HIV MEDICINE, *et al.*, Plaintiffs, v. HEALTH RESOURCES AND SERVICES ADMINISTRATION, *et al.*, Defendants.	Case No. 26-cv-12638-WGY

CERTIFCATION OF ADMINISTRATIVE RECORD

I, Cynthia R. Baugh, Associate Administrator of the Office of Federal Assistance and Acquisition Management within the Health Resources and Services Administration, a component of the U.S. Department of Health and Human Services, certify to the best of my knowledge that the materials listed in the attached index constitute the non-privileged documents that were considered, either directly or indirectly, in connection with the government actions challenged in the above-captioned matter.

Executed this 14th day of August 2026, in Rockville, MD.

CYNTHIA R. BAUGH -S
Digitally signed by CYNTHIA R. BAUGH -S
Date: 2026.08.14 13:04:35 -04'00'
Cynthia R. Baugh

From: Ober, Kellen (HRSA)
To: Bryant, Sara (HRSA)
Subject: FW: Courtesy Copy: A Message from the HRSA Administrator: Advancing HRSA's Mission Through Focused, Accountable Action
Date: Monday, September 15, 2025 3:13:03 PM

From: Health Resources and Services Administration <hrsa@public.govdelivery.com>
Sent: Monday, September 15, 2025 3:12 PM
To: Choi, Christy (HRSA) <CChoi@hrsa.gov>; Roberts, Ashley (HRSA) <ARoberts@hrsa.gov>; Beharry, Roxane (HRSA) <RBeharry@hrsa.gov>; Ober, Kellen (HRSA) <KOber@hrsa.gov>; Nguyen, Frances (HRSA) <FNguyen@hrsa.gov>; HRSA WEB Team <Web@hrsa.gov>; Keenan, Siobhan (HRSA) <SKeenan@hrsa.gov>; bwong@hrsa.gov; Reyes, Melissa (HRSA) <MReyes2@hrsa.gov>; Slater, Melissa (HRSA) <MSlater@hrsa.gov>; Takash, Andrea (HRSA) <ATakash@hrsa.gov>; Chuong, Kyan (HRSA) <KChuong@hrsa.gov>; Shee, James (HRSA) <JShee@hrsa.gov>; Morey, Richard (HRSA) <RMorey@hrsa.gov>; Sinclair, Peter (HRSA) <PSinclair@hrsa.gov>; Diamond, Mark (HRSA) <MDiamond@hrsa.gov>
Subject: Courtesy Copy: A Message from the HRSA Administrator: Advancing HRSA's Mission Through Focused, Accountable Action

This is a courtesy copy of an email bulletin sent by Kellen Ober.

This bulletin was sent to the following groups of people:

Subscribers of GRANTEES - All Grantees (19998 recipients)

HRSA banner image

A Message from the HRSA Administrator: Advancing HRSA's Mission Through Focused, Accountable Action

As stewards of federal resources, the Health Resources and Services Administration (HRSA) remains firmly committed to protecting and improving the health and well-being of Americans, particularly those who are underserved, medically vulnerable, or live in areas where access to care is limited. Our duty is not just to serve, but to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

In alignment with the current administration's focus on outcomes-driven governance and responsible spending, HRSA is emphasizing targeted investments that strengthen the nation's core healthcare infrastructure, address pressing health challenges, and deliver real results for communities across the country.

HRSA is committed to prioritizing gold-standard science and the mission outlined in the Make America Healthy Again Commission Report to deliver better health outcomes. Through its critical public health and workforce programs, HRSA intends to address the nation's most pressing health challenges, including the chronic disease epidemic, the mental health crisis, obesity, nutritional deficiencies, exposure to chemical and environmental toxins, and overreliance on medical interventions.

HRSA is committed to supporting programs and initiatives that will focus on the underlying causes of disease, including lifestyle modifications and other modalities that are shown to be effective in improving health outcomes. HRSA will preference programs, partnerships, grants, cooperative agreements, contracts, and other funding mechanisms that prioritize these objectives.

By narrowing our focus to high-impact, data-supported interventions, HRSA is reinforcing the programs that work, cutting inefficiencies, and directing resources to areas of greatest need. From rural towns to tribal nations, and from health centers to home visiting programs, our goal is clear: improve health outcomes while honoring the trust placed in us by the American people.

Our strategy is rooted in time-tested principles: responsible governance, fiscal restraint, local empowerment, and accountability. Through stronger oversight, partnerships with community-based providers, and support for innovation in care delivery, HRSA is advancing its mission while ensuring that federal dollars are not wasted, misdirected, or overextended.

We understand that taxpayer dollars are not unlimited. Every investment must be justified by results. By focusing on measurable outcomes, emphasizing efficiency, and ensuring transparency at every level of operations, HRSA is fulfilling its charge not only to improve healthcare access, but to do so in a way that reflects respect for American taxpayers and the limits of federal responsibility.

This commitment to focused, accountable action drives every policy we craft, every program we fund, and every reform we implement. We are proud to serve the American people and equally proud to do so with discipline, integrity, and impact.

Read more at: Advancing HRSA's Mission Through Focused, Accountable Action | HRSA

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DEPARTMENT OF HEALTH & HUMAN SERVICES Office of the Secretary

Washington, D.C. 20201

TO: HHS Divisions

FROM: Dale Bell
Deputy Assistant Secretary
Office of Grants (OG)
Office of the Assistant Secretary for Financial Resources (ASFR)
U.S. Department of Health and Human Services

DATE: ***REVISED*** **April 3, 2026**

SUBJECT: Revision to Departmental Notice of Funding Opportunity Content and Clearance Guidance, Fiscal Year 2026 - **Effective Immediately**

This memo and its attachments describe the required content and overarching clearance process for HHS Notices of Funding Opportunity (NOFOs). The following updates are included in this FY26 revision:

- Attachment 1: *Notice of Funding Opportunity Clearance Process* is updated to require all HHS NOFOs be submitted to the Office of Management and Budget (OMB) for review. Senior level IOS clearance is no longer required following appropriate IOS Counselor review. In addition, the monthly NOFO Forecast requirement is reinforced and the OG resource inbox is updated.
- Attachment 3: *Review Criteria for the Approval of Discretionary NOFOs and NoAs* is updated and is now titled, *Required Language for Discretionary NOFOs and NoAs.*
- Attachment 9: *Administrative Considerations and Best Practices for Tribes and Tribal Organizations* has been updated to reflect ACL's current Tribal Liaison contact.

As of October 1, 2025, HHS adopted 2 CFR part 200 along with the HHS-specific provisions at 2 CFR part 300. This NOFO Content and Clearance Guidance outlines key expectations from 2 CFR part 200, including the requirements for NOFOs in 2 CFR 200.204. NOFOs should be simple, concise, accessible to potential applicants, and written in plain language. For assistance with simplifying NOFOs, email SimplerNOFOs@hhs.gov.

This guidance also includes review criteria used to approve NOFOs and associated Notices of Awards (NoAs), consistent with Executive Order 14332 *Improving Oversight of Federal Grantmaking* (August 7 2025).

Please note that all NOFOs must comply with Executive Orders signed by the President, to the extent permitted by law, including:

- *Protecting the American People Against Invasion* (Jan. 20, 2025)
- *Reevaluating and Realigning United States Foreign Aid* (Jan. 20, 2025)
- *Putting America First in International Environmental Agreements* (Jan. 20, 2025)
- *Unleashing American Energy* (Jan. 20, 2025)
- *Ending Radical and Wasteful Government DEI Programs and Preferencing* (Jan. 20, 2025)
- *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government* (Jan. 20, 2025)

- *Enforcing the Hyde Amendment* (Jan. 24, 2025)
- *Improving Oversight of Federal Grantmaking* (Aug. 7, 2025)

Please share this Guidance internally with the relevant offices within your Division. For questions about this guidance or any other requirements in the NOFO process, from program design through publication, contact HHSGrantsPolicy@hhs.gov.

Attachments:

Attachment 1: Notice of Funding Opportunity Clearance Process

Scope: *This attachment applies to all NOFOs.*

Clearance Policy/Process

HHS awarding agencies may consider, where practicable, posting NOFOs at least four months before the expiration of funds.

HHS awarding agencies must send **all NOFOs** through HHS and OMB review. Once your agency goes through its internal approval process and receives Political Appointee Clearance, all NOFOs must be sent as a Word document to your assigned ASFR Office of Budget (OB) Officer (see 10). The ASFR/OB will facilitate the steps of the HHS review to include: ASFR, and the appropriate Immediate Office of the Secretary IOS Counselor. Once IOS provides clearance, the ASFR/OB Officer will facilitate OMB review and clearance.

In total, the HHS/OMB review should take approximately 14 days.

If your agency needs to request expedited review, please see the below section titled Expedited Review.

PLEASE NOTE:

If the NOFO has been issued in previous years, you must include in the submission email to ASFR/OB a summary of what changes have been made from the prior year's version to align with the Administration's priorities:

- If no changes were required, please state that "No edits were required to align this NOFO with the Administration's priorities," or "Not applicable as this NOFO has not been issued in prior years."
- If changes were required, briefly describe any edits made to align with Administration priorities (*Ex., "Removed activities related to DEI and gender in alignment with Administration Priorities"*).

ASFR/OB will facilitate ASFR Leadership, IOS Counselor, and OMB reviews. Your agency will have 2 days post-receipt of HHS or OMB comments to resolve those comments.

- Once ASFR Leadership and HHS Counselor / Senior Advisor clear a NOFO, ASFR/OB will facilitate IOS Review and will cc' your NOFO contact person on the submission.
- If IOS has any questions or comments on a NOFO, it will be sent back to your agency to address any questions/ comments directly with IOS and revise the NOFO, as appropriate. If IOS provides written clearance of the NOFO following any needed adjudication of questions/comments and any needed revisions, OB informs your NOFO contact person the NOFO will proceed to OMB for review.
- If IOS provides written clearance for the NOFO without questions or comments, the NOFO will proceed to OMB for review.
- Once approved by OMB, your NOFO can be posted to Grants.gov. ASFR/OB will request your agency POC who will be given temporary authority in Grants.gov to post the cleared NOFO.

NOFO Forecast

As a reminder, all known grant forecasts **must** be published on Grants.gov and kept updated by the **1st of the month** throughout the fiscal year per HHS Grants Policy Administration Manual Chapter 4.1 Public Notice Requirements. The forecast is used to generate a monthly report for HHS and other leadership.

The forecast should provide the public with up to 12 months of notice on potential funding opportunities for the fiscal year. You must post the forecast for unanticipated NOFOs arising throughout the fiscal year **as early as possible** to maximize public notification. Agencies should immediately remove a forecast from the forecasting module or cancel the forecast if a decision is made to not fund a NOFO when that decision is publicly shareable.

Agencies can find additional information and instructions for posting forecasts to Grants.gov at:

- Create a Forecast or
- Modify a Forecast.

Please note that awarding agencies **must** not post a forecast indicating a limited competition or other feature requiring a policy exception from the ASFR Office of Grants without first having that exception approved. The exception approval **must** be included with the NOFO submission.

Awarding agencies are **required** to enter the following fields for each forecasted NOFO:

- Opportunity Number
- Opportunity Title (Please see below)
- Agency Code
- Agency Name
- Estimated Funding
- Expected Number of Awards
- Agency Contact Name
- Agency Contact Phone
- Agency Contact Email
- Estimated Post Date
- Estimated Application Due Date

Opportunity Title Guidance:

Please choose a title that is short, in plain language, captures the purpose of your NOFO, and is appealing to potential applicants.

- Summary of NOFO - include program description, funding source, number of anticipated awards, estimated total funding available, posting and award dates, and the relevant Secretary's Priority Area (if applicable)
- Detailed summary of changes table (if applicable)

Expedited Review

In special circumstances, awarding agencies may request an expedited clearance process. The Department will require a minimum of 5 business days to clear, not including the time it takes for an awarding agency to adjudicate HHS and OMB comments. This timeline may be longer depending on concurrent requests from the awarding agency for NOFO reviews or other circumstances.

When submitting a request for an expedited clearance process, the awarding agencies must provide a detailed justification for the request in their submission email. The following are examples of reasons to request an expedited review:

- Presidential event or announcement
- Secretarial/Deputy Secretarial event or announcement
- Congress appropriates unexpected funding late in the fiscal year

When requesting an expedited clearance, the awarding agency **must**:

- Explicitly state the justification for the request, including the specific date of the event or announcement that is the driver of the request, and whether the NOFO needs to be posted or only cleared by that date.
- Provide a prioritization among this request and any pending NOFO clearances. Approving an expedited clearance for a specific NOFO may result in a longer clearance timeline for NOFOs currently in the clearance queue or for other NOFOs submitted within the expedited clearance timeframe.

Expedited clearance is a tool that should be used sparingly and will be granted at the discretion of ASFR and OMB. Awarding agencies should not assume that a request for expedited clearance will be granted and should plan accordingly.

Important NOFO Posting Reminders

PLEASE NOTE: As discussed above in the clearance process, once a NOFO is completely cleared for posting, ASFR/OB will request your agency Point of Contact (POC) who will be given temporary authority in Grants.gov. Agencies should simultaneously provide ASFR/OB with a PDF version of the cleared NOFO.

The Office of Grants will also run regular reports from the Grants.gov forecasting module to provide ASFR and IOS updates to planned posting dates and other information as needed. Per OG AT 2021-06, all HHS awarding agencies **must** post the full text of NOFOs for competitive grants or cooperative agreements to Grants.gov as an attachment in the "Full Announcement" folder on the "Related Documents" tab in addition to completing the synopsis. If applicable, awarding agencies are responsible for coordinating a rollout plan with the HHS Office of the Assistant Secretary for Public Affairs (ASPA) and others in the IOS who provide relevant updates to the White House. ASFR will also share a copy of the NOFO with OMB.

Attachment 2: Ensuring Broad Access to Federal Financial Assistance

***Scope**: This attachment applies to all NOFOs.*

As HHS adopts and implements 2 CFR part 200, this attachment highlights expectations for Notices of Funding Opportunities (NOFOs).

HHS agencies should write NOFOs in plain language to reduce complexity and improve accessibility. The OMB guidance calls for agencies to prioritize simplifying NOFOs for programs where the eligible applicants may have limited organizational capacity, such as those from underserved communities. When simplifying NOFOs, consider:

- **Reducing applicant burden** by simplifying the grants process in a variety of ways.
- **Program planning and design** to guide NOFO development.

Therefore, agencies should ensure their NOFOs:

- Are as clear and concise as possible by limiting the length and complexity of the grant announcement.
- Only include information necessary for the effective communication of program objectives.
- Use plain language that is accessible to eligible applicants with a special focus on reaching underserved communities.
- Clearly identify all types of eligible applicant organizations.

Reminder: Consult with your OGC program attorneys for guidance and questions about the implementation of all aspects of the grant lifecycle and to ensure NOFO language aligns with applicable legal authorities.

NOFO Burden Reduction and Fund Accessibility

Changes to Guidance and Expectations

There have been changes to guidance related to NOFOs. They include updates to 2 CFR 200.204 and 2 CFR 200 Appendix I. The revised 2 CFR 200.204 contains various updates and directs agencies to make their grant announcements (NOFOs):

- simple,
- as short as possible,
- accessible to potential applicants, and
- written in plain language.

