

U.S. Department of Health and Human Services



# Application Guide

**A guide to help you prepare and submit a Workspace  
Application Package to Grants.gov**

*Use this along with HRSA notices of funding opportunities (NOFOs)*

*Updated November 6, 2024*

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## 1. INTRODUCTION

### 1.1. About HRSA

Our programs provide equitable health care to people who are geographically isolated and economically or medically vulnerable. This includes programs that deliver health services to people with HIV, pregnant people, mothers, and their families, those with low incomes, residents of rural areas, American Indians, and Alaska Natives, and those otherwise unable to access high-quality health care.

We also support health infrastructure by training health professionals and assigning them to areas where they are needed most. We provide financial support to health care providers, and advance telehealth.

And we oversee programs that give discounts on prescription drugs to safety net providers, facilitate organ, bone marrow, and cord blood transplantation, compensate people injured by vaccination, and maintain data on health care malpractice payments.

Learn more [about HRSA](#) and [explore data and maps](#) on our health care programs.

### 1.2. About this guide

We created this guide to help you prepare and apply to HRSA notices of funding opportunities (NOFOs) through [Grants.gov](#). This guide does not replace program guidance in NOFOs.

*Note:* If you received an award and want to request a subsequent budget period, you need to submit a [Non-Competing Continuation Progress Report](#) for continued funding of the next budget period.

### 1.3. Document Version Control

We periodically update this guide to align with statutory, regulatory, and policy changes.

### 1.4. Updates from the last version

November 6, 2024

- In the transition from 45 CFR 75 to 2 CFR 200 and 300, HHS is using a *phased* approach, where we implement key provisions that provide flexibilities to the HHS grants community in October 2024 and implement the remainder of 2 CFR in October 2025.
  - See various sections that state “Effective **October 1, 2024**”: [Equipment, Supplies, Complete an audit, Complete status reports](#), and [5.1. Administrative and national policy requirements](#)
  - Source: [Interim Final Rule](#).

- Updated the [HHS Grants Policy Statement \(GPS\) link](#), that now leads to the new October 1, 2024 version
- Clarified that the [salary rate limitation](#) applies to both direct and indirect costs, per the revised GPS
- Added new [Life sciences research program requirement](#) for specific programs.

August 6, 2024

- Revised entire guide for plain language and better readability, making it easier for organizations to understand how to successfully apply for HRSA awards (visit [Executive Order \(E.O.\) 13985](#), [Advancing Equity at HHS](#), and [HHS Simpler Grants](#))
- Rearranged order of application elements in [Section 3](#) to better align with NOFO guidance
- Added more detailed instructions on how to complete forms in [Section 3.1](#)

## 2. REGISTER AND APPLY THROUGH GRANTS.GOV USING WORKSPACE

### 2.1 Get Registered

#### **SAM.gov**

First you must register and have an active account with SAM.gov. As part of registration, SAM will assign a Unique Entity Identifier (UEI) to you. SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register.

People assigned an Entity Administrator role in SAM.gov must be an employee, officer, or board member. This ensures an entity can control who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees can only assign a Data Entry role or lower.
- If your organization uses an Entity Administrator Role Request Letter (formerly called "notarized letter"), you cannot assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. In a Data Entry role, non-employees can create and manage entity registration data entry. They cannot manage roles.

If you're an applicant using a non-employee or if you're a non-employee working with an entity to manage registrations, please read (and share) GSA's [A Change in SAM.gov will Affect Access for Some Entity Administrators](#).

## **Grants.gov**

You must also have an active account with [Grants.gov](#) and apply online.

### **2.2. Find funding opportunities**

There are multiple ways you can search on Grants.gov.

