Instructions for Submitting the Fiscal Year (FY) 2023 Non-Competing Continuation (NCC) Progress Report for the Ryan White HIV/AIDS Program (RWHAP) Part A HIV Emergency Relief Grant Program

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Authority: 42 USC §§ 300ff-11 to -20 and 300ff-121 (sections 2601–2610 and 2693 of the Public Health Service (PHS) Act)

I. Purpose

This Non-Competing Continuation (NCC) Progress Report solicits a response for the Ryan White HIV/AIDS Program (RWHAP) Part A HIV Emergency Relief Grant Program, including funding for the following three components (hereinafter RWHAP Part A):

- Part A formula,
- Part A supplemental, and
- Minority AIDS Initiative (MAI).

The NCC Progress Report is a required report that must be submitted through Health Resources and Services Administration's (HRSA) Electronic Handbooks (EHBs) for continued RWHAP Part A funding during years two and three of the three-year period of performance. Please ensure that all requested information is accurate, complete, and submitted by the deadline.

II. NCC Progress Report Submission Schedule

The FY 2023 NCC Progress Report is a required report that will be generated and submitted electronically through the HRSA EHBs. Do not submit the NCC Progress Report through Grants.gov. The report will be available in the HRSA EHBs on Friday, September 2, 2022, and must be completed by Monday, October 3, 2022 at 11:59pm (EST). **Failure to submit the NCC Progress Report by the deadline, or the submission of an incomplete or non-responsive NCC Progress Report, may result in a delay in Notice of Award (NoA) issuance for all EMAs/TGAs.**

Budget Period Start Date	HRSA EHBs Access	HRSA EHBs Submission Deadline
March 1, 2023	September 2, 2022	October 3, 2022

You must be a registered user within the HRSA EHBs with appropriate roles and privileges to complete the NCC Progress Report. To work on the NCC Progress Report, you must have the grant-level role of "Project Director" (PD) or request the PD to assign you the appropriate access to edit and submit the NCC Progress Report for the RWHAP Part A grant award (Activity Code H89). Please see the fiscal year (FY) 2023 Non-Competing Continuation (NCC) Progress Report User Guide for additional details. The user guide will be accessible from the resources link of the Program Specific Forms in the NCC Progress Report portal.

III. FY 2023 NCC Progress Report Submission

NCC Progress Report submissions that fail to include all required documents and information will be considered incomplete or non-responsive. Incomplete or non-responsive submissions will be returned for changes via HRSA EHBs.

Important Notes

- **RWHAP Part A Multi Year Funding:** HRSA HAB transitioned the RWHAP Part A from an annual competitive program to a three-year non-competing continuation program effective in FY 2022. The RWHAP Part A is still annually funded; however, to reduce administrative burden and better align programmatic goals, NCC Progress Reports will be submitted in lieu of competitive applications in the second and third budget periods.

- **RWHAP Part A Planning Council and Planning Body Requirements and Expectations Program Letter:** HRSA HAB published a program letter on April 6, 2022 outlining the expectations of a required community input process for RWHAP Part A awards. Specifically, this program letter clarifies the requirements and expectations for planning councils and planning bodies. You can reference the program letter on the Program Letters section of the HRSA HAB website.

- **Core Medical Services Waiver:** RWHAP Part A funds are subject to Section 2604(c) of the Public Health Service (PHS) Act, which requires that not less than 75 percent of the funds remaining after reserving funds for administration and Clinical Quality Management (CQM) be used to provide core medical services. You may seek a waiver of the core medical services requirement. All RWHAP Part A core medical services waivers must be submitted with the NCC Progress Report as outlined in Policy Notice (PN) 21-01 Waiver of the Ryan White HIV/AIDS Program Core Medical Services Expenditure Requirement.

- **RWHAP Part A Annual Subrecipient Site Visit:** Annual subrecipient site visits are required for FY 2023; however, recipients should explore opportunities to perform these visits remotely as appropriate. Recipients may continue to request an exemption to providing annual subrecipient site visits (see HRSA HAB Site Visit Exemption Letter), as previously allowed.

Required Forms

Each EMA/TGA must complete the forms listed in the table below. Forms are completed in the HRSA EHBs and do not require downloading or uploading.

Required Forms	Instructions
SF- PPR SF-PPR 2	Specific instructions are in the NCC Progress Report User Guide document available within HRSA EHBs and on the HRSA website here: https://www.hrsa.gov/grants/manage/reportuserguideforgenericgrants.pdf

Programmatic Sections

EMAs/TGAs must provide responses within each of the following sections. For sections that may not have a change from the competitive application HRSA 22-018 (i.e., Sections 1 and 6)

and for sections that may not be applicable (i.e., Section 5 and 6), document "No Change" or "Not Applicable," respectively, in your NCC Progress Report submission in HRSA EHBs.

Section 1 – Project Organizational Structure (Attachment 1)

The purpose of this section is to provide updated information about the current organizational structure and/or changes to the staffing plan of the RWHAP Part A.