These changes are intended to increase the accessibility of Federal grants, particularly for organizations with limited capacity and underserved communities.

NOFO components

Agencies **must** post competitive Federal financial assistance NOFOs on Grants.gov[1]. Additionally, posting a link to or posting the full NOFO on a website helps a broader range of eligible applicants, including those located in or serving underserved communities, know about and understand funding opportunities.

Please see the required information HHS awarding agencies **must** include in NOFOs at 2 CFR 200.204(a).

Improving NOFO Accessibility

To make NOFOs more accessible and reduce the administrative burden on applicants, the 2024 revisions to Appendix I to 2 CFR part 200 includes requirements on developing NOFO content. Below are some highlighted sections.

Plain Language

In developing a NOFO, agencies **must** be concise and use plain language per the guidance at *PlainLanguage.gov* wherever possible. Additional HHS plain language resources and training videos are available.[2] The resources also include examples of simple, plain language content for common NOFO elements.[3]

Selected examples for applying plain language principles to critical sections of the NOFO:

- Eligibility: Use simple language to clearly describe eligibility.
- Cost Sharing: Provide clear and simple explanations of the calculation for required cost sharing using plain language principles. Agencies may provide examples for how to calculate cost-sharing requirements. If cost sharing is not required, the announcement **must** say so.
- Merit Review: Use plain and simple language to describe the criteria and process for review.

Use of plain language reduces the complexity of NOFOs and improves accessibility. To that end, agencies should ensure NOFOs are written at a reading level that is accessible to potential applicants of the relevant award. As a general guideline, agencies should aim to reduce the NOFO's word count by 25 percent over the previously issued version.[4]

Limiting complexity

Agencies also should make efforts to limit the length and complexity of the announcement and only include essential information necessary for the effective communication of program objectives and legal requirements. For example:

---

[1] In cases where Agencies are otherwise required by law to submit to the Federal Register, include a link to the URL for the simplified NOFO on grants.gov and/or the Agency website.

[2] HHS Plain Language resources include: SimplerNOFO Plain Language Tip Sheet, Writing for Busy Readers: Six Principles

[3] Plain & Simple NOFO Content: Options and Ideas for creating simpler, plain language NOFO content

[4] OMB Memo M-24-11, *Reducing Burden in the Administration of Federal Financial Assistance* (April 2, 2024).

- Eliminate unnecessary provisions and move content that is not directly related to the core activities to be performed under the Federal award to linked webpages while highlighting the need for applicants to review those pages.
- Include links to relevant regulations and other sources.
- Use cross-references between the sections, including hyperlinks in electronic versions, where possible.

Content strategy

To enhance accessibility, agencies should apply design principles, including content strategy, when developing and issuing NOFOs to increase the readability and accessibility to the widest possible audience. These include:

- Placing like content together
- Leading with the most important content in a section
- Using subheadings to help the reader navigate the section
- Using links between sections rather than repeating content.

508 Compliance

Agencies **must** make electronic NOFOs and related information accessible to all applicants, by complying with Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d).

- For all outreach and technical assistance efforts, agencies **must** follow all guidance and regulations regarding 508 compliance,[5] the use of plain language,[6] and Limited English Proficiency.[7]

Considering the Applicant Community in HHS Program Design

Agencies should consider the broadest possible applicant pool consistent with the underlying grant authority when planning and designing programs. Programs **must** be designed with clear goals and objectives that provide meaningful results, consistent with the Federal authorizing legislation of the program.

To do so, agencies should consider the applicant community by:

- Addressing the needs of potential applicants with limited organizational capacity
- Reaching applicants located in and serving populations and communities affected by health disparities
- Including them, as appropriate, in program planning

Whenever possible, agencies should consider potential applicants and their communities and engage

[5] www.hhs.gov/web/governance/digital-strategy/it-policy-archive/hhs-policy-section-508-compliance-accessibility-information- communications-technology.html

[6] www.plainlanguage.gov/law/

[7] https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html

them in the overall program planning. Agencies should not share advance copies of NOFOs for review and comment but can seek general guidance and input from potential applicants. To do so:

- encourage applicants to engage, when practicable, during the design phase,
- develop programs in consultation with communities benefiting from or impacted by the program, and
- consider available data, evidence, and evaluation results from past programs to make every effort to extend eligibility requirements to all potential applicants.

Resources:

- Email: SimplerNOFOs@HHS.gov
- Website: https://simpler.grants.gov/

Attachment 3: Required Language for Discretionary NOFOs and NoAs

Scope: This attachment applies to all discretionary NOFOs and NoAs.

Review Process:

HHS has established a review process for NOFOs and NoAs to help ensure alignment with Agency priorities. For more information about how these reviews work for new and continuing grants, please refer to the ASFR Memorandum, Clarification on Departmental Review of Grants and Contracts (February 20, 2026).

Term for Applicants:

In addition to the procedures in the memorandum noted above, agencies **must include** language that discloses how the agency will review applications, along with any review criteria. Agencies should integrate any applicable Agency priorities in the merit review scoring criteria and provide program-specific examples of activities, as feasible.

Agencies **must include** language in the funding preference section of the NOFO regarding alignment with agency priorities, regardless of how the agency has decided to review applications for alignment, including a hyperlink to those agency priorities. Divisions may develop their own specific language to address this requirement, or may use the following template:

> *Funding* [*Preference/Priority*] *for Alignment with Agency Priorities*
>
> Before final funding decisions are made, agency leadership will review awards for consistency with applicable laws and alignment with agency priorities ***[insert hyperlink to agency priorities]***. To the extent permitted by law and applicable court orders, award applications which are aligned with agency priorities will receive a [funding preference OR funding priority of XX points]. For example, applications that [do XYZ OR do not do XYZ] will be eligible for a [funding preference OR funding priority].

As relevant and to the extent consistent with applicable law and applicable court orders, senior appointees[8] will review discretionary NOFOs and NoAs and apply the following principles, including in any scoring rubrics used to assess grant proposals. If any of these principles will be utilized in review of applications for discretionary programs, agencies must also describe them in the text of the NOFO alongside the review criteria

- Discretionary awards must, where applicable, demonstrably advance the President's policy priorities.
- Discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate:

[8] Senior Appointee, as defined in Executive Order 14332, means an individual appointed by the President, a non-career member of the Senior Executive Service, or an employee encumbering a Senior Level, Scientific and Professional, or Grade 15 position in Schedule C of the excepted service.

- racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation.
- denial by the recipient of the sex binary in humans or the notion that sex is a chosen or mutable characteristic.
- illegal immigration; or
- any other initiatives that compromise public safety or promote anti-American values.

- All else being equal, preference for discretionary awards should be given to institutions with lower indirect cost rates.
- Discretionary grants should be given to a broad range of recipients rather than to a select group of repeat players. Research grants should be awarded to a mix of recipients likely to produce immediately demonstrable results and recipients with the potential for potentially longer-term, breakthrough results, in a manner consistent with the funding opportunity announcement.
- Applicants should commit to complying with administration policies, procedures, and guidance respecting Gold Standard Science.
- Discretionary awards should include clear benchmarks for measuring success and progress towards relevant goals and, as relevant for awards pertaining to scientific research, a commitment to achieving Gold Standard Science.
- To the extent institutional affiliation is considered in making discretionary awards, agencies should prioritize an institution's commitment to rigorous, reproducible scholarship over its historical reputation or perceived prestige. As to science grants, agencies should prioritize institutions that have demonstrated success in implementing Gold Standard Science.

Term for Recipients:

To the extent permitted by applicable court orders, agencies **must also include** a term and condition in each discretionary NoA (which can be incorporated by reference) through each respective agency's Terms and Conditions or through the program NOFO requiring alignment with agency priorities. Programs should consult with OGC on any legal questions. Agencies may use their own agency-specific term and condition, which can hyperlink to respective agency priorities. If agencies have not developed one, they can use the following:

> "The recipient of this award must implement any funds awarded under this NOFO to advance program goals or agency priorities in alignment with the agency priorities at [*insert hyperlink to agency priorities*], when authorized by the program statute."

Attachment 4: Template - Notice of Funding Opportunity Summary

***Scope**: This attachment applies to all NOFOs.*

Notice of Funding Opportunity Summary

Attached is the FY 20 ___ Awarding Agency Program Notice of Funding Opportunity for clearance. Awarding agency leadership and the awarding agency Senior Advisor (if applicable) have cleared the announcement.

Program A supports: (brief description of what the program does)

Awarding agency will use the following type of funding:
(e.g., mandatory, discretionary, carryover balances)

To award amount: (dollar amount)

Through the following funding mechanism (e.g., grant or cooperative agreement):

To: (eligible applicants)

The awards will: (brief description of key policy/priority areas, activities, or focus populations)

The period of performance for these awards is: (MMDD) **to:** (MMDD)

Significant changes from the prior announcement include:
(include a high-level summary of the changes)

Awarding agency plans to release this announcement in: (MMDD)
and the anticipated award date is: (MMDD)

The anticipated project start date is (MMDD):

This announcement supports the: (if applicable, insert Secretary's Priority Area)

Attachment 5: Template - Notice of Funding Opportunity Detailed Summary of Changes Table

***Scope**: This attachment applies to all NOFOs.*

FY 2026 Awarding Agency Program X NOFO: Summary of Changes Table			
	Page #	**FY 2025**	**FY 2026 (estimates)**
Project Period			
Overall Funding Amount			
# of Awards			
Funding Restrictions			
Program Phases			
Eligibility Requirements			
Award Amount per Applicant			
Funding/Ceiling Amounts			
Application and Submission Requirements			
Program Required Activities			
Cost Sharing /Matching Funds Requirements			
Maintenance of Effort			
Target Populations or Areas of Focus			

Attachment 6: Award Description Data Quality Guidance for Financial Assistance Awards

***Scope**: This attachment applies to all NOFOs.*

HHS awarding agencies **must** establish detailed and accurate award descriptions at the time they make a federal financial assistance award. Award descriptions are:

- critical to ensuring accountability and transparency and
- a primary means to inform the public of the purpose of the federal funding that is distinct from the programmatic level information in the Assistance Listings.[9]

Agencies **must** consider how to use NOFOs as part of their required controls and processes to validate that the award descriptions reported to USAspending.gov are complete and accurate.

NOFO instructions should provide guidance and require applicants to provide an acceptable award description as part of their application. Some options include:

- Require it as part of their Project Description or as a separate part of the application narrative.
- Use the Descriptive Title of Applicant's Project data field (item #15) on the Application for Federal Assistance SF-424.

As agencies develop guidance, they may consider the following elements and characteristics of strong award descriptions.

Elements of a Strong Award Description

Robust award descriptions provide an understanding of the award's purpose and include a description of award-specific activities and purpose. A strong award description will have all the following elements:

- Specifics about the award purpose
- Activities to be performed
- Expected deliverables and outcomes
- Intended beneficiary(ies) or recipients
- Subrecipient activities, (if known)

Characteristics of a Strong Award Description

A strong award description will have the following characteristics:

- Uses plain language an average reader can fully understand

[9] OMB Memoranda M-18-16, Appendix A to OMB Circular No. A-123, *Management of Reporting and Data Integrity Risk* (June 6, 2018); M- 18- 24, *Strategies to Reduce Grant Recipient Reporting Burden* (Sept. 5, 2018); and M-20-21, *Implementation Guidance For Supplemental Funding Provided in Response to the Coronavirus Disease* 2019 (COVID-19) (Apr. 10, 2020); and M-21-03, *Improvements in Federal Spending Transparency for Financial Assistance* (Nov. 12, 2020).

- Is brief and succinct
- Is unique on USA Spending
- Does not use or limits abbreviations or acronyms
- Does not include federal or agency-specific terminology

HHS Awarding Agencies are discouraged from including general programmatic level information, like that in the Assistance Listings, in the award description.

Examples of Strong Award Descriptions

The Council of Inspectors General on Integrity and Efficiency's Pandemic Response Accountability Committee (PRAC) shared the following examples of effective award descriptions. These, or other agency-specific examples, can be shared with applicants to assist them in developing their award descriptions.

- **Example One:** Construction of pedestrian & bicycle facilities on the Broadway corridor. Broadway @ St. James St- Foxhall Ave. Streetscape improvements & enhancements include sidewalks, curbing, bike lanes, ped bump-outs, and lighting.
- **Example Two:** We are developing a better way to time gamma-ray pulsars using individual photons leveraging new timing software (PINT) and MCMC, our "beta" code can time LAT pulsars that were previously impossible. Using each photon allows us to detect short-term effects (like orbital Shapiro delay) which traditional methods average out. We propose to develop and extend these techniques and make the code available to the community. This work will improve gamma-ray detections for pulsars with short radio timing baselines or significant timing noise. It will measure new proper motions and may allow us to incorporate the best maps into gravitational wave searches. We will update our existing LAT timing pipeline (doubling the number of timed pulsars) and provide updated timing models to the community.
- **Example Three:** Exploring cognitive and foundational processes underlying pre-algebra among students with and without mathematics learning difficulties.

Attachment 7: HHS Required NOFO Health Information Technology (IT) Interoperability Language

***Scope**: This attachment applies to all NOFOs that include health IT activities.*

During the drafting of NOFOs, HHS awarding agencies must identify whether award funding involves implementing, acquiring, or upgrading health IT.[10]

If award funding involves the above, the following language must be included in the NOFO:

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity. Visit to 45 CFR 170, Subpart B learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isp/.

Please Note: Beginning on January 20, 2025, President Trump issued several Executive Orders (EOs) which have an impact on HHS grants and cooperative agreements.

Consistent with President Trump's priorities and agenda, to the extent permitted by law, ASTP/ONC has exercised enforcement discretion as to certain requirements in the ONC Health IT Certification Program.

Therefore, HHS is providing the following exceptions to the requirements for funded entities which may otherwise apply under this guidance:[11]

(1) Health IT acquired or obtained for activities by a funded entity:

(a) Is not required to have the capability to categorize data on individuals using the *sexual*

[10] Health information technology is defined in Section 3000 of the PHSA. The regulation defines health information technology as hardware, software, integrated technologies or related licenses, IP, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

[11] As required by sec. 13112 of the Health Information Technology for Economic and Clinical Health (HITECH) Act (Pub. L. 111-5) (Feb. 2009), this does not apply to entities that are health care providers, health plans, or health insurance issuers.

orientation and *gender identity* data elements found in the United States Core Data for Interoperability (USCDI) version 3; and

(b) May have the capability to only categorize data on individuals for the sex data element in accordance with the *248152002 |Female (finding)|*; and *248153007 |Male (finding)|* SNOMED CT® codes.

(2) Health IT acquired or upgraded by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act, certified under the ONC Health IT Certification Program to the "patient demographics and observations" certification criterion (45 CFR 170.315(a)(5)):

(a) Is not required to demonstrate conformance with any or all of the following data and observations in paragraph (a)(5)(i): sex parameter for clinical use, sexual orientation, gender identity, name to use, and pronouns;

(b) Is not required to demonstrate conformance with the following paragraphs of (a)(5)(i): (D) ("sexual orientation"), (E) ("gender identity"), (F) ("sex parameter for clinical use"), (G) ("name to use"), and (H) ("pronouns"); and

(c) May demonstrate, for conformance with paragraph (a)(5)(i)(C) ("sex"), that it can record sex solely in accordance with the standard specified in § 170.207(n)(1) for the period up to and including December 31, 2025, or the following SNOMED CT® codes found in the standard specified in § 170.207(n)(2):

- 248152002 |Female (finding)|; and
- 248153007 |Male (finding)|.