1. Enter keyword or phrase in the BASIC SEARCH CRITERIA search box.
2. Use one of these tabs off the home page:
  - Browse Newest
  - Browse Categories
  - Browse Agencies
  - Browse Eligibilities
3. Select the SEARCH GRANTS tab, enter the funding opportunity number (Example: HRSA-25-000) or federal assistance listing number, and then select the funding opportunity for which you wish to apply.
4. Search for the funding opportunity under the APPLICANTS tab under How to Apply for Grants. Select "Search for Opportunity Package." Enter the funding opportunity number. (Example: HRSA-25-000.)

Refer to the NOFO for eligibility criteria or use filters to help narrow your search.

#### **Eligibility key words:**

- Institutions of Higher Education
- Non-Profit Entities
- Private For-Profit Entities
- Public Entities
- Tribes and Tribal Organizations

#### **Subscribe to a NOFO**

We may modify the NOFO, add documents, or republish it before it closes. If you subscribe to the NOFO, you'll get an email with updates.

Select the subscribe button on the grant opportunity page.

### **2.3 Overview on how to apply**

You apply online using [Workspace](#). It allows you shared access and editing of the application's web forms. You can create an instance of a Workspace for each NOFO.

This is an **overview** of applying on Grants.gov. Review complete instructions on Grants.gov's [How to Apply for Grants](#).

1) *Create a Workspace*: Complete your application online. Route it through your organization for review before you submit.

2) *Complete a Workspace*: Add people to the workspace. Complete all the required forms. Check for errors before you submit.

- a. *Adobe Reader*: Instead of filling out web forms, you can download the forms as PDFs in Workspace. Save each PDF to your local device storage, network drive(s), or external drives, and then access through Adobe Reader.

NOTE: Visit the [Adobe Software Compatibility](#) page on Grants.gov to download the appropriate version of the software.

- b. *Mandatory form fields*: In the forms, some fields have a different background color and border. You also can identify mandatory fields by hovering over each box. You must complete these.
- c. *Complete SF-424 fields first*: The forms allow you to fill in common required fields across other forms, such as applicant name, address, and UEI number. To trigger this feature, you must complete the SF-424 information first. Once complete, this information will transfer to the other forms.

3) *Submit a Workspace*: Use the Sign and Submit button on the Manage Workspace page, under the Forms tab. You must complete this step to apply.

**Best practice:** Try to **apply at least *three* calendar days before the deadline stated in the NOFO**. Applying a bit earlier than the deadline gives you time if there is a problem to fix errors and still submit on time.

4) *Track a Workspace*: After you submit a Workspace package, Grants.gov assigns a tracking number (GRANTXXXXXXXX). You'll see the number on the page confirming your submission.

Refer to [Applicant Training](#) for user guides and videos.

For Grants.gov customer support, see [Section 6.2](#).

## **2.4. Apply on time and prove you submitted on time**

*Submit online at Grants.gov*. You must apply by 11:59 p.m. ET on the due date/deadline we list in the NOFO's **Deadlines** section.

Grants.gov creates an electronic date and time stamp when you apply. Grants.gov will confirm they received your application in an email it sends to your AOR. The email includes a tracking number (GRANTXXXXXXXX). This email serves as proof that Grants.gov received your application on time.

We do not have to accept late applications.

Note: If there's an error, Grants.gov will email your AOR about that instead.

## 2.5. Late applications

If your application does not meet the criteria in the NOFO's **Deadlines** section, and a HRSA-approved waiver under the following Section 2.6 does not extend the deadline, we will consider it late and will not review it.

## 2.6. Requesting a waiver

Apply by the deadline in the NOFO.