If there were changes to the organizational chart or staffing plan since the last submission of the competitive application (HRSA-22-018), you must upload a full updated organizational chart, a biographical sketch for any new key[1] personnel, and staffing plan with the change(s) highlighted in the HRSA EHBs as **Attachment 1**. You also must include revised job descriptions, and provide applicable full-time equivalent (FTE) staffing levels, for any new or changed positions in the updated organizational chart.

If there were changes to the entity responsible for administering the RWHAP Part A since the competitive application was submitted, describe the staffing, fiscal agent scope of work or services to be provided, and how you will evaluate the performance of the work or services being provided. You must describe the local agency responsible for the grant and identify the entity responsible for administering the RWHAP Part A, including the department, unit, staffing levels (full-time equivalent staff, including any vacancies), fiscal agents, PC/PB staff, and in-kind support staff.

If there are no changes in the organizational chart or staffing plan, document "No Change."

Note: HRSA expects the staff person responsible for management of the RWHAP Part A grant (i.e., the Project Director or Program Manager/Coordinator) to have at least 0.5 FTE allocated to the RWHAP Part A (this can be a combination of budgeted RWHAP grant funds and/or funds from other sources) to ensure sufficient oversight and monitoring of all grant activities conducted by recipients and subrecipients. The 0.5 FTE must be recipient staff and not delegated to contract staff or a fiscal intermediary.

Section 2 – Maintenance of Effort (MOE) (Attachment 2)

The purpose of this section is to provide the required annual documentation of the Maintenance of Effort (MOE) requirement.

The RWHAP Part A funds are not intended to be the sole source of support for HIV care and treatment services in the EMA/TGA. By signing the 2023 Agreements and Compliance Assurances (Appendix A), the recipient agrees to maintain the EMA/TGA expenditures for HIV-related core medical services and support services at a level equal to the FY preceding FY 2023

[1] SF-424 Application Guide Key Personnel Definition: The Principal Investigator/Project Director (PI/PD) and other individuals who contribute to the programmatic development or execution of a project or program in a substantive, measurable way, whether or not they receive salaries or compensation under the award.

(Section 2605(a)(1)(B) of the PHS Act). Core medical services and support services are defined in Section 2604(c)(3) and 2604(d) of the PHS Act and in PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.

You must submit the following information as **Attachment 2**:

1) A table that identifies the baseline aggregate for actual non-federal EMA/TGA political subdivision expenditures for HIV-related core medical and support services during your most recently completed FY prior to the application deadline, and an estimate for the next FY.
2) A description of the process, methodology, and elements used to determine the amount of expenditures in the MOE calculations.
3) If applicable, indicate if a waiver was received for the MOE requirement in the previous FY.

Section 3 – Letter of Assurance from Planning Council Chair(s) or Concurrence from Planning Body Leadership/Chair(s) (Attachment 3)

The purpose of this section is to document the existence of a functioning planning and community input process in the EMA/TGA, which is consistent with RWHAP legislative and HRSA HAB program requirements. Section 2602(b)(1)-(4) of the PHS Act delineates the responsibilities of the Planning Council (PC). Section 2609(d)(1) of the PHS Act outlines the responsibilities of the Planning Body (PB). The RWHAP Part A Planning Council and Planning Body Requirements and Expectations Program Letter further clarifies HRSA HAB requirements and expectations for the PC/PB.

A planning process is imperative for effective local and state decision-making to develop systems of HIV prevention and care that are responsive to the needs of people with or at risk for HIV. HRSA and CDC support activities that facilitate collaboration and/or a joint planning body to address prevention and care. Community engagement is an essential component for planning comprehensive, effective HIV prevention and care programs in the United States.

Provide a letter of assurance signed by the PC chair(s) or a letter of concurrence signed by PB leadership/chair(s) as Attachment 3. The letter must address the following:

a) Planning:
    i. The year your most recent comprehensive needs assessment was conducted
    ii. Participation in comprehensive planning process (i.e., Integrated HIV Prevention and Care Plan) for the jurisdiction, including the statewide coordinated statement of need (SCSN)
b) Priority Setting and Resource Allocation (PSRA):
    i. Data (e.g., comprehensive needs assessment, HIV care continuum, unmet need framework estimates, and epidemiological profile) that were used in the FY 2023 priority setting and allocation process to ensure that:
        a. Needs of the populations with HIV were addressed (including those with unmet need for HIV-related services, disparities in access and services

among affected subpopulations and historically underserved communities, and those unaware of their HIV status)
    b. Resources were allocated in accordance with the local demographic incidence of HIV, including appropriate allocations for services for women, infants, children, and youth
  ii. People with HIV were involved in the planning and allocation processes and their recommendations were included as applicable
  iii. FY 2022 budget period formula, supplemental, and MAI funds awarded to the EMA/TGA are being expended according to the priorities established by the PC/PB
  iv. Confirmation that all RWHAP HIV core medical and support services were prioritized during the PSRA process per sections 2602(b)(4)(C) and 2602(d)(1) of the PHS Act

c) Training:
  i. Ongoing and annual membership training occurred, including the date(s)

d) Assessment of Administrative Mechanism:
  i. Assessment of grant recipient activities (including the date) ensured timely allocation/contracting of funds and payments to contractors

Section 4 – SF-424A and Budget Narrative (Attachment 4)

Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. Include the SF-424A and budget narratives as **Attachment 4**.