Attachment 8: HHS Required NOFO Cybersecurity Language

***Scope**: This attachment applies to all NOFOs.*

Pursuant to the Cybersecurity Act of 2015, Div. N, § 405, Pub. Law 114-113, 6 USC § 1533(d), the Secretary has established a common set of voluntary, consensus-based, and industry-led guidelines, best practices, methodologies, procedures, and processes. These:

- serve as a resource for cost-effectively reducing cybersecurity risks for a range of health care organizations.
- support voluntary adoption and implementation efforts to improve safeguards to address cybersecurity threats.
- are consistent with—
    - the standards, guidelines, best practices, methodologies, procedures, and processes developed by the National Institute of Standards and Technology.
    - the security and privacy regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and
    - the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act.
- are updated on a regular basis and applicable to a range of health care organizations.

During the drafting of NOFOs, HHS awarding agencies **shall** identify whether the award funding necessitates that:

- Recipients, subrecipients, or third-party entities have ongoing and consistent access to HHS owned or operated information or operational technology systems; and
- Recipients, subrecipients, or third-party entities receive, maintain, transmit, store, access, exchange, process, or utilize personal identifiable information (PII) or personal health information (PHI) obtained from the awarding HHS agency for the purposes of executing the award.

If award funding involves both of the above, recipients shall develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. Recipient cybersecurity plans and procedures **must** at minimum include the following:

- **Develop cybersecurity plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data:**
    - **Identify:**
        - Develop an inventory of all assets and accounts with access to HHS owned and operated information or operational technology systems or which obtain PII or PHI for the purposes of the award.
    - **Protect:**
        - Limit access to HHS owned and operated systems to only those in need of access to complete reward activities.
        - Require all staff to complete annual cybersecurity and privacy awareness training. Visit 405(d): Knowledge on Demand (hhs.gov) to obtain free trainings, if needed.

- Enable multifactor authentication for all employees, subrecipients, and third-party entities to access HHS owned and operated information or operational technology systems.
- Regularly backup sensitive data and test backups.

- **Detect:**
  - Install anti-virus or anti-malware software on all devices, servers, and accounts used to connect to HHS owned and operated systems.
    - **Respond:**
  - Develop an incident response plan. See Incident-Response-Plan-Basics_508c.pdf (cisa.gov) to learn about developing incident response plans.
  - Have cybersecurity incident reporting procedures that ensure the relevant HHS awarding agencies are notified of a cybersecurity incident within 48 hours of discovery. A cybersecurity incident is defined as an unplanned interruption to a technology service or reduction in the quality of a technology service, or an occurrence that actually or potentially jeopardizes the confidentiality, integrity, or availability of an information system or the information the system processes, stores, or transmits.
- **Recover:**
  - Investigate incidents and plug any security gaps identified.

Attachment 9: Administrative Considerations and Best Practices for Tribes and Tribal Organizations

Scope: *This attachment applies to all NOFOs where tribes and tribal organizations are eligible.*

This attachment describes what your agency should consider when tribes and tribal organizations are eligible for a NOFO. It also includes some best practices shared by HHS agencies related to Tribal Nations. These considerations are responsive to long-standing recommendations Tribal leaders have shared in consultation with HHS and are aligned with the requirements of Executive Order 14112. Tribal Nations are eligible for most HHS NOFOs unless otherwise stated in statute or program regulation.

Administrative Considerations for NOFOs

NOFO Element	Administrative Considerations
Reporting Requirements	Are the reporting requirements described clearly in the NOFO? Is there room to improve the descriptions to make clear the administrative burden associated with reporting requirements? Is there a link to a reporting requirement form, an explanation of the kind of report required, and the frequency of reporting? Are there administrative or reporting requirements that go beyond the standard ones required in the GPAM? • If so, is it possible to remove those requirements in general, or specifically for tribes? • How are these requirements necessary for the success of the program?
Cost Sharing	Is cost sharing required? • If so, is there flexibility to waive cost sharing for tribes?
Cost Limitations	Are there limitations on administrative costs? • If so, are they necessary for the success of the program? • Is there flexibility to waive them for tribes?
Scoring Criteria	Is there flexibility to incorporate priority preference points for tribal nations?

Best Practices

This section describes best practices related to Tribal Nations for your agency to consider. We encourage your agency to:

- Evaluate whether a program's statutory authority allows for targeted funding set-aside for tribes or a targeted NOFO where tribes are the only eligible applicant when considering program implementation and NOFO design.
- Communicate with your agency's tribal liaison (points of contact listed below) often. Consult

them in your NOFO review process, especially for programs targeted to Tribal Nations.

- Consider communications strategies to improve Tribal Nation engagement, such as having an agency tribal affairs webpage, a newsletter, learning sessions and webinars, and workshops tailored to tribal nations.
- Highlight funding opportunities that tribes are eligible for on your webpage and share them with the HHS Office of Intergovernmental and External Affairs (IEA) for inclusion in the HHS Tribal Affairs Newsletter.
- Consider whether Tribal Consultation is appropriate based on the HHS Tribal Consultation Policy when developing a new NOFO targeted to tribes. Your agency tribal liaison is a helpful resource in determining whether consultation is appropriate.

HHS agency tribal liaison contacts

Awarding Agency	Tribal Liaison Contact	E-Mail
ACF	Martha Keller	Martha.Keller@acf.hhs.gov
ACL	Kari Benson	Kari.Benson@acl.hhs.gov
ASL	Jonathan Osborne	Jonathan.Osborne@hhs.gov
CDC	Damion Killsback	Nja5@cdc.gov
CMS	Susan Karol	Susan.karol@hhs.gov
FDA	Paul Allis	Paul.Allis@fda.hhs.gov
HRSA	Sharyl Trail	STrail@hrsa.gov
IHS	Brittainy Cortilet	Brittainy.Cortilet@ihs.gov
NIH	Karina Walters	Karina.walters@nih.gov
OASH	Kinbo Lee	Kinbo.Lee@hhs.gov
OIG	Melinda Golub	Melinda.golub@oig.hs.gov
SAMHSA	Karen “Kari” Hearod	Karen.Hearod@samhsa.hhs.gov
OGC	Julia Pierce, Angela Garcia	Julia.pierce@hhs.gov, Angela.garcia@hhs.gov

Attachment 10: ASFR/Office of Budget Agency Contacts

HHS Awarding Agency	ASFR/OB Contact	E-Mail
ACF	Lyndsay Brooks	lyndsay.brooks@hhs.gov
ACL	Lyndsay Brooks	lyndsay.brooks@hhs.gov
AHRQ	Meghan McQuillen	meghan.mcquillen@hhs.gov
ARPA-H	Shaina Johnson	shaina.johnson@hhs.gov
ASPR	Connor Williams	connor.williams@hhs.gov
CDC	Angela Falisi, Shaina Johnson	angela.falisi@hhs.gov shaina.johnson@hhs.gov
CMS	Michael Bernier	michael.bernier@hhs.gov
FDA	Michael Bernier	michael.bernier@hhs.gov
HRSA	Shakye Jones, Abigail Hughes	shakye.jones@hhs.gov abigail.hughes@hhs.gov
IHS	Katie Hunter	katherine.hunter@hhs.gov
NIH	Meghan McQuillen, Liz Chabkoun	meghan.mcquillen@hhs.gov elizabeth.chabkoun@hhs.gov
SAMHSA	Katie Hunter	katherine.hunter@hhs.gov
OASH	Bliss Buffington	bliss.buffington@hhs.gov
All Others	Paul Kalinowski	paul.kalinowski@hhs.gov

HRSA
Health Resources & Services Administration

FY 2026 Summary of Changes
Revisions of HRSA General Terms and Conditions
Effective March 11, 2026

We have updated the FY2026 Terms and Conditions with the following changes:

Editorial Changes

- Changed publication date at the top

Substantive Changes

- Added *Section 5. Alignment with HRSA Funding Priorities*, which summarizes HRSA's funding priorities.

Inquiries

Office of Federal Assistance and Acquisition Management
Division of Grants Policy
Policy Implementation and Coordination Branch
Email: DGP@HRSA.gov

From: Bryant, Sara (HRSA)
To: HRSA OFAAM OAA Front Office
Subject: FW: FAC Notice: OFAAM Updates FY 2026 General Terms and Conditions
Date: Thursday, March 12, 2026 10:56:00 AM

From: Health Resources and Services Administration <hrsa@public.govdelivery.com>
Sent: Wednesday, March 11, 2026 3:21 PM
To: Bryant, Sara (HRSA) <SBryant@hrsa.gov>
Subject: FAC Notice: OFAAM Updates FY 2026 General Terms and Conditions

FACUpdateHeader2024

March 11, 2026

OFAAM Updates FY 2026 General Terms and Conditions

OFAAM updated the FY 2026 General Terms and Conditions to add Section 5 - Alignment with HRSA Funding Priorities. The update has an effective date of March 11, 2026, and applies to all active awards.

From: Gramley, Beatriz (HRSA)
To: HRSA DGP Guidance Clearances; Baugh, Cynthia (HRSA); Berry, Michael (HRSA); Bhattacharya, Radhika (HHS/OGC); Blalock, Jene (HRSA); Brown, Vanessa (HRSA); Bryant, Sara (HRSA); Bull, Carolyn (HRSA); Camacho, Sonia (HRSA); Clift, Erica (HRSA); Cope, Jenna (HRSA); Coppenbarger, Christopher (HRSA); Cosby, Kellie (HRSA); Costin, Sarah (HRSA); Danner, Ali (HRSA); Dart, Beverly (OS/OGC/PHD); Davey, Andrea (HHS/OGC); Davis, Donna (HRSA); Davis, William (HRSA); Duah-Agyemang, Anthony (HRSA); Farace, Jennifer (HHS/OGC); Faria, Aisha (HRSA); Feldstein, Mira (HHS/OGC); Foster Wright, Karen (HRSA); Foster, Tanema (HRSA); Fryar, Maya (HRSA); Geary, Shonnel (HRSA); Germain, Mesmin (HRSA); Getachew, Bilen (HRSA); Greene, Nicole (HRSA); Hakimian, Rina (HHS/OGC); Hammond, Sarah (HRSA); HRSA HSB OAA; HRSA IOA; HRSA MCHB Guidance Clearance; Huntley, Heather (HHS/OGC); Jagelewski, Anna (HHS/OGC); Johnson, Anitra (HRSA); Johnson, Gwendolyn (HRSA); Jones, Rene (HRSA); Khalil, Amelia (HRSA); King, Jamie (HRSA); Klein, Sarah (HRSA); Leach, Victoria (HRSA); Life, Tola (HRSA); Ligon, Ericka (HRSA); Littman, Robyn A. (HHS/OGC); McNeely, Michael (HRSA); Mendelsohn, Jocelyn S. (HHS/OGC); Meyerholz, Sarah (HRSA); Mirindi, Benoit (HRSA); Naik, Arjun (HRSA); Odwazny, Laura (HHS/OGC); Patel-Larson, Alpa (HRSA); Patterson, Matthew (HRSA); Plummer, Jasmine (HHS/OGC); Proctor, Gwendolyn (HRSA); Rho, Zoey (HRSA); Rhoden, Makeva (HRSA); Ricciardella, Lynn (HHS/OGC); Riddick, Janelle (HHS/OGC); Riggle, Jennifer (HRSA); Ross, Blake (HRSA); Saez Banks, Marlene (HRSA); Santos, Marco (HRSA); Shockey, Olivia (HRSA); Siemon, Kathryn (HRSA); Slessarev, Alexandra (OS/OGC); Smallwood-Madison, Kimberly (HRSA); Smith, Lakisha (HRSA); Sorkin, Adam (HHS/OGC); Stack, Suzanne (HRSA); Suder, Joanna (HHS/OGC); Sutton, Virginia (HRSA); Szakaly, Christina (HHS/OGC); Tayman, Alice (HHS/OGC); Thomas, Kourtney (HRSA); VonFeck, Stephanie (HRSA); Wildberger, William (HRSA); Wilensky, Dvora (HRSA); Worley, Tracy (HRSA); Xu, Tanya (HHS/OGC)
Cc: Gillespie, Stephanie (HRSA); Jones, Matthew (HRSA); Keita, Lynda (HRSA)
Subject: RE: NOFO Templates Updates 2-24-26 and Summary of Key Updates **Roll out complete**
Date: Wednesday, February 25, 2026 4:16:24 PM
Attachments: image001.png

Roll out is now complete for NOFO Templates:

- HRSA Standard NOFO template - completed
- HRSA R&R NOFO template - completed
- BHW R&R NOFO template – completed
- BPHC single-tier NOFO template – by 2/26/26
- MCHB R&R NOFO template – by 2/26/26
- Construction NOFO template – by 2/26/26

From: Gramley, Beatriz (HRSA) <BGramley@hrsa.gov> **On Behalf Of** HRSA DGP Guidance Clearances
Sent: Tuesday, February 24, 2026 1:16 PM
To: Baugh, Cynthia (HRSA) <CBaugh@hrsa.gov>; Berry, Michael (HRSA) <MBerry@hrsa.gov>; Bhattacharya, Radhika (HHS/OGC) <Radhika.Bhattacharya@hhs.gov>; Blalock, Jene (HRSA) <JBlalock@hrsa.gov>; Brown, Vanessa (HRSA) <VBrown2@hrsa.gov>; Bryant, Sara (HRSA) <SBryant@hrsa.gov>; Bull, Carolyn (HRSA) <CBull@hrsa.gov>; Camacho, Sonia (HRSA) <SCamacho@hrsa.gov>; Clift, Erica (HRSA) <EClift@hrsa.gov>; Cope, Jenna (HRSA) <JCope@hrsa.gov>; Coppenbarger, Christopher (HRSA) <CCoppenbarger@hrsa.gov>; Cosby, Kellie (HRSA) <KCosby@hrsa.gov>; Costin, Sarah (HRSA) <SCostin@hrsa.gov>; Danner, Ali (HRSA) <ADanner@hrsa.gov>; Dart, Beverly (OS/OGC/PHD) <Beverly.Dart@hhs.gov>; Davey, Andrea (HHS/OGC) <Andrea.Davey@HHS.gov>; Davis, Donna (HRSA) <DDavis2@hrsa.gov>; Davis, William (HRSA) <WDavis@hrsa.gov>; Duah-Agyemang, Anthony (HRSA) <ADuah-Agyemang@hrsa.gov>; Farace, Jennifer (HHS/OGC) <Jennifer.Farace@hhs.gov>; Faria, Aisha (HRSA) <AFaria@hrsa.gov>; Feldstein, Mira (HHS/OGC) <Mira.Feldstein@hhs.gov>; Foster Wright, Karen (HRSA) <KFosterWright@hrsa.gov>; Foster, Tanema (HRSA) <TFoster@hrsa.gov>; Fryar, Maya (HRSA) <MFryar@hrsa.gov>; Geary, Shonnel (HRSA) <SGeary@hrsa.gov>; Germain, Mesmin (HRSA)