Reasons we will not extend a deadline	Reasons we may extend a deadline
Grants.gov verification errors	Natural disaster (example: flood or hurricane)
Last-minute sign up	Service disruption (example: a prolonged blackout)
Errors due to a custom-built <a href="#">system to system (S2S)</a> connection	Technical issue on our side that prevented you from applying on time
Errors you make while submitting	

If you cannot apply by the deadline, please request a waiver as soon as possible by emailing [ApplicationWaivers@hrsa.gov](mailto:ApplicationWaivers@hrsa.gov). **Any waiver requests received more than five calendar days after the opportunity's closing date will not be granted.**

What to include in your email:

- HRSA funding opportunity number (HRSA-##-####)
- Reason for waiver request
- Organization name
- Address
- Telephone number
- [Unique Entity Identifier \(UEI\) number](#)
- Name, address, and telephone number of the PD
- Grants.gov tracking number<sup>1</sup> (GRANTXXXXXXXX) (if you received a "Rejected with Errors" email from Grants.gov)
- Case numbers (if you called Grants.gov or SAM.gov and they gave them to you)
- Emails from Grants.gov or SAM.gov, or other details

We'll use the information you provide to decide if we'll grant you a waiver.

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<sup>1</sup> Grants.gov tracking number is displayed on the confirmation page in Grants.gov immediately after you complete the submission.

### 3. DETAILED INSTRUCTIONS ON HOW TO APPLY

Apply on [Grants.gov](https://www.grants.gov). Use the package included with the funding opportunity. Use **English and whole number budget figures in U.S. dollars.** ([45 CFR § 75.111\(a\)](#)).

If you use [Applicant System-to-System \(S2S\)](#) and run into issues when you apply, that is not a [valid reason to request a waiver](#).

Follow these instructions unless we note otherwise in the NOFO. We'll consider applications that do not follow the instructions non-responsive and will not review.

#### 3.1. How to complete forms, narratives, and attachments

##### 3.1.1. Application for Federal Assistance (SF-424)

Follow the form's instructions. All fields marked with an asterisk (\*) and a different background color are required.

The SF-424 form has multiple fields. If you mouse over each field, instructions will appear in a text box. The following gives you a breakdown of those fields.

##### \* 1. Type of Submission (required)

There are three fields to choose from:

- **Pre-application.** We normally do not request a pre-application. Unless the NOFO says otherwise, choose from the remaining two fields.
- **Application.** This applies to most.
- **Changed/Corrected Application.** Check if your submission is to change or correct a previously submitted application. Unless we request it, you may not use this form to submit changes after the application deadline.

##### \* 2. Type of Application (required)

There are three initial fields to choose from:

- **New.** An application that is being submitted for the first time.
- **Continuation.** An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.
- **Revision.** Any change in the federal government's financial obligation or contingent liability from an existing obligation. If you check revision, the corresponding field will open and allow you to enter the appropriate letter(s). More than one of the following may be selected:
  - A: Increase Award
  - B: Decrease Award
  - C: Increase Duration
  - D: Decrease Duration
  - E: Other (specify)
  - AC: Increase Award, Increase Duration



- AD: Increase Award, Decrease Duration
- BC: Decrease Award, Increase Duration
- BD: Decrease Award, Decrease Duration

**\* 3. Date Received** (required)

The date received is completed automatically if submitted via Grants.gov Workspace. If submitting via other methods use the following format mm/dd/yyyy.

**4. Applicant Identifier** (optional)

Add your organization's control number if it applies.

**5a. Federal Entity Identifier** (optional)

Add your organization's Federal Entity Identifier if it applies.

**5b. Federal Award Identifier** (optional)

For new applications, leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award identifier number. If a changed/corrected application, enter the federal award identifier if it applies.

**The following two fields (6 and 7) are for State Use Only:**

**6. Date Received by State** (optional)

Leave this field blank. This date will be assigned by the state if it applies.

**7. State Application Identifier** (optional)

Leave this field blank. This identifier will be assigned by the state if it applies.

**8. Applicant Information**

**\* 8a. Legal Name** (required)

Enter the legal name of the applicant that will undertake the assistance activity. This is the organization that has registered with the System for Award Management (SAM).

**\* 8b. Employer/Taxpayer Identification Number (EIN/TIN)** (required)

Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.