Reminder: The total project or program costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity.

Caps on expenses:

a. RWHAP Part A grant administration costs (including PC or PB support) may **not** exceed 10 percent of the grant award. The aggregate total of administrative expenditures for subrecipients, including all indirect costs, may **not** exceed 10 percent of HIV service dollars expended. Please see PCN 15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D along with the Frequently Asked Questions for information regarding the statutory 10 percent limitation on administrative costs.

b. Recipients are allowed to allocate up to five percent of the total grant award or $3,000,000 (whichever is less) for Clinical Quality Management (CQM) activities.

c. As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and the FY 2022 Division A of the Further Extending Government Funding Act, 2022 (P.L. 117-70): "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's SF-424

Application Guide for additional information. Note that these or other salary limitations may apply in the following FYs, as required by law.

SF-424A:

Complete Sections A, B, D, E, and F of the SF-424A Budget Information – Non- Construction Programs form for the year of the project period, and then provide a line item budget using Section B Object Class Categories of the SF-424A.

a. The **three** required rows in Section A, and columns in Section B, are:
    1. Administrative (Part A + MAI),
    2. CQM (Part A + MAI), and
    3. HIV Services (Part A + MAI).
b. In Section D, complete only line "13. Federal" in the first column titled "Total for 1st Year" since no cost sharing/matching is required.
c. In Section E, complete line 16 of the Future Funding periods columns for the outyears, with "*(b)* First" being the 3rd budget period or FY 2024. Use your requested FY 2023 budget amount to complete Section E.
   Note: The formula funded portions of the award will be calculated annually based on updated data supplied by CDC. The normalized score from the objective review of the demonstration of additional need provided in the competitive application during the first year of the three-year period of performance will be utilized to calculate the discretionary supplemental award in the second and third years.
d. In Section F, include your direct and indirect costs based on your FY 2023 budget.

Budget Narrative:

In order to evaluate compliance with RWHAP Part A legislative budget requirements, you must submit a program-specific budget narrative/justification for FY 2023. The budget must not exceed the ceiling amounts listed for the service area in Appendix B, and the total amount requested on the SF-424A and the total amount listed on the budget narrative/justification must match. Additionally, the amounts included in the budget narrative must relate to and support the activities proposed in the competitive application's project narrative and work plan.

When completing the budget narrative/justification, submit an overall summary table and a separate table for each subaward (Part A and MAI) by cost category (Administrative and CQM) in table format. Specifically, each table should list separately by funding type (Part A and MAI) the program cost categories: Administrative, CQM, and HIV Services across the top and object class categories (i.e., Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, Other, and Indirect Charges) in a column down the left-hand side.

If the EMA/TGA is administered by a contractor or fiscal agent, clearly detail the costs for administering the grant. You must also show a separate PC/PB support budget narrative/justification.

Each of the specific budget narrative/justification tables should clearly describe and justify how every item with a cost associated under each object class category makes a contributing impact

and supports the overall RWHAP Part A HIV service delivery system. Reference HRSA's SF-424 Application Guide, specifically the Budget Narrative section, for the criteria to include for the justification of line item costs for each object class category. Recipients that do not include adequate justification of costs across object class categories will be required to submit a revised budget narrative.

See the most recent Notice of Funding Opportunity (HRSA-22-018) for specific details to use when completing the RWHAP Part A grant budget narrative/justification tables. See TargetHIV for a suggested template to utilize and additional object class category requirements information on the "Instructions" tab in the template.

NOTE: HRSA recommends that the budgets be converted or scanned into PDF format for submission (landscape format optimizes legibility). Do NOT submit Excel spreadsheets.

Section 5 – Core Medical Services Waiver (Attachment 5)

RWHAP Part A funds are subject to Section 2604(c) of the PHS Act, which requires that not less than 75 percent of the funds remaining, after reserving funds for administration and CQM, be used to provide core medical services. Recipients may request a waiver of the core medical services expenditure requirement by submitting the one-page "HRSA RWHAP Core Medical Services Waiver Request Attestation Form" with the NCC. The submission attests that the underlying statutory and policy requirements for requesting a core medical services waiver have been met. Submission should be in accordance with the new PN 21-01 Waiver of the Ryan White HIV/AIDS Program Core Medical Services Expenditure Requirement.

If you are planning to request a HRSA RWHAP Core Medical Services Waiver for FY 2023, the Attestation Form must be included as **Attachment 5**. Please note that HRSA RWHAP Core Medical Services Waiver Request Attestation Forms will only be accepted with the NCC submission. If a core medical services waiver is not requested, submit documentation stating "Not Applicable."