<MGermain@hrsa.gov>; Getachew, Bilen (HRSA) <BGetachew@hrsa.gov>; Gramley, Beatriz (HRSA) <BGramley@hrsa.gov>; Greene, Nicole (HRSA) <NGreene@hrsa.gov>; Hakimian, Rina (HHS/OGC) <rina.hakimian@hhs.gov>; Hammond, Sarah (HRSA) <SHammond@hrsa.gov>; HRSA HSB OAA <HSBOAA@hrsa.gov>; HRSA IOA <HRSAIOA@hrsa.gov>; HRSA MCHB Guidance Clearance <MCHBGuidance@hrsa.gov>; Huntley, Heather (HHS/OGC) <Heather.Huntley@hhs.gov>; Jagelewski, Anna (HHS/OGC) <Anna.Jagelewski@hhs.gov>; Johnson, Anitra (HRSA) <AJohnson1@hrsa.gov>; Johnson, Gwendolyn (HRSA) <GJohnson@hrsa.gov>; Jones, Rene (HRSA) <RJones1@hrsa.gov>; Khalil, Amelia (HRSA) <AKhalil@hrsa.gov>; King, Jamie (HRSA) <JKing@hrsa.gov>; Klein, Sarah (HRSA) <SKlein@hrsa.gov>; Leach, Victoria (HRSA) <VLeach@hrsa.gov>; Life, Tola (HRSA) <TLife@hrsa.gov>; Ligon, Ericka (HRSA) <ELigon@hrsa.gov>; Littman, Robyn A. (HHS/OGC) <Robyn.Littman@hhs.gov>; McNeely, Michael (HRSA) <MMcNeely@hrsa.gov>; Mendelsohn, Jocelyn S. (HHS/OGC) <Jocelyn.Mendelsohn@hhs.gov>; Meyerholz, Sarah (HRSA) <SMeyerholz@hrsa.gov>; Mirindi, Benoit (HRSA) <BMirindi@hrsa.gov>; Naik, Arjun (HRSA) <ANaik@hrsa.gov>; Odwazny, Laura (HHS/OGC) <Laura.Odwazny@hhs.gov>; Patel-Larson, Alpa (HRSA) <APatelLarson@hrsa.gov>; Patterson, Matthew (HRSA) <MPatterson@hrsa.gov>; Plummer, Jasmine (HHS/OGC) <Jasmine.Plummer@hhs.gov>; Proctor, Gwendolyn (HRSA) <GProctor@hrsa.gov>; Rho, Zoey (HRSA) <ZRho@hrsa.gov>; Rhoden, Makeva (HRSA) <MRhoden@hrsa.gov>; Ricciardella, Lynn (HHS/OGC) <Lynn.Ricciardella@hhs.gov>; Riddick, Janelle (HHS/OGC) <Janelle.Riddick@hhs.gov>; Riggle, Jennifer (HRSA) <JRiggle@hrsa.gov>; Ross, Blake (HRSA) <BRoss@hrsa.gov>; Saez Banks, Marlene (HRSA) <MSaezBanks@hrsa.gov>; Santos, Marco (HRSA) <MSantos@hrsa.gov>; Shockey, Olivia (HRSA) <oshockey@hrsa.gov>; Siemon, Kathryn (HRSA) <KSiemon@hrsa.gov>; Slessarev, Alexandra (OS/OGC) <Alexandra.Slessarev@hhs.gov>; Smallwood-Madison, Kimberly (HRSA) <KSmallwoodMadison@hrsa.gov>; Smith, Lakisha (HRSA) <LSmith2@hrsa.gov>; Sorkin, Adam (HHS/OGC) <Adam.Sorkin@hhs.gov>; Stack, Suzanne (HRSA) <SStack@hrsa.gov>; Suder, Joanna (HHS/OGC) <Joanna.Suder@hhs.gov>; Sutton, Virginia (HRSA) <vsutton@hrsa.gov>; Szakaly, Christina (HHS/OGC) <Christina.Szakaly@hhs.gov>; Tayman, Alice (HHS/OGC) <Alice.Tayman@hhs.gov>; Thomas, Kourtney (HRSA) <KThomas@hrsa.gov>; VonFeck, Stephanie (HRSA) <SVonFeck@hrsa.gov>; Wildberger, William (HRSA) <WWildberger@hrsa.gov>; Wilensky, Dvora (HRSA) <DWilensky@hrsa.gov>; Worley, Tracy (HRSA) <TWorley@hrsa.gov>; Xu, Tanya (HHS/OGC) <Tanya.Xu@hhs.gov>
Cc: HRSA DGP Guidance Clearances <DGPClearances@hrsa.gov>; Gillespie, Stephanie (HRSA) <SGillespie@hrsa.gov>; Jones, Matthew (HRSA) <MJones@hrsa.gov>; Keita, Lynda (HRSA) <LKeita@hrsa.gov>
Subject: NOFO Templates Updates 2-24-26 and Summary of Key Updates

Thanks to everyone for providing feedback on NOFO template features and functions. We collaborated with the ASFR Office of Grants, the GrantSolutions Announcement Module (GS AM) system engineers, and NOFO authors and reviewing offices to update the Notice of Funding Opportunity (NOFO) Template(s). The changes apply to all the HRSA NOFO Template(s). Minor variations may occur in the R&R and B/O-specific templates.

Rollout:

- HRSA Standard NOFO template - completed
- HRSA R&R NOFO template - completed
- BHW R&R NOFO template – completed

- BPHC single-tier NOFO template – by 2/26/26
- MCHB R&R NOFO template – by 2/26/26
- Construction NOFO template – by 2/26/26

The attached Summary of Key Updates will also be available on the DGP SP site in the HRSA SimplerNOFOs tile.

HRSA's Division of Grants policy

From: Johnson, Gwendolyn (HRSA)
To: Hauck, Heather (HRSA); Dempsey, Antigone (HRSA)
Cc: Rhoden, Makeva (HRSA)
Subject: FW: HRSA-26-012 Part B ADAP NOFO
Date: Thursday, June 25, 2026 1:10:42 PM
Attachments: HRSA-26-012 ADAP ERF NOFO HHS OGC approved.docx
image001.png

FYI—OGC reached out about the ADAP NOFO and language added per HHS. Sharing thread for your awareness.

From: Clark, Glenn (HRSA) <GLClark@hrsa.gov>
Sent: Thursday, June 25, 2026 1:04 PM
To: Robilotto, Susan (HRSA) <SRobilotto@hrsa.gov>; Johnson, Gwendolyn (HRSA) <GJohnson@hrsa.gov>; Ricciardella, Lynn (HHS/OGC) <lynn.ricciardella@hhs.gov>
Cc: Tayman, Alice (HHS/OGC) <alice.tayman@hhs.gov>; Suder, Joanna (HHS/OGC) <Joanna.Suder@hhs.gov>; Ricciardella, Lynn (HHS/OGC) <lynn.ricciardella@hhs.gov>
Subject: RE: HRSA-26-012 Part B ADAP NOFO

Good Afternoon:

This may have already been addressed/shared below, but I looked back at the feedback we received on the FY26 X09 NOFO and found a version (see attached) in which Susan added the language in question on 9/25/25 with the comment "Added per HHS. OGC has approved". I don't have any other communications or knowledge of the addition of the language.

Thanks.

Glenn

From: Robilotto, Susan (HRSA) <SRobilotto@hrsa.gov>
Sent: Thursday, June 25, 2026 12:27 PM
To: Johnson, Gwendolyn (HRSA) <GJohnson@hrsa.gov>; Ricciardella, Lynn (HHS/OGC) <lynn.ricciardella@hhs.gov>
Cc: Tayman, Alice (HHS/OGC) <alice.tayman@hhs.gov>; Suder, Joanna (HHS/OGC) <Joanna.Suder@hhs.gov>; Ricciardella, Lynn (HHS/OGC) <lynn.ricciardella@hhs.gov>; Clark, Glenn (HRSA) <GLClark@hrsa.gov>
Subject: RE: HRSA-26-012 Part B ADAP NOFO

Hi Gwen and Lynn,
That language was not added by HAB. I copied Glenn as he is looking into it as he is the lead on the ADAP ERF (X09) NOFO. I am on leave this afternoon but will keep an eye on my emails.
Sincerely,
Susan

Susan Robilotto, D.O.
Director, Division of State HIV/AIDS Programs, HIV/AIDS Bureau
U.S. Department of Health and Human Services
Health Resources and Services Administration
Tel: 301-443-6554

From: Johnson, Gwendolyn (HRSA) <GJohnson@hrsa.gov>
Sent: Thursday, June 25, 2026 11:58 AM
To: Ricciardella, Lynn (HHS/OGC) <lynn.ricciardella@hhs.gov>; Robilotto, Susan (HRSA) <SRobilotto@hrsa.gov>
Cc: Tayman, Alice (HHS/OGC) <alice.tayman@hhs.gov>; Suder, Joanna (HHS/OGC) <Joanna.Suder@hhs.gov>; Ricciardella, Lynn (HHS/OGC) <lynn.ricciardella@hhs.gov>
Subject: RE: HRSA-26-012 Part B ADAP NOFO

Hi Lynn,

As a follow up…Looks like it was HHS required language, see attached. There is a comment that says OGC approved. I am adding Susan to the thread, she may be able to provide some additional background on the discussions with HHS about this language. @Robilotto, Susan (HRSA)- Can you help us fill in the gaps/ refresh my memory, this happened back in September.

I'll keep looking for any other discussions around this language.

From: Ricciardella, Lynn (HHS/OGC) <Lynn.Ricciardella@hhs.gov>
Sent: Thursday, June 25, 2026 11:21 AM
To: Johnson, Gwendolyn (HRSA) <GJohnson@hrsa.gov>
Cc: Tayman, Alice (HHS/OGC) <alice.tayman@hhs.gov>; Suder, Joanna (HHS/OGC) <Joanna.Suder@hhs.gov>; Ricciardella, Lynn (HHS/OGC) <lynn.ricciardella@hhs.gov>
Subject: HRSA-26-012 Part B ADAP NOFO

Hi Gwen.

For the American Academy of HIV Medicine et al v HRSA et al. lawsuit, we are in the process of compiling the exhibits. Would you please send us a copy of the Part B ADAP NOFO (HRSA-26-012) (issued November 3, 2025)?

In addition, would you please let us know how and when HAB added the following language to the ADAP NOFO:

- "if an ADAP provides sex hormones, it may only allow such hormones to be dispensed to treat HIV/AIDS or prevent the serious deterioration of health arising from HIV/AIDS, rather than for non-statutory purposes such as specified sex-trait modification procedures"
- HRSA "will prioritize funding to States that require clinical documentation and the use of a prior authorization process before sex hormones are approved for dispensing to ADAP clients."

That language is one of the challenged conditions of the lawsuit. We are under the gun to get this information to DOJ for a filing tomorrow. We apologize for the quick turnaround.

Thank you!

Lynn, Alice, and Joanna

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OpDiv: Health Resources and Services Administration (HRSA)

Agency: HIV/AIDS Bureau

Subagency: Division of State HIV/AIDS Programs

Opportunity name: AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF)

Opportunity number: HRSA-26-012

Metadata author: Health Resources and Services Administration

Metadata subject: A notice of funding opportunity from HRSA's HIV/AIDS Bureau on providing funding to prevent or eliminate AIDS Drug Assistance Program waiting lists.

Metadata keywords: Application Guide, Health Resources and Services Administration, HIV/AIDS Bureau, AIDS Drug Assistance Program, ADAP, Emergency Relief Funds, ERF, Ryan White HIV/AIDS Program

Step 1: Review the Opportunity

Basic information

Summary

The purpose of the AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF) is to provide funding to states/territories to prevent, reduce, or eliminate ADAP waiting lists or to address shortfalls in ADAP funding for medications and/or the purchase of health care coverage. Recipients will use these funds along with the Ryan White HIV/AIDS Program (RWHAP) Part B ADAP base award.

Have questions? Go to Contacts and Support.

Key facts

Opportunity name: AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF)

Opportunity number: HRSA-26-012

Announcement version: New

Federal assistance listing: 93.917

Key dates

NOFO issue date: Month DATE, 2025 for this NOFO

Informational webinar: Enter webinar month, day, 2025

Application deadline: Month Date, 2025

Expected award date is by: April 1, 2026

Expected start date: April 1, 2026

See other submissions for other time frames that may apply to this NOFO.

Funding details

Application Types: Competing continuation, , New

Expected total available funding in FY 2026: $75,000,000

Expected number and type of awards: Up to 25 grants

Funding range per award: $100,000 to $10,000,000

- If you have a current ADAP waiting list, you may apply for up to $10,000,000. If you do not have a waiting list, you may apply for up to $7,000,000. The minimum award amount is $100,000.

We plan to fund awards in one 12-month budget period from April 1, 2026, to March 31, 2027.

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

Eligibility

Who can apply

You can only apply if you are a state/territory that receives RWHAP Part B funding and needs additional funding to:

- Reduce or eliminate an existing ADAP waiting list.
- Actively prevent an ADAP waiting list.
- Address a reduction in available resources to fund ADAP.
- Address a current or projected increase in treatment needs to end the HIV epidemic in the U.S.
- Address other increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.

Types of eligible organizations

These types of domestic* organizations may apply:

- State governments, including the District of Columbia, domestic territories, and freely associated states.

* "Domestic" means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Tribes and tribal organizations are not eligible for this funding. Individuals are not eligible for this funding.

Completeness and responsiveness criteria

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

We will not consider an application that:

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

Application limits

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

Cost sharing

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

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See Step 6: Learn What Happens After Award for information on regulations that apply, reporting, and more.

Program description

Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) Part B AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF).

ADAP ERF awards are intended for states/territories that need additional resources to prevent, reduce, or eliminate ADAP waiting lists or to address shortfalls in ADAP funding for medications or health care coverage. HRSA will base ADAP ERF awards upon your ability to successfully demonstrate the need for additional funding.

At the time of this NOFO publication, there are no ADAP waiting lists. States/territories that establish a waiting list after this NOFO is published must report the waiting list to HRSA immediately and use funding awarded under this NOFO to remove clients from the waiting list.

HRSA anticipates increases in clients who need ADAP services due to reductions in program income or rebates, loss of health care coverage among people with HIV, and increased case finding. States/territories may use ERF funds to address current or projected increases in treatment needs aligned with ending the HIV epidemic in the U.S. or other increases in the number of clients in their ADAP.

Background

ADAPs ensure access to medication to treat HIV for eligible clients by directly purchasing medication and covering the costs of health care coverage premiums, deductibles, co-payments, and co-insurance. The state/territory determines client eligibility and ADAPs are expected to confirm client eligibility on a timely basis. Eligibility criteria include documented diagnosis of HIV, financial eligibility, and residence eligibility.

The Ryan White HIV/AIDS Program

The HRSA Ryan White HIV/AIDS Program has five statutory funding parts that provide a comprehensive system of medical care, support, and medications for low-income people with HIV. The goal is to improve health outcomes and to prevent HIV transmission.