**\* 8.c: UEI** (required)

Your organization (and subrecipients of our award funds) must have a unique entity identifier (UEI) number to apply.

A missing or incorrect UEI number is the top reason Grants.gov rejects an application for errors.

**8.d: Address** (required)

Enter details for the following fields:

- \* Street1 (required)

- Street2 (optional)
- \* City (required)
- County/Parish (optional)
- \* State (required)
- Province (optional)
- \* Country (required)
- \* Zip/Postal Code (required)

In this last address field, enter your 9-digit ZIP code. Use [USPS: Look Up a Zip code](#).

**8.e: Organizational Unit** (optional)

There are two fields: Department Name and Division Name. Enter the name of the primary organizational unit, department, or division that will undertake the assistance activity.

**8.f: Name and contact information of person to be contacted on matters involving this application** (required)

Fill in your Project Director's name. This person and name are separate from the Authorized Representative (same as AOR) in field 21. (Ensure they use an out of office email that says who to contact while they're out.)

- Prefix (optional)
- \* First Name (required)
- Middle Name (recommended - If no middle name, add N/A)
- \* Last Name (required)
- Suffix (optional)
- Title (optional)
- Organizational Affiliation (Enter organizational affiliation if different from the applicant organization)
- \* Telephone Number (required daytime number)
- Fax Number (optional)
- \* Email (required)

**\* 9. Type of Applicant 1: Select Applicant Type** (required)

Select a minimum of one applicant type from the drop-down menu or select up to three applicant types, per NOFO instructions. If “\* Other” is selected, then specify Other Type of Applicant in text box.

**\* 10. Name of Federal Agency** (required)

Grants.gov pre-populates this field with “Health Resources and Services Administration.”

**\* 11: Catalog of Federal Domestic Assistance Number** (required)

Grants.gov pre-populates this field with the **federal assistance listing number** (AL) number (*formerly referred to as CFDA number*) listed in every NOFO.

Assistance Listing Title field (required) is also prepopulated.

**\* 12. Funding Opportunity Number** (required)

Grants.gov pre-populates this field with the number found on the NOFO.

Title field (required) is also pre-populated with the NOFO title.

**13. Competition Identification Number**

Grants.gov pre-populates this field with the number found on the NOFO.

Title field is also pre-populated with the NOFO title.

**14. Areas Affected by Project (Cities, Counties, States, etc.)** (as needed)

This data element is intended for use only by programs for which the area(s) affected are likely to be different from the place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Add attachment to enter additional areas, if needed.

**\* 15. Descriptive Title of Applicant's Project** (required)

Enter a brief, descriptive title of the project. You may attach supporting documents, if requested in the NOFO.

**16. Congressional Districts Of** (required)

**\* 16a.** Enter the applicant's congressional district.

**\* 16b.** Enter the primary district affected by the program or project.

Instructions for 16a and 16b: Enter in the following format: 2-character state abbreviation – 3-character district number (for example, CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district). If all congressional districts in a state are affected, enter "all" for the district number (for example, MD-all for all congressional districts in Maryland). If nationwide, that is, all districts within all states are affected, enter US-all. If the program/project is outside the United States, enter 00.000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) form. Attach an additional list of program/project congressional districts, if needed.

**17. Proposed Project** (required)

There are two fields to complete:

- a. \* Start Date
- b. \* End Date

**18. Estimate Funding (\$)** (required)

Enter the amounts for the first budget period. Enter "0" for none if it applies.

- a. \* Federal (required)
- b. \* Applicant (required)

If cost sharing/match is required in the NOFO, enter the amount you're contributing during the first budget period.

- c. \* State (required)
- d. \* Local (required)
- e. \* Other (required)
- f. \* Program Income (required)
- g. \* TOTAL (required)

**\* 19. Is Application Subject to Review by State Under Executive Order 12372 Process?** (required)

There are three boxes to choose from:

- a. This application was made available to the State under the Executive Order 12372 Process for review on [add date]
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

If a NOFO is subject to EO 12372, "Intergovernmental Review of Federal Programs," it will say so.