Section 6 – Indirect Cost Rate Agreement (Attachment 6)

If there are indirect costs included in the FY 2023 budget for the first time in the three-year period of performance, or if the indirect cost rate agreement for existing indirect costs has expired or will expire prior to the start of the FY 2023 budget period, submit a current indirect cost rate agreement or related-documentation (e.g., negotiated indirect cost rate agreement, indirect cost rate proposal, cost allocation plan, or a request to use the de minimis rate) as **Attachment 6**. If there are no changes since the submission of the competitive application, submit documentation stating "No Change." If no indirect costs are included in the budget, submit documentation stating "Not Applicable."

Note: As a reminder, all indirect costs charged by the subrecipient are considered an administrative cost subject to the 10 percent aggregate limit.

Section 7 – Agreements and Compliance Assurances (Attachment 7)

The RWHAP Part A specific agreements and assurances, found in Appendix A of this NCC Progress Report guidance, require the signature of the Chief Elected Official (CEO) or the CEO's designee. If the CEO's designee is signing agreements and assurances, parenthetically note "(CEO's Designee)" after the signature. Assurances are required to be submitted with the competitive application and the NCC Progress Reports. Include the assurances as **Attachment 7**.

Attachments

Provide the following items in the order specified below to complete the content of the NCC Progress Report. Clearly label each attachment.

Attachment 1: Staffing Plan, Job Descriptions, Biographical Sketches for Key Personnel, and Organizational Chart (*if applicable*; see Section 4.1.vi. of the HRSA's *SF-424 Application Guide*).

Attachment 2: Maintenance of Effort Documentation (required)

Provide a baseline aggregate for actual non-federal EMA/TGA political subdivision expenditures for HIV-related core medical and support services during FY 2021 and an estimate for FY 2022 using a table similar to the one below. Also, include a description of the process and elements used to determine the amount of expenditures in the MOE calculations. (See Section 2605(a)(1)(B) of the PHS Act). Core medical services and support services are defined in Sections 2604(c)(3) and 2604(d) of the PHS Act and HRSA HAB PCN 16-02 service definitions distributed to all recipients.) HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES

FY 2021 Expenditures (Actual)	Current FY 2022 Expenditures (Estimated)
Non-federal EMA/TGA political subdivision expenditures for HIV-related core medical and support services. Amount: $_____	Estimated non-federal EMA/TGA political subdivision expenditures for HIV-related core medical and support services. Amount: $_____

Attachment 3: Letter of Assurance from Planning Council Chair/Letter of Concurrence from Planning Body Leadership/Chair (required).

Attachment 4: SF-424A and Budget Narratives (required).

Attachment 5: HRSA RWHAP Core Medical Services Waiver Request Attestation Form (*if applicable*).

Attachment 6: Indirect Cost Rate Documentation (i.e, Federally Negotiated Indirect Cost Rate Agreement, Cost Allocation Plan, 10 percent de minimis) (if applicable).

Attachment 7: FY 2023 Agreements and Compliance Assurances, Certifications (required).

IV. Other Information

Award Administration Information

1. Award Notices

HRSA will issue a NoA prior to the start date of March 1, 2023. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

Upon receipt and acceptance of a NoA, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, as well as other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Federally funded recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

Requirements of Subawards

The terms and conditions in the NoA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations as cited in the NoA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide*, the NoA, **and** the following reporting and review activities:

1) **Program Submission:** The recipient must submit the Program Submission to HRSA 60 days after the final award is issued. The CQM Plan will be requested as a Program Submission reporting requirement.

2) **Program Terms Report:** The recipient must submit the Program Terms Report to HRSA 60 days after the final award is issued or by the submission deadline indicated in HRSA EHBs, whichever is later.

3) **Estimated Unobligated Balance (UOB).** The recipient must submit an estimate of anticipated UOB and an estimate of anticipated carryover funding to HRSA no later than December 31, 2023.

4) **RWHAP Part A & MAI Final Expenditure Report.** The recipient must submit a RWHAP Part A & MAI Final Expenditure Report no later than 90 days after the end of the FY 2023 budget period.

5) **RWHAP Part A Annual Progress Report.** The recipient must submit a RWHAP Part A Annual Progress Report no later than 90 days after the end of the FY 2023 budget period.

6) **Carryover Request.** If applicable, the recipient must submit a Carryover Request no later than 30 days after the Federal Financial Report (FFR) submission deadline.

7) **Ryan White HIV/AIDS Program Services Report (RSR).** Acceptance of this award indicates that you will comply with data requirements of the RSR and that you will mandate compliance by each of your subrecipients. The RSR captures information necessary to demonstrate program performance and accountability. All RWHAP core medical and support service providers are required to submit client-level data as instructed in the RSR manual. Please refer to the Ryan White HIV/AIDS Services Report (RSR) for additional information.

8) **Integrity and Performance Reporting.** The NoA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

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

Allowable Uses of Funds

For the most up-to-date listing of allowable uses of funds, refer to HRSA HAB PCN 16-02. For a full list of relevant HAB PCNs, see the Policy Notices and Program Letters on the HRSA HAB website.