The HIV care continuum is a key strategy to meet the goals of the program. It shows the journey of someone with HIV from diagnosis to effective treatment, leading to viral suppression. Achieving viral suppression boosts the individual's quality of life and prevents HIV transmission.

This continuum also helps programs and planners measure progress and use resources effectively. We require you to assess your outcomes and work with your community and public health partners to improve outcomes across the HIV care continuum. To assess your program, review HRSA's Performance Measure Portfolio.

Expanding the effort

There have been significant accomplishments:

- From 2010 to 2023, HIV viral suppression among RWHAP clients improved from 87.1% to 90.6%. For more, see the 2023 Ryan White Services Report (RSR).
- In 2020, the Ending the HIV Epidemic in the U.S. (EHE) initiative launched to further expand federal efforts to reduce HIV transmission. 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 and in care but not yet virally suppressed, to the essential HIV care, treatment, and support services needed to help them reach viral suppression.

Program resources and innovative models

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

Program requirements and expectations

The steady growth in the number of eligible clients combined with rising costs of complex HIV treatments can result in states/territories experiencing greater demand for ADAP services than available resources can cover. As a last resort, a state/territory may implement an ADAP waiting list when available funding cannot provide medications to all eligible people requesting enrollment in their ADAP and after they have used all other feasible cost-containment strategies.

HRSA HAB defines a waiting list as a register of individuals who have applied for and been deemed eligible for a state's/territory's ADAP, but whom the state cannot immediately serve due to insufficient resources. If an ADAP is proposing to implement a waiting list, the ADAP must be able to clearly demonstrate to HRSA HAB the need for the list before they establish one.

An ADAP must have written policies and procedures for managing a waiting list that include:

- Fair and equitable criteria.
- Compliance with relevant state/territory laws and regulations.
- A means for public input and communication to the public.
- Methods for monitoring the waiting list to make sure that policies and procedures are consistently followed across the state/territory.
- A revisions and appeals process.

An ADAP must assess each applicant for ADAP eligibility before putting them on the waiting list. The ADAP must confirm eligibility according to a pre-established schedule outlined in a waiting list policy and procedure. An ADAP must prioritize individuals by predetermined criteria and bring clients into the program as soon as funding becomes available. Clients on waiting lists should be given information about:

- Why a waiting list is necessary.
- Waiting list criteria.
- The estimated length of time they might remain on the waiting list.
- Options for getting their medications in the meantime, including:
    - Recommendations or requirements for clients to work with a case manager.
    - Patient Assistance Programs (PAPs) applications and help applying.
    - Other available options, such as the RWHAP Part A Local Pharmacy Assistance Program (LPAP).
    - Continuous assistance applying and re-applying for other programs, as needed.

We strongly discourage the use of a waiting list to contain costs, unless absolutely necessary. If you establish a waiting list, the DSHAP project officer will monitor the RWHAP Part B grant more closely, and you will need to report waiting list data to us.Statutory authority

Statutory authority:

42 U.S.C. §§ 243(c) and 300ff-26 (§§ 311(c) and 2616 of the Public Health Service Act)

Award information

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS will adopt 2 CFR 200, with some modifications included in 2 CFR 300. These regulations replace those in 45 CFR 75.

Policies

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- Award amounts are subject to demonstrated need and the availability of funds. Total cost includes both direct and indirect costs per year.
- HAB will base the amount of your award on your showing the need for funding to:
    - Reduce or eliminate an existing ADAP waiting list.
    - Actively prevent implementing an ADAP waiting list.
    - Address a reduction in available resources to fund ADAP.
    - Address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S.
    - Address other increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.
- HRSA will base funding decisions on review by an external merit review panel (MRP) review and scoring of the criteria listed in the merit review section of this notice.
- HRSA places significant importance on eliminating waiting lists, so:
    - We will use the MRP scores to establish the rank order for awarding funds.
    - If sufficient funding is available, we will make awards to all applicants that request funds to address an existing waiting list, as long as the MRP recommends them for an award based on their MRP score. See the funding preference section.
    - After we provide funds to address existing waiting lists, we will award funds to remaining applicants that the MRP recommends for an award based on their MRP scores.

ADAPs are required to secure the best price available for all products on their ADAP formularies to achieve maximum results with these funds. As covered entities, ADAPs are eligible to participate in the 340B Drug Pricing Program under Section 340B of the PHS Act. Rebates and program income generated from these funds must be applied to the RWHAP Part B program, with priority given to ADAP (see Policy Clarification Notices 15-03 and 15-04 for more information).

General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in Section 3.1.4 of the Application Guide. You can also see 2 CFR Part 200 Subpart E - General Provisions for Selected Items of Cost ..
- You cannot earn profit from the federal award. See 2 CFR 200.400(g)..
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2025, the salary rate limitation is $225,700. This limitation may be updated. You may pay salaries at a rate higher than Executive Level II if the amount beyond the salary rate limit is paid with non-HHS funds not associated with the HHS awarded project.

Program-specific statutory or regulatory limitations

As outlined under applicable statute, regulation, or policy, you cannot use funds under this notice for the following purposes:

- Any costs unallowable under the ADAP service category (as defined in PCN 16-02: RWHAP Services Eligible Individuals and Allowable Uses of Funds).
- Payment for any item or service to the extent that payment has been made (or reasonably can be expected to be made), with respect to that item or service, under any state compensation program, insurance policy, federal or state benefits program, or any entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Service).
- Planning and evaluation activities as defined by the RWHAP Part B.
- Cash payments to intended recipients of RWHAP services.
- Clinical quality management.
- International travel.
- Construction. (Minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval.)
- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy.

- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.
- Pre-exposure prophylaxis (PrEP) medications and related medical services or post-exposure prophylaxis (PEP), as the person using PrEP or PEP is not diagnosed with HIV and therefore is not eligible for RWHAP-funded medication.

See Manage Your Grant for other information on costs and financial management.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To charge indirect costs you can select one of two methods:

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

Method 2 – *De minimis* rate. Per 2 CFR 200.414(f), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See 2 CFR 200.1 for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

Consider your indirect costs when developing your budget.

Program income and rebates

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for allowable project-related activities. Find more about program income at 2 CFR 200.307. Rebates generated because of awarded funds must be used for the statutorily permitted purposes under the RWHAP Part B with a priority for ADAP.

Per 2 CFR 200.305(b)(5), to the extent available, you must disburse funds available from program income and rebates before requesting grant funds. Please see HAB PCNs 15-03: Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income and 15-04: Utilization and Reporting of Pharmaceutical Rebates for more information.

Step 2: Get Ready to Apply

Get registered

SAM.gov

You must have an active account with SAM.gov to apply. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to SAM.gov Entity Registration and select Get Started. From the same page, you can also select the Entity Registration Checklist to find out what you'll need to register.

When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations. You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with Grants.gov. You can see step-by-step instructions at the Grants.gov Quick Start Guide for Applicants.

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number HRSA-26-012.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit HHS Tips for Preparing Grant Proposals.

Visit HRSA's How to Prepare Your Application page for more guidance.

See Apply for a Grant for other help and resources.

Join the webinar

For more information about this opportunity, join the webinar:

Enter date in this format: Weekday.

Enter time.

Join on: insert link to webinar

If you are not able to join through your computer, you can call in:

- Phone number: insert phone number
- Meeting ID: insert meeting ID

We will record the webinar. If you are not able to join live, you can replay it at insert a description of link, hyperlinked.

Have questions? Go to Contacts and Support.

Step 3: Build Your Application

Application checklist

Make sure that you have everything you need to apply:

Narratives

Component	Included in page limit*?
☐ **Project narrative** Use the Project Narrative Attachment form.	Yes
☐ **Budget narrative** Use the Budget Narrative Attachment form.	Yes

Attachments

Insert each in the Attachments Form in this order.

Component	Included in page limit*?
☐ 1. Work plan	Yes
☐ 2. Staffing plan and job descriptions	Yes
☐ 3. Biographical sketches	
☐ 4. Agreements with other entities	Yes

☐ 5. Maintenance of effort documentation	Yes
☐ 6. Multi-year budgets, fifth year budget	No
☐ 7. Funding preference or priority documentation	Yes
☐ 8. Project organizational chart	Yes
☐ 9. Tables and charts	Yes
☐ 10. Other relevant document	Yes
☐ 11. Other relevant document	Yes
☐ 12. Other relevant document	Yes
☐ 13. Other relevant document	Yes
☐ 14. Other relevant document	Yes
☐ 15. Other relevant document	Yes

Other required forms

Upload using each required form in Grants.gov.

Component	Included in page limit*?
☐ Application for Federal Assistance (SF-424)	No
☐ Budget Information for Non-Construction Programs (SF-424A)	No
☐ Project Abstract Summary Form	No
☐ Disclosure of Lobbying Activities (SF-LLL), optional	No
☐ Project/Performance Site Location(s)	No
☐ Grants.gov Lobbying Form	No
☐ Key Contacts	No

*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

Application contents and format

Applications include 5 main components. This section includes guidance on each.

Application page limit: 40 pages.

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

Required format

You must format your narratives and attachments using our required formats for fonts, size, color, format, and margins. See the formatting guidelines in Section 3.2 of the Application Guide.

Project narrative

In this section, you will describe all aspects of your project.

Use the section headers and the order listed.

Introduction

See merit review criterion 1: Need

Briefly describe the purpose of your project.

Need

See merit review criterion 1: Need

The purpose of this section is to show that you need additional resources to meet the projected ADAP client service needs for FY 2026. Provide the following information to show that you are eligible for this award and explain the structure, functions, and operational processes of the ADAP and its clients.

State/territory's ADAP profile

ADAP funding and utilization summary for FY 2024

In table format, please list:

- All the following sources of funding for ADAP (1 through 12),
- The amount received.
- The amount expended.
- The amount of unspent funds and unobligated balances during the FY 2024 period of performance (April 1, 2024 through March 31, 2025)
- The estimated number of unduplicated clients served with each funding source.

If you did not receive funding from one or more of the categories listed below, please list the source and enter zero. Please include the table as **Attachment 4**. A sample table format is provided in **Appendix B**.

The funding sources are:

1. ADAP base
2. ADAP supplemental
3. RWHAP Part B Base Contribution to ADAP
4. RWHAP Part B Supplemental Contribution to ADAP
5. ADAP ERF Award
6. RWHAP Part A Contribution to ADAP
7. State funds
8. Pharmaceutical rebates
9. Carryover
10. Program income
11. Other sources (describe)
12. Total ADAP funding

Cost-cutting measures for FY 2024 and FY 2025

Please identify which, if any, of the following cost-cutting measures you were using or began using in FY 2024 and FY 2025 for your ADAP:

- Enrollment cap—specify the maximum number of enrollees.
- Capped number of prescriptions per month—specify the cap.
- Capped expenditure—specify the amount and timeframe.
- Drug-specific enrollment caps for antiretroviral medication—specify the cap.
- Reduction in formulary—specify the reduction.
- Decrease in financial eligibility criteria—specify the decrease.
- Other—please specify.

c) Cost-Saving Measures for FY 2024 and FY 2025

Please identify which, if any, of the following cost-saving measures you were using or began using in FY 2024 and FY 2025 for your ADAP:

- Expansion of health care coverage assistance—specify the services you currently offer.

- Enrolling eligible clients in health care coverage—specify how many were enrolled and how they were enrolled.
- Enrolling eligible clients into Medicaid.
- Improved client eligibility confirmation processes—specify improvements.
- Decrease in administrative expenditures—specify decreases.
- Other—please specify.

Factors affecting state/territory ADAP capacity to meet need

Provide a detailed description of any key factors affecting the ADAP's need for additional resources for the approved purposes. Describe:

- Why the ADAP cannot meet the need with existing resources.
- Any anticipated funding shortfalls for ADAP.
- The cost-cutting measures you would take if your ADAP was not awarded additional funding.

If you reported any unspent funds or unobligated balances in the ADAP Funding Summary for FY 2024, please explain why you need emergency funds, given these other available resources.

Examples of factors that could create need for additional resources include, but are not limited to:

- Trends or changes in the HIV disease prevalence over the past two calendar years (January 1, 2023, through December 31, 2024) have affected the ADAP.
- Increases in clients engaged in care.
- Changes to the state/territory's service delivery system may increase client need or administrative burden as a result of the changing health care landscape.
- Changes in client population or demographics over the last two calendar years, including:
  - More eligible clients.
  - Higher percentage of eligible clients below 100% of the FPL.
  - High unemployment rates.
  - Increased co-morbidities, such as substance use disorder.
  - Increased number of out-of-care clients seeking treatment.
- Increased program costs, including the cost of ADAP medications or cost to ADAP for health care coverage premiums, deductibles, or cost sharing.

- Decreased or level funding from state or RWHAP resources for ADAP and/or HIV services.
- Decreased program income or pharmaceutical rebates.

You should include data sources when discussing trends and changes (including environmental changes) that have resulted in this need.

Approach

See merit review criterion 2: Response

ADAP average annual client costs and forecasting

Calculate the projected average cost per client for medication assistance and/or health care coverage for the FY 2026 ADAP ERF period of performance (April 1, 2026, to March 31, 2027). Important note: You only need to provide average costs for clients for the types of assistance you are requesting funding for.

Determine the average cost per client through your own calculations, or through the formula in **Appendix A**. Whichever method you use, provide the step-by-step calculations you used to find the average cost per client. Use this calculation to develop the proposed budget for the ADAP ERF funds. Show how you multiplied the average cost per client by the projected number of clients to be served to determine the budget request for medication assistance and/or health care coverage assistance.

ADAP average annual client costs

- If you are requesting funding for **medication costs**, please provide current projected annual average medication cost per client and all calculations used to determine the cost.
- If you are requesting funding for **health care coverage**, please provide current projected annual average health care coverage assistance cost per client and all calculations used to determine the cost.

Forecasting

- If you have an existing ADAP waiting list, provide the current number of people on the list.
- Describe the projected impact of ADAP ERF and any other projected resources in addressing any of these:
  - Your projected/potential ADAP waiting list.
  - Your current waiting list.
  - Your other increases in the number of clients in the program.

High-level work plan

See merit review criteria 2: Response and 4: Impact

Work plan

Provide a workplan, uploaded as **Attachment 1,** that lists each planned ADAP ERF service—for example, purchase of ADAP medications, purchase of health care coverage premiums, or payment of medication co-payments, deductibles, or co-insurance. Only costs allowed under the ADAP service category (as defined in PCN 16-02 RWHAP Services Eligible Individuals and Allowables Uses of Funds) can be funded through ADAP ERF. If you have any unallowable costs in your proposed budget, we will deduct them before award.

HRSA encourages you to use a table format with the following sections:

- **Planned Expenditures Summary** listing the amount budgeted by service category and recipient administrative costs.
- **Planned Expenditures by Service Category** with columns for Planned Service, Service Unit Description, Number of Service Units, Number of Clients, and amount budgeted for each service.
- **Service Unit Description** with the definition of the unit of service for the planned service category.