Monitoring Requirements

You must comply with all legislative, regulatory, and program requirements and monitor subrecipients to ensure they are also in compliance. HRSA HAB has developed and distributed the RWHAP Part A National Monitoring Standards (NMS) as guidance outlining the responsibilities of HRSA HAB, the recipient, and subrecipient staff.

Technical Assistance

An NCC Progress Report webinar will be held on Thursday, August 4, 2022 from 2:00 PM to 4:00 PM Eastern Time.

Please register for the webinar using the following link: https://hrsa-gov.zoomgov.com/meeting/register/vJIsd-uqqzssGBsaBBXF4QFvGaxDfl6MNZM

After registering, you will receive a confirmation email containing information about joining the meeting.

V. Agency Contacts

You may request additional information or technical assistance regarding business, administrative, or fiscal issues related to this NCC Progress Report by contacting:

Olusola Dada
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-0195
Email: ODada@hrsa.gov

You may request additional information regarding the overall program issues and/or TA related to this NCC Progress Report by contacting your Project Officer.

For assistance with submitting information in HRSA EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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

Appendix A

FY 2023 AGREEMENTS AND COMPLIANCE ASSURANCES

Ryan White HIV/AIDS Program

Part A HIV Emergency Relief Grant Program

I, the Chief Elected Official of the Eligible Metropolitan Area or Transitional Grant Area _____, (hereinafter referred to as the EMA/TGA) assure that:

Pursuant to Section 2602(a)(2)[2, 3]

The EMA/TGA will establish a mechanism to allocate funds and a Planning Council that comports with section 2602(b).

Pursuant to Section 2602(a)(2)(B)

The EMA/TGA has entered into intergovernmental agreements with the Chief Elected Officials of the political subdivisions in the EMA/TGA that provide HIV-related health services and for which the number of AIDS cases in the last 5 years constitutes not less than 10 percent of the cases reported for the EMA/TGA.

Pursuant to Section 2602(b)(4)

The EMA/TGA Planning Council will determine the size and demographics of the population of people with HIV, as well as the size and demographics of the estimated population of people with HIV who are unaware of their HIV status; determine the needs of such population, and develop a comprehensive plan for the organization and delivery of health and support services. The plan must include a strategy with discrete goals, a timetable, and appropriate funding, for identifying people with HIV who do not know their HIV status, making such individuals aware of their HIV status, and enabling such individuals to use the health and support services. The strategy should particularly address disparities in access and services among affected subpopulations and historically underserved communities.

Pursuant to Section 2603(c)

The EMA/TGA will comply with statutory requirements regarding the timeframe for obligation and expenditure of funds, and will comply with any cancellation of unobligated funds.

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[2] All statutory references are to the Public Health Service Act, unless otherwise specified.

[3] TGAs are exempted from the requirement related to Planning Councils, but must provide a process for obtaining community input as described in **section 2609(d)(1)(A)** of the PHS Act. TGAs that have currently operating Planning Councils are strongly encouraged to maintain that structure.

Pursuant to Section 2603(d)

The EMA/TGA will make expenditures in compliance with priorities established by the Planning Council/Planning Body.

Pursuant to Section 2604(a)

The EMA/TGA will expend funds according to priorities established by the Planning Council/Planning Body, and for core medical services, support services, and administrative expenses only.

Pursuant to Section 2604(c)

The EMA/TGA will expend not less than 75 percent of service dollars for core medical services, unless waived by the Secretary.

Pursuant to Section 2604(f)

The EMA/TGA will, for each of such populations in the eligible area expend, from the grants made for the area under Section 2601(a) for a FY, not less than the percentage constituted by the ratio of the population involved (infants, children, youth, or women in such area) with HIV/AIDS to the general population in such area of people with HIV, unless a waiver from this provision is obtained.

Pursuant to Section 2604(g)

The EMA/TGA has complied with requirements regarding the Medicaid status of providers, unless waived by the Secretary**.**

Pursuant to Section 2604(h)(2), Section 2604(h)(3), Section 2604(h)(4)

The EMA/TGA will expend no more than 10 percent of the grant on administrative costs (including Planning Council or planning body expenses), and in accordance with the legislative definition of administrative activities, and the allocation of funds to subrecipients will not exceed an aggregate amount of 10 percent of such funds for administrative purposes.

Pursuant to Section 2604(h)(5)

The EMA/TGA will establish a CQM Program that meets HRSA requirements, and that funding for this program shall not exceed the lesser of five percent of program funds or $3 million.

Pursuant to Section 2604(i)

The EMA/TGA will not use grant funds for construction or to make cash payments to recipients.

Pursuant to Section 2605(a)

With regard to the use of funds,

a. funds received under Part A of Title XXVI of the Act will be used to supplement, not supplant, state funds made available in the year for which the grant is awarded to provide HIV related services to individuals with HIV disease;
b. during the period of performance, political subdivisions within the EMA/TGA will maintain at least their prior FY's level of expenditures for HIV related services for individuals with HIV disease;
c. political subdivisions within the EMA/TGA will not use funds received under Part A in maintaining the level of expenditures for HIV related services as required in the above paragraph; and
d. documentation of this MOE will be retained.