Work plan narrative

Provide a narrative that describes the following for each planned service and recipient administrative cost identified in the work plan:

- How you will ensure that you will spend funds allocated for each service/activity within the 12-month period of performance.
- If you have an existing ADAP waiting list, how the services/activities will reduce the number of people on the waiting list.
- If you do not have an existing waiting list, how the services/activities will prevent an ADAP waiting list in FY 2026, address a reduction in available resources to fund ADAP, or address a current or projected increase in treatment needs or in the number of clients in the program.

Anticipated impact of ADAP ERF

Briefly describe the anticipated impact of the proposed ADAP ERF-funded planned service(s).

- Describe how you'll monitor progress toward meeting the goals and objectives of the proposed project.
- Describe how these activities will support the continued function of the ADAP.
- Describe the anticipated outcomes resulting from ADAP ERF supported activities.

Monitoring

Briefly describe your methods to monitor and assess the effectiveness of the activities proposed on the ADAP ERF work plan. Describe how the ADAP will measure and monitor progress on outcomes and address problems identified through monitoring.

Important note: We expect you to use your current RWHAP Part B clinical quality management program when implementing services funded through the ADAP ERF award.

Resolving challenges

See merit review criterion 2: Response

State/territory actions to address ADAP challenges

Please describe for each of the following sections how the program has addressed the specific challenges and barriers facing the ADAP through cost-cutting and/or cost-saving strategies in FY 2024 and FY 2025. Support each section with data showing how these strategies benefit the ADAP.

Program efficiencies:

Please describe any challenges regarding program efficiencies and how your program has addressed challenges, including by using ADAP ERF funding or improving operations to reduce costs and improve efficiency. Support your decision with data showing how the improved operational efficiencies will benefit ADAP.

Ability to enroll clients in other payor sources

Please describe any challenges enrolling clients in other payor sources, and how your program has addressed challenges by improving systems to increase enrollment in Medicare Part D, Medicaid, and other health care coverage options. Be sure to support your decision with data showing how improved enrollment in other payor sources will benefit your ADAP.

Reallocation of ADAP resources

Please describe any challenges or limits with ADAP resources, and whether or how you have reallocated funds to address ADAP challenges. Be sure to indicate whether this reallocation is a one-time augmentation to the program or an expected long-term, sustainable reallocation of funds.

Generation and collection of rebates and program income

Please describe any challenges generating or collecting rebates and program income. Include how your ADAP has modified its processes or monitoring of processes to ensure that you purchase drugs at the best possible cost and/or that you fully collect rebates or program income and apply them back to the RWHAP Part B program, with priority given to ADAP.

Sustainability

See merit review criterion 4: Impact

We expect you to sustain key project elements that improve practices and outcomes for the target population. Propose a plan for project sustainability after the period of federal funding ends.

- Highlight key elements of your projects. Examples include training methods or strategies that have been effective in improving practices.
- Describe the actions you'll take to obtain future sources of funding.
- Determine the timing to become self-sufficient.
- Discuss challenges that you'll likely encounter in sustaining the program. Include how you will resolve these challenges.

Organizational information

See merit review criterion 5: Resources and capabilities

ADAP oversight and administration

Provide a brief narrative that describes the organizational structure and resources that help the ADAP maintain compliance with legislative requirements and program expectations, including those of ADAP ERF funding. Include an organizational chart for the ADAP as **Attachment 3**.

Compliance with reporting requirements

Describe how you will meet reporting requirements by tracking and reporting ADAP ERF specific expenditures and client utilization.

Budget and budget narrative

See merit review criterion 6: Support requested

Your **budget** should follow the instructions in Section 3.1.4 Project Budget Information – Non-Construction Programs (SF-424A) of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for equipment and supply in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or $10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. See other required forms. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See funding policies and limitations.

ADAP ERF applicants must also consider the following:

- **Caps on expenses:** Administrative costs for ADAP ERF funding recipients may not exceed 10% of the total grant award. For further guidance , see PCN 15-01: Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Part A, B, C, and D.
- **Staffing:** Due to the emergent nature of this award, if you need any additional personnel to administer this award, their salaries must fit within the administrative cost cap. Usual and ordinary expenses for salaries associated with RWHAP awards must be allocated to the RWHAP Part B award and therefore cannot be allocated to this award.
- **Payor of last resort:** Charges that are billable to third-party payors are unallowable. Third-party payors include Medicaid, Children's Health Insurance Programs (CHIP), Medicare (including Medicare Part D), basic health plans, and private insurance, including those purchased through the Health Insurance Marketplace. The RWHAP is the payor of last resort, and recipients must vigorously pursue alternate sources of payments. HRSA expects recipients to determine eligibility for all clients and to confirm eligibility on a timely basis (please see HAB PCN 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program). Recipients are required to use effective strategies to coordinate with third-party payers that are ultimately responsible for covering the cost of services provided to eligible or covered people.

To create your budget narrative, see detailed instructions in Section 3.1.5 of the Application Guide.

Attachments

See Section 3.2.6 of the Application Guide.

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

Attachment 1: Work plan

Attach the project's work plan. Make sure it includes everything required in the work plan section of the project narrative.

Attachment 2: Agreement and compliance assurances

Please complete and include **Appendix D**: Agreements and compliance assurances.

Attachment 3: ADAP organizational chart

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

Attachment 4: ADAP funding and utilization summary for FY 2024

In table format, please provide all information requested in the Need section of the project narrative. A sample table format is provided in **Appendix B**.

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO application package or review them and any available instructions at Grants.gov Forms.

Component	Included in page limit*?
☐ Application for Federal Assistance (SF-424)	No
☐ Budget Information for Non-Construction Programs (SF-424A)	No
☐ Project Abstract Summary Form	No
☐ Disclosure of Lobbying Activities (SF-LLL), optional	No
☐ Project/Performance Site Location(s)	No
☐ Grants.gov Lobbying Form	No
☐ Key Contacts	No

Form instructions

Follow the instructions for Application for Federal Assistance in section 3.1 of the Application Guide and any additional instructions provided here.

Project abstract summary form instructionsComplete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. In addition, provide brief up-to-date information, in this order:

- Brief description of the state ADAP and key environmental factors impacting the program.
- Description of the need for additional resources to:
- Prevent, reduce, or eliminate an ADAP waiting list.
- Address a reduction in available resources to fund ADAP.
- Address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S.
- Address other increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.
- Description of how you plan to use the ADAP ERF, if awarded.

For more information, see Section 3.1.2 of the Application Guide.

Important: public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with USAspending. This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

See instructions and examples.

Step 4: Understand Review, Selection, and Award Application review

Initial review

We will review your application to make sure that it meets eligibility criteria, including the completeness and responsiveness criteria. If your application does not meet these criteria, it will not be funded.

We will not review any pages that exceed the page limit.

Merit review

A panel reviews all applications that pass the initial review. The members use these criteria.

Criterion	Total number of points = 100
1. Need	50 points
2. Response	25 points
3. Impact	10 points
4. Resources and capabilities	5 points
5. Support requested	10 points

Criterion 1: Need

50 points

See the project narrative Introduction and Need sections.

The panel will review your application for how well it:

- Demonstrates the need for additional resources to prevent, reduce, or eliminate a waiting list, to address a reduction in available resources to fund ADAP, or to address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.

Introduction (5 points)

- Describes a feasible plan for how the state/territory will use RWHAP ADAP ERF to prevent, reduce, or eliminate a waiting list, address a reduction in available resources to fund ADAP, or address a current or projected increase in treatment needs or the number of clients in the program.

State/territory's ADAP profile (20 points)

- Provides a strong, complete, and clear ADAP profile.
- Provides a strong, clear demonstration of need for additional resources by presenting data, including the complete use of available resources, the implementation of cost-cutting and/or cost-saving measures, and/or an increase in clients utilizing the ADAP.

Factors affecting the state/territory ADAP capacity to meet need (25 points)

- Provides a strong, clear narrative (and supporting data) describing the demonstrated need for additional resources to prevent, reduce, or eliminate a waiting list, address a

reduction in available resources to fund ADAP, or address a current or projected increase in treatment needs or the number of clients in the program. **(10 points)**

- Provides a strong, clear description of why the ADAP cannot meet the need with existing resources (especially if you report any unobligated or unspent funds), any anticipated funding shortfalls for ADAP, and the cost-cutting measures you would need to implement if you do not receive additional funding. **(15 points)**

Criterion 2: Response

25 points

See the project narrative Approach, High-level work plan, and Resolving challenges sections.

ADAP average annual client costs and forecasting (5 points)

The panel will review your application for the extent to which it provides clear, complete, and compelling descriptions of the following:

- A step-by-step methodology for calculating average cost per client for medication assistance and/or health care coverage assistance, depending on the type of assistance requested.
- Accurate calculations of annual client costs, reflected in your plan and budget.
- The impact of the requested funding on preventing, reducing, or eliminating a waiting list or addressing a current or projected increase in treatment needs or in the number of clients in the program.

Note: If the calculations are incorrect, we will note the error along with its impact on your average client cost calculations and budget request.

Work plan and work plan narrative (10 points)

The panel will review your application for the extent to which it provides strong and feasible descriptions of:

- The proposed services and projected expenditures to address the problem and align with the project objectives
- Evidence that funds allocated for each service/activity will be spent within the 12-month period of performance.
- For applicants with an ADAP waiting list, proposed services/activities to reduce the number of persons on the waiting list:
  - Proposed services/activities to improve ADAP operations and maximize ADAP resources.
  - Proposed services/activities to prevent a waiting list in FY 2026.

State/territory actions to address ADAP challenges (10 points)

The panel will review your application for the extent to which it provides:

- A strong, clear description of the challenges facing the ADAP in the following areas:
  - Program efficiencies.
  - The ability to enroll clients in other payor sources.
  - Reallocation of ADAP resources.
  - Generation or collection of rebates and program income.
- A strong, clear description of the cost-cutting or cost-saving strategies you have taken in response to these challenges and the extent to which they could achieve program objectives.
- Data demonstrating how these strategies benefit the ADAP.

Criterion 3: Impact

10 points

See the project narrative High-level work plan and Sustainability sections.

The panel will review your application for the extent to which the application provides strong and feasible descriptions of:

- The methods in place to monitor and assess the effectiveness of the activities proposed on the ADAP ERF work plan.
- How the applicant will monitor progress toward meeting the proposed goals and objectives.
- How the proposed activities support the continued function of the ADAP.
- The anticipated outcomes of the ADAP ERF.

Criterion 4: Resources and capabilities

5 points

See the project narrative Organizational information and Performance reporting and evaluation sections.

The panel will review your application to determine the extent to which it provides a strong and complete description of your ability to implement the ADAP ERF, as evidenced by:

- The organizational structure and resources that administer the ADAP to maintain compliance with legislative requirements and program expectations, including those of ADAP ERF funding.
- The organizational chart for the ADAP in **Attachment 3**.

Criterion 5: Support requested

10 points

See the Budget and budget narrative section.

The panel will review your application to determine:

- How reasonable the proposed budget is for the one-year period of performance.
- How reasonable costs are and how well they align with the project's scope.
- Whether key staff have allotted sufficient time to spend on the project to achieve project objectives.

We do not consider **voluntary** cost sharing during merit review.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

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

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

For more details, see 2 CFR 200.206.

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.

- The larger portfolio of HRSA-funded projects, project types and geographic distribution.
- The funding preference listed.

We may:

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

Funding preferences

This program includes an ADAP waiting list funding preferences if you demonstrate within the application that you have a current ADAP waiting list, or if you notify the director of DSHAP in writing via EHBs that you have started a waiting list by January 15, 2026. If DSHAP determines that your application meets these criteria, we will move it up in our ranking of fundable applications. Qualifying for a funding preference does not guarantee that you will receive funding.

Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See Section 4 of the Application Guide for more information.

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

Step 5: Submit Your Application

Application submission and deadlines

Your organization's authorized official must certify your application. See the section on finding the application package to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations, and specifically with regard to grants.

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. See information on getting registered. You will have to maintain your registration throughout the life of any award.

Application Deadlines

You must submit your application by September 24, 2025, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives applications.

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see Applicant System-to-System.

For instructions on how to submit in Grants.gov, see the Quick Start Guide for Applicants. Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

Have questions? Go to Contacts and Support.

Other submissions

Click or tap here to enter text.

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

Step 6: Learn What Happens After Award

Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, modifications at 2 CFR 300, and any superseding regulations.
- The HHS Grants Policy Statement (GPS) [PDF]. Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.
- The requirements for performance management in 2 CFR 200.301 (before October 1, 2025: 45 CFR 75.301).
- HRSA reminds States that therapeutics funded under the ADAP may only be provided "to treat HIV/AIDS or prevent the serious deterioration of health arising from HIV/AIDS in eligible individuals, including measures for the prevention and treatment of opportunistic infections." Section 2616(a) of the Public Health Service (PHS) Act (42 U.S.C. § 300ff–26 (a)). For example, if an ADAP provides sex hormones, it may only allow such hormones to be dispensed to treat HIV/AIDS or prevent the serious deterioration of health arising from HIV/AIDS, rather than for non-statutory purposes such as specified sex-trait modification procedures. HRSA will prioritize funding to States that require clinical documentation and

the use of a prior authorization process before sex hormones, are approved for dispensing to ADAP clients.

- HRSA also reminds States that the RWHAP legislation states: "A State shall ensure that any drug rebates received on drugs purchased from funds provided pursuant to this section [ADAP] are applied to activities supported under this subpart [RWHAP Part B], with priority given to activities described under this section [ADAP]." Section 2616(g) of the PHS Act (42 U.S.C. § 300ff–26(g)). As such, all 340B rebates directly generated by a federal dollar are subject to HRSA HAB's rebate policies and rules for expenditure. All rebates generated through ADAP must be used for RWHAP Part B activities, with priority given to ADAP, rather than diverted for unsupported activities that exceed the RWHAP's limited statutory purpose, such as for specified sex-trait modification procedures.

Cybersecurity

If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See details here.

Reporting

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

You must also follow these program-specific reporting requirements:

- Progress reports semi-annually.
- Other required reports and/or products.
    - **ADAP Data Report (ADR).** If you accept this award, you are indicating that you will comply with data requirements of the ADR and will require that your contractors and subcontractors also comply. The ADR captures information necessary to demonstrate program performance and accountability. Further information will be available in the NOA.

      Program Terms Report. You must submit a Program Terms Report using the format provided in that system. Further information will be available in the NOA.

Contacts and Support

Agency contacts

Program and eligibility

Glenn Clark
AIDS Drug Assistance Program (ADAP) Advisor
Attn: Division of State HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
glclark@hrsa.gov
301-443-6745

Financial and budget

Marie Mehaffey
Grants Management Specialist
Division of Grants Management Operations, OFAAM
Health Resources and Services Administration
mmehaffey@hrsa.gov
301-945-3934

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910

Electronic Handbooks Contact Center

Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the Grants.gov Knowledge Base, or email Grants.gov for support. Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the Federal Service Desk.

Helpful websites

- HRSA Grants page
- HHS Tips for Preparing Grant Proposals

Appendices

Appendix A: Model for calculating average client costs

Calculate your projected average cost per client for medication assistance and/or health care coverage assistance for the FY 2026 ADAP ERF period of performance (April 1, 2026, to March 31, 2027). **Important Note:** You only need to provide average costs for clients for the types of assistance you are requesting funding for.

Determine the average cost per client through your own calculations or through the cost calculation template here. Use this calculation to develop your proposed budget for the ADAP ERF funds and/or to project the impact of proposed cost-containment measures. **States/territories must provide the step-by-step calculations and clearly identify all data elements used to complete the calculations, not just the resulting average client cost.**

Due to the timing of this NOFO, the calculations in this model are based on client utilization and ADAP cost data for the January 1, 2025, to June 30, 2025, period. The calculations should include all clients who received at least one medication through ADAP during this period, including clients who were enrolled in ADAP temporarily or for part of the year (for example, because they experienced changes in their health care coverage, moved out of state, or died).

Average cost per client to provide medications

Step 1: Baseline average annual client medication cost

Determine the total amount spent to purchase prescription medications (not health care coverage) from January 1, 2025, to June 30, 2025, period. Divide this amount by the total number of ADAP clients who received at least one prescription medication in that period. Multiply that amount by two to determine the ADAP's baseline average annual medication cost per client.

$$\left(\frac{Total\ amount\ spent\ on\ prescription\ medications\ from\ January\ 1\ to\ June\ 30,\ 2025}{Number\ of\ ADAP\ clients\ who\ received\ at\ least\ 1\ prescription\ medication}\right) \times 2$$

Step 2: Average Annual Client Rebate Reduction:

Determine the total amount of rebate income received by the state/territory.

- If you operate a 340B Rebate State ADAP, this includes all 340B rebates and other negotiated rebates (e.g., ADAP Crisis Task Force rebates) you received in the January 1, 2025 to June 30, 2025 period.
- If you operate a 340B State Direct Purchase ADAP, this includes all negotiated rebates (e.g., ADAP Crisis Task Force rebates) you received in the January 1, 2025, to June 30, 2025, period.

Divide the total amount of rebate income by the total number of ADAP clients that received at least one prescription medication in the January 1, 2025, to June 30, 2025, period. Multiply that amount by two to determine the average rebate reduction per client.

Note: The health care coverage section below addresses the impact of rebates for health care coverage deductibles and co-payments.

Step 3: Adjusted Average Client Medication Cost:

Subtract the Average Annual Client Rebate Reduction amount determined in Step 2 from the Baseline Average Annual Client Medication Cost determined in Step 1.

Step 4: Average Annual Client Dispensing Fee:

Determine the total number of prescriptions filled in the January 1, 2025, to June 30, 2025, period. Multiply that number by the dispensing fee for a single pharmacy prescription in the January 1, 2025, to June 30, 2025, period. Divide the resulting product by the total number of ADAP clients that received at least one prescription in the same period. Multiply that amount by two for the average annual dispensing fee cost per client.

Step 5: Average Annual Medication Cost per Client:

Add the Average Annual Client Dispensing Fee cost determined in Step 4 to the Adjusted Average Annual Medication Cost calculated in Step 3. The sum of these two amounts will be your State's Average Medication Cost per Client.

Example:

Step 1	In the January 1, 2025, to June 30, 2025, period, the ADAP spent a total of $7,410,000 for prescription drugs; a total of 1,000	$7,410,000/1,000 = **$7,410** $7,410 x 2 = **$14,820**	Baseline Average 6-Month Client Medication Cost Baseline Average Annual Client Medication Cost

	clients received at least one prescription medication.		
Step 2	In that same period, the ADAP received $555,000 in total 340B rebates and $100,000 in negotiated rebates.	$555,000 + $100,000 = $655,000 $655,000/1,000 clients = **$655** $655 x 2 = **$1,310**	Total Rebates Received by the ADAP Average 6-Month Client Rebate Reduction Average Annual Client Rebate Reduction
Step 3	Adjusted Average Annual Cost per Client: Baseline Average Annual Client Medication cost minus Average Annual Client Rebate Reduction	$14,820 - $1,310 = **$13,510**	
Step 4	The ADAP filled 10,000 prescriptions in the January 1, 2025, to June 30, 2025, period of CY 2025 and the dispensing fee per prescription was $10; 1,000 ADAP clients received at least 1 ADAP prescription.	$10 x 10,000 = **$100,000** $100,000/1,000 clients = **$100** $100 x 2 = **$200**	Total Dispensing Fee Expenditures Average 6-Month Client Dispensing Fee Average Annual Client Dispensing Fee
Step 5	Add amount calculated in Step 3 to amount calculated in Step 4.	$13,510 + $200 = **$13,710**	Average Annual Medication Cost per Client

Note: For States/Territories with Hybrid/Dual ADAPs:

Step 1: *Determine the number and percentage of clients who received medications through the 340B Rebate model and the number and percentage who received medications through the 340B Direct Purchase model.*

Step 2: *For each cohort of clients, determine the total amount spent to provide medications for that cohort.*

Step 3: *Determine the average client costs for the rebate cohort, follow the instructions above in Steps 2 through 5. For the direct purchase cohort, follow the instructions above in Steps 2 through 5.*

II. Average Cost per Client to Provide Health Care Coverage Assistance

All ADAPs providing access to prescription medications through health care coverage assistance must provide step-by-step calculations of average costs per client, making sure all required data elements for each calculation are clearly identified.

Step 1: Total Health Care Coverage Expenditures:

Add the total amount spent on health care coverage premiums, deductibles, and co-payments/co-insurance in the January 1, 2025, to June 30, 2025, period. This includes amounts spent for ADAP eligible clients who are also eligible for Medicare Part D, including payments for Part D premiums, deductibles, and co-payments.

Step 2: Rebate Reduction:

Determine the total amount of manufacturer's rebates received in the January 1, 2025, to June 30, 2025, period on health care coverage deductibles and co-payments/co-insurance expenditures.

Step 3: Adjusted 6-Month Total Insurance Cost:

Subtract the total amount of manufacturers' rebates received from the Total Health Care Coverage Expenditures calculated in Step 1. This is your Adjusted 6-Month Total Health Care Coverage Cost.

Step 4: Average Annual Cost per Client for Health Care Coverage Assistance (including COBRA, High Risk Health Insurance Pools, private insurance, State-sponsored insurance, and Medicare Part D):

Divide results from Step 3 by the total number of clients on whose behalf the ADAP paid at least one premium, co-payment/co-insurance or deductible in the January 1, 2025, to June 30, 2025, period. Multiply by two for average annual cost per client for health care coverage assistance.

Example:

The ADAP spent $1,500,000 in the January 1, 2025, to June 30, 2025, period to pay for health care coverage premiums and $300,000 on co-payments/co-insurance and deductibles, providing assistance to 300 ADAP eligible clients.			
Step 1	Add health care coverage premiums expenditures to expenditures for co-payments/co-insurance, and deductibles.	$1,500,000 + $300,000 = **$1,800,000**	Total 6-Month Health Care Coverage Expenditures
Step 2	Determine the total amount of rebates received by adding the manufacturers rebates received from January 1, 2025 to June 30, 2025 on health care coverage co-payments/co-insurance/ deductibles.	**$50,000**	Total 6-Month Rebates Received

Step 3	Total 6-Month Health Care Coverage Expenditures minus Total 6-Month Rebates Received	$1,800,000 - $50,000 = **$1,750,000**	Adjusted Total Health Care Coverage Cost
Step 4	Divide Adjusted Total Health Care Coverage Cost by total clients served. Multiply the Average 6-Month Cost per Client by two to calculate the Average Annual Cost per Client.	$1,750,000/300 = $5,833 $5,833 x 2 = **$11,666**	Average 6-Month Cost Per Client Health Care Coverage Assistance Average Annual Cost Per Client for Health Care Coverage Assistance

Appendix B: Sample format for ADAP funding and utilization summary for FY 2024

Funding source	Amount received	Amount expended	Amount of unspent funds	Number of undupl. clients served
ADAP base				
ADAP supplemental				
RWHAP Part B base				
RWHAP Part B supplemental				
ADAP ERF				
Part A				
State funds				
Pharmaceutical rebates				
Carryover				
Program oncome				
Other sources (describe)				
Totals for each column				

Appendix C: Sample format for FY 2026 ADAP Emergency Relief Funds work plan

Ryan White HIV/AIDS Program FY 2026 ADAP Emergency Relief Funds (X09) Revised Work Plan Template

Section A. Identifying information

Recipient name:	
Person preparing this report:	
Preparer's phone number:	

Section B. Planned expenditure summary

Expenditure type	Amount budgeted
1. Planned expenditures by service category (Section C)	$0
2. Recipient administrative costs (capped at 10%)	
Total amount requested:	**$0**

Section C. Planned expenditures by service category

Services	Service unit description	Number of service units	Number of clients	Amount budgeted
1. Purchase of ADAP medications	**1 prescription**			
2. Purchase of health insurance premiums	**1 coverage month**			
3. Payment of medication co-payments, deductibles, or co-insurance	**1 Payment**			

Total Planned Expenditures by Service Category (Reported in Section B):	**$0**

Appendix D: Agreements and compliance assurances

FY 2026 Ryan White HIV/AIDS Program ADAP Emergency Relief Funds Awards agreements and compliance assurances

I, the Governor of the State or Territory or his/her official designee for the Ryan White HIV/AIDS Part B Program Grant, _____, pursuant to Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, hereby certify that:

Pursuant to §§ 2616 and 311 of the PHS Act, these funds will be used specifically for the provision of medications and the purchase of health care coverage to prevent, reduce, or eliminate an ADAP waiting list or to address shortfalls in ADAP funding for medications and/or the purchase of health care coverage in the State or Territory.

These funds and services will be allocated and administered in accordance with the *FY 2026 Part B Ryan White HIV/AIDS Program Agreements and Compliance Assurances* submitted to the Health Resources and Services Administration.

SIGNED: _____ **Title:** _____

Governor or Official Designee

Date: _____

From: HHS Grants Policy (HHS/ASFR)
To: OS - OG CGMO
Subject: 4/30 CGMO Council Meeting Follow-Up
Date: Friday, May 8, 2026 9:52:52 AM
Attachments: CGMO Council 4.30.26 Meeting Minutes.docx

Good morning CGMOs,

This email summarizes recent changes to the NOFO and NOA process, as shared by Colleen White during our CGMO meeting last week, and minutes from the meeting.

Bottom Line:

- **Senior level IOS review is no longer required for NOFOs and NOAs.**
- **Also, OMB requires common language in NOFOs (see below).**

Changes to the NOFO Process:

- **Concurrent IOS and ASFR/OB Review:** Following division-level clearance, all NOFOs should be sent as a Word document to your assigned ASFR Office of Budget (OB) point of contact and your appropriate IOS Counselor concurrently. Previously, divisions sent NOFOs only to ASFR/OB.
- **2 CFR 200 Reference:** All HHS Divisions must reference to 2 CFR 200 within HHS NOFOs with the inclusion of the following:
  - *"As of October 1, 2025, HHS has adopted 2 CFR Part 200, with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75."*
- **New Required NOFO Term:** All HHS Divisions (but for ACF) must use this term of award in all discretionary NOFOs.
  - *"All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations, and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders."*

Changes to the NOA Process:

- **Removed Step- IOS Award Inbox:** After the division level NOA approval process is complete, agencies must send NOAs to their respective Division's grant inbox for IOS counselor review. Following this clearance, NOAs are cleared. Agencies no longer need to send NOAs to awardreview@hhs.gov for final clearance.

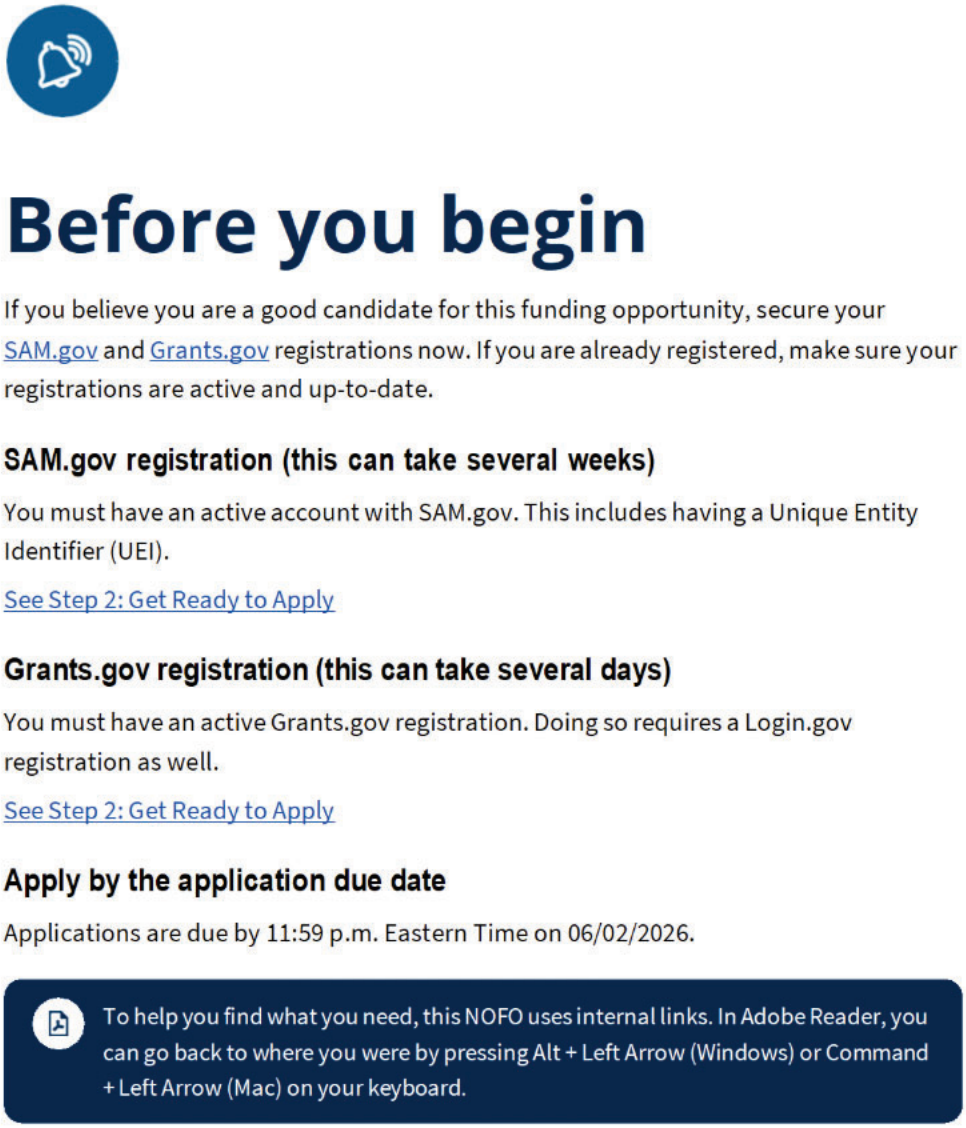
If you have any questions, please follow up directly.

Thank you,

Grants Policy, Learning, and Engagement (GPLE) Division | Office of Grants
Assistant Secretary for Financial Resources
Office of the Secretary
Department of Health and Human Services

From: Meyerholz, Sarah (HRSA)
To: Wilkes, Ashley (HRSA); Coppenbarger, Christopher (HRSA); Baugh, Cynthia (HRSA)
Cc: Klein, Sarah (HRSA); Bryant, Sara (HRSA)
Subject: RE: NOFO Template Update - Harm Reduction Language
Date: Monday, April 27, 2026 4:51:02 PM
Attachments: image001.png

They would like it in this section:



Before you begin

If you believe you are a good candidate for this funding opportunity, secure your SAM.gov and Grants.gov registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on 06/02/2026.