Pursuant to Section 2605(a)(3)

The EMA/TGA will maintain appropriate referral relationships with entities considered key points of access to the health care system for the purpose of facilitating EIS for individuals diagnosed with HIV infection.

Pursuant to Section 2605(a)(5)

The EMA/TGA will participate in an established HIV community based continuum of care, if such continuum exists within the EMA/TGA.

Pursuant to Section 2605(a)(6)

Part A funds will not be used to pay for any item or service that can reasonably be expected to be paid under any state compensation program, insurance policy, or any Federal or state health benefits program (except for programs related to the Indian Health Service) or by an entity that provides health services on a prepaid basis.

Pursuant to Section 2605(a)(7)(A)

Part A funded HIV primary medical care and support services will be provided, to the maximum extent possible, without regard to a) the ability of the individual to pay for such services or b) the current or past health conditions of the individuals to be served.

Pursuant to Section 2605(a)(7)(B)

Part A funded HIV primary medical care and support will be provided in settings that are accessible to low-income individuals with HIV disease.

Pursuant to Section 2605(a)(7)(C)

A program of outreach services will be provided to low-income individuals with HIV disease to inform them of the HIV primary medical care and support services.

Pursuant to Section 2605(a)(8)

The EMA/TGA has participated in the Statewide Coordinated Statement of Need (SCSN) process initiated by the state, and the services provided under the EMA/TGA comprehensive plan are consistent with the SCSN.

Pursuant to Section 2605(a)(9)

The EMA/TGA has procedures in place to ensure that services are provided by appropriate entities.

Pursuant to Section 2605(a)(10)

The EMA/TGA will submit audits every 2 years to the lead state agency under Part B of Title XXVI of the PHS Act.

Pursuant to Section 2605(e)

The EMA/TGA will comply with the statutory requirements regarding imposition of charges for services.

Pursuant to Section 2681(d)

Services funded will be integrated with other such services, programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.

Pursuant to Section 2684

No funds shall be used to fund AIDS programs, or to develop materials, designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

Signature_____ Date_____

Appendix B

Geographic Service Areas

NCC Progress Report submissions must propose to serve the entire service area, as defined here in Appendix B.

The "Total Funding Ceiling" column identifies the total funding available for the delivery of comprehensive HIV primary health care and support services for people with lower incomes and/or uninsured for each service area.

The Total Funding Ceiling includes the Part A Funding Ceiling and MAI Funding Ceiling; do not combine these amounts when developing your budget.

EMA	City	State	Service area	Part A Funding Ceiling (Formula + Supplemental)	MAI Funding Ceiling	Total Funding Ceiling
Atlanta EMA	Atlanta	GA	Barrow County, Bartow County, Carroll County, Cherokee County, Clayton County, Cobb County, Coweta County, DeKalb County, Douglas County, Fayette County, Forsyth County, Fulton County, Gwinnett County, Henry County, Newton County, Paulding County, Pickens County, Rockdale County, Spalding County, and Walton County	$29,013,401	$2,950,349	$31,963,750
Baltimore EMA	Baltimore	MD	Anne Arundel County, Baltimore City, Baltimore County, Carroll County, Harford County, Howard County, and Queen Anne's County	$15,557,406	$1,586,437	$17,143,843

EMA	City	State	Service area	Part A Funding Ceiling (Formula + Supplemental)	MAI Funding Ceiling	Total Funding Ceiling
Boston EMA*	Boston	MA	**MA**: Bristol County, Essex County, Middlesex County, Norfolk County, Plymouth County, Suffolk County, and Worcester County **NH**: Hillsborough County, Rockingham County, and Strafford County	$14,855,281	$1,113,648	$15,968,929
Chicago EMA	Chicago	IL	Cook County, DeKalb County, DuPage County, Grundy County, Kane County, Kendall County, Lake County, McHenry County, and Will County	$26,675,843	$2,536,723	$29,212,566
Dallas EMA	Dallas	TX	Collin County, Dallas County, Denton County, Ellis County, Henderson County, Hunt County, Kaufman County, and Rockwall County	$19,126,723	$1,745,602	$20,872,325
Detroit EMA	Detroit	MI	Lapeer County, Macomb County, Monroe County, Oakland County, St. Clair County, and Wayne County	$9,576,540	$895,012	$10,471,552
Fort Lauderdale EMA	Fort Lauderdale	FL	Broward County	$15,544,629	$1,371,691	$16,916,320
Houston EMA	Houston	TX	Chambers County, Fort Bend County, Harris County, Liberty County, Montgomery County, and Waller County	$24,358,709	$2,549,313	$26,908,022
Los Angeles EMA	Los Angeles	CA	Los Angeles County	$44,249,341	$3,969,215	$48,218,556
Miami EMA	Miami	FL	Miami-Dade County	$25,758,698	$2,848,913	$28,607,611