To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

From: Wilkes, Ashley (HRSA) <AWilkes@hrsa.gov>
Sent: Monday, April 27, 2026 4:48 PM
To: Coppenbarger, Christopher (HRSA) <CCoppenbarger@hrsa.gov>; Baugh, Cynthia (HRSA) <CBaugh@hrsa.gov>

Cc: Klein, Sarah (HRSA) <SKlein@hrsa.gov>; Bryant, Sara (HRSA) <SBryant@hrsa.gov>; Meyerholz, Sarah (HRSA) <SMeyerholz@hrsa.gov>
Subject: FW: NOFO Template Update - Harm Reduction Language
Importance: High

Chris and Cynthia –

I have the most up to date versions of the NOFOs saved on SharePoint if you need me to add this language in somewhere. It's not clear where we are adding this in at though.

Do we know if any of the other questions on the other template language issues got addressed/are getting addressed?

Ashley

From: Klein, Sarah (HRSA) <SKlein@hrsa.gov>
Sent: Monday, April 27, 2026 4:20 PM
To: Wilkes, Ashley (HRSA) <AWilkes@hrsa.gov>
Subject: FW: NOFO Template Update - Harm Reduction Language
Importance: High

From: Meyerholz, Sarah (HRSA) <SMeyerholz@hrsa.gov>
Sent: Monday, April 27, 2026 4:17 PM
To: HRSA OFAAM OAA Front Office <OFAAMOAAFrontOffice@hrsa.gov>; Coppenbarger, Christopher (HRSA) <CCoppenbarger@hrsa.gov>; Baugh, Cynthia (HRSA) <CBaugh@hrsa.gov>; Klein, Sarah (HRSA) <SKlein@hrsa.gov>; Rowan, Alexander (Alex) (HRSA) <ARowan@hrsa.gov>; Klein, Sarah (HRSA) <SKlein@hrsa.gov>
Cc: Bush, Margaret (HRSA) <MBush@hrsa.gov>; Stultz, Ashley (HRSA) <AStultz@hrsa.gov>; Ganter, John (Jack) (HRSA) <JGanter@hrsa.gov>
Subject: NOFO Template Update - Harm Reduction Language
Importance: High

Chris and Cynthia,

We need to add this language as is below to our NOFO template in the "Before You Begin" section.

> All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate; racial preferences or other forms of racial discrimination

by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

Once this language is added, all NOFOs need to be sent to Margaret to send to political OGC. Ideally, we need to prioritize the following NOFOs:

- Expanding Nutrition Services
- LEND
- Both RCORPs

If you can send them in one email to Margaret, that would be best to get OGC expedited review.

Thank you,

Sarah Meyerholz, MPH
Senior Advisor, Immediate Office of the Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
smeyerholz@hrsa.gov

From:	Klein, Sarah (HRSA)
To:	Meyerholz, Sarah (HRSA); Bush, Margaret (HRSA); Stultz, Ashley (HRSA)
Cc:	Wilkes, Ashley (HRSA); Rowan, Alexander (Alex) (HRSA); Coppenbarger, Christopher (HRSA); Baugh, Cynthia (HRSA); Sutton, Virginia (HRSA); Bryant, Sara (HRSA); Sheehy, Ann (HRSA); Ganter, John (Jack) (HRSA)
Subject:	FW: Necessary Updates to HRSA NOFOs for OMB Clearance RE: HRSA NOFO Comments
Date:	Thursday, May 7, 2026 10:56:17 AM

We just received the below guidance from ASFR, which tracks with the modifications we had been working on to send back to OMB. Please us know what the latest is regarding the link to the SAMHSA letter. We'd like close out the remaining modifications in order to get the initial 14 NOFOs back over to OMB today so they can clear and give us the green light for us to post.

From: Jones, Shakye (OS/ASFR) <Shakye.Jones@hhs.gov>
Sent: Thursday, May 7, 2026 10:45 AM
To: Wilkes, Ashley (HRSA) <AWilkes@hrsa.gov>; Klein, Sarah (HRSA) <SKlein@hrsa.gov>; Rowan, Alexander (Alex) (HRSA) <ARowan@hrsa.gov>
Cc: Anderson, Tyler (HHS/ASFR) <Tyler.Anderson@hhs.gov>; Hughes, Abigail (HHS/ASFR) <Abigail.Hughes@hhs.gov>
Subject: Necessary Updates to HRSA NOFOs for OMB Clearance RE: HRSA NOFO Comments

Good morning,

We just had a call with Hester and Eileen to discuss the status of HRSA NOFOs. OMB shared that while they currently have NOFOs in clearance, they do not yet have any NOFOs that can be cleared for posting. Several updates and additions are required across *all* NOFOs before clearance can proceed. I also included below the list of NOFOs currently with OMB that will also need to incorporate all of the updates outlined below.

Please send us updated versions of *all* NOFOs incorporating the following:

- **All** NOFOs must include the following language:

  - "All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations, and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by

law and applicable court orders."

- We also confirmed with OMB that the following 2 CFR Part 200 language does not need to appear as a separate bullet because it is already linked/included in the standard NOFO template. However, if this is not currently the case for HRSA, please ensure it is included in the standard template to avoid clearance delays:

  - "As of October 1, 2025, HHS has adopted 2 CFR Part 200, with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75."

- **All** HRSA standard language must include line edits:

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- For ***all*** other language edits/comments, please make line edits and include a comment bubble explicitly stating whether the edit/comment was accepted or not accepted.

- If a comment or edit is not accepted, please provide a rationale. Please note that non-concurrence on template language may result in delays in clearance as they may need to be sent up the chain for concurrence.

- For the gender dysphoria report: OMB indicated they will not hold up NOFO clearance based on this comment. However, their preference is for the report to be linked more clearly, consistent with their comments, and making that adjustment would be preferred.

- Point Structure updates: If HRSA "non concurs" please include a comment with rationale. Will not hold up NOFO clearance, but OMB wants a clear note.

- Please also review for potentially sensitive terminology (e.g., "diversity," "equity," etc.) and use alternative wording where appropriate (e.g., "various," "impartial"). Will not hold up NOFO & OMB will also look out for these and make changes where necessary.

Once we receive updated versions, we will share them with OMB for clearance. Thank you again for all your work on the NOFOs. FWIW OMB is as eager as we are to get these cleared.

Shakye

OpDiv Title FON Sent to OMB Current Status

HRSA Ryan White HIV/AIDS Program Part D – Women, Infants, Children and Youth Grant

Supplemental Funding HRSA-26-068 3/4/2026 with OMB
HRSA Ryan White HIV/AIDs Program Part B States/Territories Supplemental Grant Program NOFO HRSA-26-074 3/4/2026 with OMB
HRSA MCHB Workforce Development and Training Center HRSA-26-041 3/4/2026 with OMB
HRSA Quality Improvement Fund - Improving Access to Dental Services for Children with Neurodevelopmental Disorders (QIF-DNDD) HRSA-26-062 3/4/2026 with OMB
HRSA Rural Residency Planning and Development Program HRSA-26-47 3/23/2026 with OMB
HRSA Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies HRSA-26-050 3/23/2026 with OMB
HRSA Rural Health Research Dissemination Program HRSA-26-049 3/23/2026 with OMB
HRSA Rural Health Clinic Technical Assistance Program HRSA-26-048 3/23/2026 with OMB
HRSA Primary Care Dental Faculty Development Center Program HRSA-26-080 3/23/2026 with OMB
HRSA Pediatric Mental Health Care Access HRSA-26-58 3/24/2026 with OMB
HRSA Dental Faculty Loan Repayment Program HRSA-26-066 HRSA-26-066 4/30/2026 with OMB
HRSA State Offices of Rural Health HRSA-26-065 4/30/2026 with OMB
HRSA Rural Health Network Advancement Program HRSA-26-082 4/30/2026 with OMB
HRSA Rural Community Health Support Program (R-CHSP) HRSA-26-083 4/30/2026 with OMB
HRSA Ryan White HIV/AIDS Part F Dental Reimbursement Program HRSA-26-085 4/6/2026 with OMB
HRSA Nutrition Security for People with HIV: Implementation Technical Assistance Provider for HHS OMB Review HRSA-26-111 4/16/2026 with OMB
HRSA Technology-enabled Collaborative Learning Program (TCLP) HRSA-26-053 4/17/2026 with OMB
HRSA Delta Rural Integrated Health Network Program HRSA-26-073 4/17/2026 with OMB
HRSA Transforming Pediatrics for Early Childhood (TPEC) HRSA-26-104 4/22/2026 with OMB
HRSA National HIV Clinical Training for Residents Program HRSA-26-108 4/30/2026 with OMB
HRSA Rural Northern Border Region Network Planning Program HRSA-26-100 4/30/2026 with OMB

HRSA Nursing Workforce Diversity HRSA-26-095 5/3/2026 with OMB
HRSA Community Project Funding/Congressionally Directed Spending NOFOS HRSA-26-106 and HRSA-26-107 5/3/2026 with OMB

From: Hughes, Abigail (HHS/ASFR) <Abigail.Hughes@hhs.gov>
Sent: Thursday, May 7, 2026 9:10 AM
To: Wilkes, Ashley (HRSA) <awilkes@hrsa.gov>; Klein, Sarah (HRSA) <SKlein@hrsa.gov>; Rowan, Alexander (Alex) (HRSA) <ARowan@hrsa.gov>
Cc: Anderson, Tyler (HHS/ASFR) <Tyler.Anderson@hhs.gov>; Jones, Shakye (OS/ASFR) <Shakye.Jones@hhs.gov>
Subject: RE: HRSA NOFO Comments

Good morning—sharing the NOFOs we are tracking that are with HRSA for adjudication of OMB's comments. Can you review and make sure that we are tracking the same? Thank you!

OpDiv Title FON Date Edits Received from OMB Current Status
HRSA MCH Leadership, Education, and Advancement in Undergraduate Pathways (LEAP) Training Program HRSA-26-018 4/14/2026, 4/27 with HRSA
HRSA Ruth L. Kirschstein National Research Service Award Institutional Research Training Grant (NRSA) HRSA-26-035 4/10/2026 with HRSA
HRSA Ryan White HIV/AIDS Program Part D Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth Existing Geographic Service Areas HRSA-26-067 4/21/2026 with HRSA
HRSA Rural Communities Opioid Response Program (RCORP)- Planning HRSA-26-036 4/14/2026, 4/27 with HRSA
HRSA Rural Communities Opioid Response Program (RCORP)- Impact HRSA-26-037 4/14/2026, 4/27 with HRSA
HRSA Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) HRSA-26-019 4/21/2026 with HRSA
HRSA Women's Initiative for Screening and Health (WISH) HRSA-26-016 4/29/2026 with HRSA
HRSA Ryan White HIV/AIDS Program Part C Capacity Development Program HRSA-26-061 5/1/2026 with HRSA
HRSA Expanding Nutrition Services HRSA-26-099 4/9/2026, 4/27 with HRSA
HRSA Strategies to Link, Engage, and Retain Men with HIV in Care: Evaluation Provider HRSA-26-087 5/1/2026 with HRSA

HRSA Strategies to Link, Engage, and Retain Men with HIV in Care: ITAP HRSA-26-088 5/1/2026 with HRSA
HRSA Nurse Faculty Loan Program HRSA-26-079 5/4/2026 with HRSA
HRSA Early Childhood Comprehensive Systems SEED Project: Scaling Effective Early Childhood Systems Development HRSA-26-057 5/1/2026 with HRSA
HRSA Sickle Cell Disease Regional Care Excellence Program HRSA-26-052 5/1/2026 with HRSA
HRSA Supporting Interventions with Technical Assistance HRSA-26-101 5/4/2026 with HRSA
HRSA EMSC National Pediatric Readiness Coordinating Center Cooperative Agreement HRSA-26-051 5/4/2026 with HRSA
HRSA HIV Technical Assistance for Indian Country HRSA-26-110 5/4/2026 with HRSA
HRSA Telehealth Centers of Excellence NOFO HRSA-26-056 5/4/2026 with HRSA
HRSA Medical Student Education Program HRSA-26-098 4/29/2026 with HRSA
HRSA Telehealth Nutrition Services Network Grant Program HRSA-26-076 5/4/2026 with HRSA
HRSA Hereditary Hemorrhagic Telangiectasia Center HRSA-26-092 5/4/2026 with HRSA

From: Jones, Shakye (OS/ASFR) <Shakye.Jones@hhs.gov>
Sent: Monday, May 4, 2026 11:52 AM
To: Wilkes, Ashley (HRSA) <awilkes@hrsa.gov>; Klein, Sarah (HRSA) <SKlein@hrsa.gov>; Rowan, Alexander (Alex) (HRSA) <ARowan@hrsa.gov>
Cc: Anderson, Tyler (HHS/ASFR) <Tyler.Anderson@hhs.gov>; Hughes, Abigail (HHS/ASFR) <Abigail.Hughes@hhs.gov>
Subject: HRSA NOFO Comments

Good morning,

Please see OMB's comments on the seven additional HRSA NOFOs. As you make edits, ensure the updated language continues to reflect alignment with applicable law. Note that there is a comment regarding 2 CFR that is still under discussion; for now, please mark this as "pending HHS/OMB review."

Also, please include a comment in the revised version indicating where OMB can find the link to the gender dysphoria report. I previously flagged Alex's note from Friday, but to make it easier for OMB to locate, it would be helpful to clearly reference it within the NOFO.

Finally, OMB noted that the NOFO will need to incorporate the proposed line edits. "~~ineffective~~ harm reduction approaches" and "housing first approaches that ~~lack accountability~~".

Thanks so much for your work and collaboration on the NOFO clearance process!

- HRSA-26-110 HIV Technical Assistance for Indian Country

<< File: HRSA-26-110 (U1S) HIV Technical Assistance for Indian Country for HHS OMB Review_omb edits hd.docx >>

- HRSA-26-101 Supporting Interventions with Technical Assistance

<< File: HRSA-26-101 (U90) Supporting Interventions with Technical Assistance_omb edits hd.docx >>

- HRSA-26-051 EMSC National Pediatric Readiness Coordinating Center Cooperative Agreement

<< File: HRSA-26 -051_EMS NPRCC Final NOFO HD.docx >>

- HRSA-26-079 Nurse Faculty Loan Program

<< File: hrsa-26-079_Nurse Faculty Loan Final HD hd.docx >>

- HRSA-26-092 Hereditary Hemorrhagic Telangiectasia Center

<< File: Foa_Content_of_HRSA-26-092-4-22-2026_omb edits hd.docx >>

- HRSA-26-056 Telehealth Centers of Excellence NOFO

<< File: Foa_Content_of_HRSA-26-056 for HHS-OMB 4.23.26_OMB edits.docx >>

- HRSA-26-076 Telehealth Nutrition Services Network Grant Program

<< File: HRSA-26-076 Telehealth Nutrition Services Program HHSOMBRev_OMB edits hd.docx >>

Thanks,

Shakye