EMA	City	State	Service area	Part A Funding Ceiling (Formula + Supplemental)	MAI Funding Ceiling	Total Funding Ceiling
Nassau-Suffolk EMA	Mineola	NY	Nassau County and Suffolk County	$5,473,322	$463,986	$5,937,308
New Haven EMA	New Haven	CT	Fairfield County and New Haven County	$5,335,733	$460,915	$5,796,648
New Orleans EMA	New Orleans	LA	Jefferson Parish, Orleans Parish, Plaquemines Parish, St. Bernard Parish, St. Charles Parish, St. James Parish, St. John the Baptist Parish, and St. Tammany Parish	$7,878,638	$682,109	$8,560,747
New York EMA	New York	NY	Bronx County, Kings County, New York County, Putnam County, Queens County, Richmond County, Rockland County, and Westchester County	$89,142,383	$8,837,843	$97,980,226
Newark EMA	Newark	NJ	Essex County, Morris County, Sussex County, Union County, and Warren County	$11,889,529	$1,262,783	$13,152,312
Orlando EMA	Orlando	FL	Lake County, Orange County, Osceola County, and Seminole County	$10,745,903	$931,248	$11,677,151
Philadelphia EMA*	Philadelphia	PA	**PA**: Bucks County, Chester County, Delaware County, Montgomery County, and Philadelphia County **NJ:** Burlington County, Camden County, Gloucester County, and Salem County	$22,116,457	$2,069,666	$24,186,123
Phoenix EMA	Phoenix	AZ	Maricopa County and Pinal County	$10,282,041	$695,928	$10,977,969
San Diego EMA	San Diego	CA	San Diego County	$11,742,334	$832,882	$12,575,216

EMA	City	State	Service area	Part A Funding Ceiling (Formula + Supplemental)	MAI Funding Ceiling	Total Funding Ceiling
San Francisco EMA	San Francisco	CA	Marin County, San Francisco County, and San Mateo County	$15,139,854	$822,748	$15,962,602
San Juan EMA	San Juan	PR	Aguas Buenas Municipality, Barceloneta Municipality, Bayamón Municipality, Canóvanas Municipality, Carolina Municipality, Cataño Municipality, Ceiba Municipality, Comerío Municipality, Corozal Municipality, Dorado Municipality, Fajardo Municipality, Florida Municipality, Guaynabo Municipality, Humacao Municipality, Juncos Municipality, Las Piedras Municipality, Loíza Municipality, Luquillo Municipality, Manatí Municipality, Morovis Municipality, Naguabo Municipality, Naranjito Municipality, Río Grande Municipality, San Juan Municipality, Toa Alta Municipality, Toa Baja Municipality, Trujillo Alto Municipality, Vega Alta Municipality, Vega Baja, and Yabucoa Municipality	$10,130,099	$1,195,534	$11,325,633
Tampa-St. Petersburg EMA	Tampa	FL	Hernando County, Hillsborough County, Pasco County, and Pinellas County	$10,450,803	$757,035	$11,207,838

EMA	City	State	Service area	Part A Funding Ceiling (Formula + Supplemental)	MAI Funding Ceiling	Total Funding Ceiling
Washington, DC EMA*	Washington	DC	**District of Columbia** **MD:** Calvert County, Charles County, Frederick County, Montgomery County, and Prince George's County **VA:** Alexandria City, Arlington County, Clarke County, Culpeper County, Fairfax City, Fairfax County, Falls Church City, Fauquier County, Fredericksburg City, King George County, Loudoun County, Manassas City, Manassas Park City, Prince William County, Spotsylvania County, Stafford County, and Warren County **WV:** Berkeley County and Jefferson County	$31,226,849	$3,083,004	$34,309,853
West Palm Beach EMA	West Palm Beach	FL	Palm Beach County	$7,301,055	$679,960	$7,981,015

*Service area crosses state lines

Current TGA Recipient	City	State	Service area	Part A Funding Ceiling (Formula + Supplemental)	MAI Funding Ceiling	Total Funding Ceiling
Austin TGA	Austin	TX	Bastrop County, Caldwell County, Hays County, Travis County, and Williamson County	$5,221,184	$427,854	$5,649,038
Baton Rouge TGA	Baton Rouge	LA	Ascension Parish, East Baton Rouge Parish, East Feliciana Parish, Iberville Parish, Livingston Parish, Pointe Coupee Parish, St. Helena Parish, West Baton Rouge Parish, and West Feliciana Parish	$4,388,494	$474,119	$4,862,613
Bergen-Passaic TGA	Paterson	NJ	Bergen County and Passaic County	$3,838,350	$360,502	$4,198,852
Charlotte-Gastonia TGA*	Charlotte	NC	**NC:** Anson County, Cabarrus County, Gaston County, Mecklenburg County, and Union County **SC:** York County	$6,255,509	$640,552	$6,896,061
Cleveland-Lorain-Elyria TGA	Cleveland	OH	Ashtabula County, Cuyahoga County, Geauga County, Lake County, Lorain County, and Medina County	$4,711,100	$411,886	$5,122,986
Columbus TGA	Columbus	OH	Delaware County, Fairfield County, Franklin County, Licking County, Madison County, Morrow County, Pickaway County, and Union County	$4,798,967	$325,393	$5,124,360
Denver TGA	Denver	CO	Adams County, Arapahoe County, Denver County, Douglas County, and Jefferson County	$7,749,932	$429,287	$8,179,219
Fort Worth TGA	Fort Worth	TX	Hood County, Johnson County, Parker County, and Tarrant County	$4,982,350	$457,947	$5,440,297

Current TGA Recipient	City	State	Service area	Part A Funding Ceiling (Formula + Supplemental)	MAI Funding Ceiling	Total Funding Ceiling
Hartford TGA	Hartford	CT	Hartford County, Middlesex County, and Tolland County	$2,957,244	$261,523	$3,218,767
Indianapolis TGA	Indianapolis	IN	Boone County, Brown County, Hamilton County, Hancock County, Hendricks County, Johnson County, Marion County, Morgan County, Putnam County, and Shelby County	$4,599,416	$346,377	$4,945,793
Jacksonville TGA	Jacksonville	FL	Clay County, Duval County, Nassau County, and St. Johns County	$5,868,124	$550,478	$6,418,602
Jersey City TGA	Jersey City	NJ	Hudson County	$4,687,143	$477,906	$5,165,049
Kansas City TGA*	Kansas City	MO	**MO:** Cass County, Clay County, Clinton County, Jackson County, Lafayette County, Platte County, and Ray County **KS:** Johnson County, Leavenworth County, Miami County, and Wyandotte County	$4,384,528	$302,159	$4,686,687
Las Vegas TGA*	Las Vegas	NV	**NV:** Clark County and Nye County **AZ:** Mohave County	$6,836,277	$533,487	$7,369,764
Memphis TGA*	Memphis	TN	**TN:** Fayette County, Shelby County, and Tipton County **AR:** Crittenden County **MS:** DeSoto County, Marshall County, Tate County, and Tunica County	$6,572,849	$746,799	$7,319,648

Current TGA Recipient	City	State	Service area	Part A Funding Ceiling (Formula + Supplemental)	MAI Funding Ceiling	Total Funding Ceiling
Middlesex-Hunterdon-Somerset TGA	New Brunswick	NJ	Hunterdon County, Middlesex County, and Somerset County	$2,721,270	$253,232	$2,974,502
Minneapolis–St. Paul TGA*	Minneapolis	MN	**MN:** Anoka County, Carver County, Chisago County, Dakota County, Hennepin County, Isanti County, Ramsey County, Scott County, Sherburne County, Washington County, and Wright County **WI:** Pierce County and St. Croix County	$6,011,971	$417,618	$6,429,589
Nashville TGA	Nashville	TN	Cannon County, Cheatham County, Davidson County, Dickson County, Hickman County, Macon County, Robertson County, Rutherford County, Smith County, Sumner County, Trousdale County, Williamson County, and Wilson County	$4,538,443	$338,495	$4,876,938
Norfolk TGA*	Norfolk	VA	**VA:** Chesapeake City, Gloucester County, Hampton City, Isle of Wight County, James City County, Mathews County, Newport News City, Norfolk City, Poquoson City, Portsmouth City, Suffolk City, Virginia Beach City, Williamsburg City, and York County **NC:** Currituck County	$5,499,096	$551,911	$6,051,007
Oakland TGA	Oakland	CA	Alameda County and Contra Costa County	$7,067,544	$623,970	$7,691,514

Current TGA Recipient	City	State	Service area	Part A Funding Ceiling (Formula + Supplemental)	MAI Funding Ceiling	Total Funding Ceiling
Orange County TGA	Santa Ana	CA	Orange County	$6,546,851	$510,661	$7,057,512
Portland TGA*	Portland	OR	**OR:** Clackamas County, Columbia County, Multnomah County, Washington County, and Yamhill County **WA:** Clark County	$4,151,456	$163,362	$4,314,818
Riverside-San Bernardino TGA	San Bernardino	CA	Riverside County and San Bernardino County	$8,466,386	$656,008	$9,122,394
Sacramento TGA	Sacramento	CA	El Dorado County, Placer County, and Sacramento County	$3,466,875	$227,438	$3,694,313
Saint Louis TGA*	St. Louis	MO	**MO:** Franklin County, Jefferson County, Lincoln County, St. Charles County, St. Louis City, St. Louis County, and Warren County **IL:** Clinton County, Jersey County, Madison County, Monroe County, and St. Clair County	$6,198,105	$514,550	$6,712,655
San Antonio TGA	San Antonio	TX	Bexar County, Comal County, Guadalupe County, and Wilson County	$5,760,862	$607,594	$6,368,456
San Jose TGA	San Jose	CA	Santa Clara County	$3,262,341	$277,490	$3,539,831
Seattle TGA	Seattle	WA	Island County, King County, and Snohomish County	$7,237,695	$408,099	$7,645,794

*Service area crosses state lines