EO 12372 allows states to set up a system to review applications from within their states for help under certain federal programs. Get information on states that have chosen to set up such a review system and who to contact in each state:

[Intergovernmental Review \(Single Points of Contact \(SPOC\) List\)](#) (PDF – 333 KB)

Contact your SPOC as early as possible. Alert them to the prospective applications and receive any instructions on the state's process this EO uses. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.

*Note: Federally recognized Native American tribes or tribal organizations do not need to do this.*

**\* 20. Is the Applicant Delinquent on any Federal Debt?** (required)

Check "Yes" or "No." Select the appropriate box. This question applies to your organization, not the person who signs as the authorized representative. Categories of federal debt include but may not be limited to delinquent audit disallowances, loans, and taxes. If yes, include an explanation in an attachment.

**\* 21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) (required)**

Check the “I AGREE” box.

**Authorized Representative** (required)

This last section of the SF-424 form has multiple fields to be signed and dated by your organization’s authorized representative:

- Prefix (optional)
- First Name (required)
- Middle Name (recommended - If no middle name, add N/A)
- Last Name (required)
- Suffix (optional)
- Title (required)
- Telephone Number (required daytime number)
- Fax Number (optional)
- Email (required)
- Signature of Authorized Representative (required)

A copy of the governing body’s authorization for you to sign this application as the official representative must be on file in your organization’s office. For all Grants.gov submissions, the signature of the authorized representative and the date signed are completed upon submission.

**3.1.2. Project abstract**

Use the Standard OMB-approved Project Abstract Summary form that Grants.gov includes in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit.

Summarize the application in the Project Abstract field. Use 4,000 characters or less. Do not include [personally identifiable information \(PII\)](#) in abstract form. The public and Congress may see your abstract. Make sure it’s clear, accurate, short. Do not refer to other parts of the application. Describe the needs you’ll address, the proposed services, and the group(s) you’ll serve.

If you receive an award, we’ll put your project abstract on public websites and databases, including [USAspending.gov](#). See the NOFO for additional information that we may require you to add to the project abstract.

**3.1.3. Project narrative**

You must describe all aspects of the proposed project. Make it brief, self-explanatory,

consistent with forms and attachments, and well-organized so that reviewers can understand it. See the NOFO for specific instructions.

### **3.1.4. Project Budget Information - Non-Construction Programs (SF-424A)**

**These instructions may differ from the ones on Grants.gov.** When you complete the SF-424A, follow instructions in the NOFO and these instructions, that include the [salary rate limitation](#) and funding restrictions ([specific](#) and [general](#)).

The total project costs are the total allowable costs (including direct and indirect costs) that you incur while carrying out a HRSA-supported project or activity. Total project costs include costs you charge to the award and costs you bear to satisfy a matching or cost-sharing<sup>2</sup> requirement, as it applies.

#### **Classification of costs**

There is no universal rule for classifying certain costs as direct or indirect F&A under every accounting system.

A cost may be direct regarding some service or function, but indirect with respect to the federal award or other final cost objective.

Treat each item of cost incurred for the same purpose consistently in similar situations, either as a direct or an indirect F&A cost. This helps avoid possible double charging of federal awards.

Review guidelines for deciding on direct and indirect F&A costs charged to federal awards in [45 CFR part 75, subpart E](#).

#### **Multi-year non-construction projects**

Complete Sections A – F of the SF-424A Budget Information – Non-Construction Programs form.

#### **SECTION A – Budget summary, ROWS 1–4**

- Provide budget amounts for the first four years of the project
- Enter the amounts in the “New or Revised Budget” column, not the “Estimated Unobligated Funds” column

#### **SECTION B – Budget categories**

##### **SECTION B 6. Object class categories**

Provide the object class category breakdown (that is, line-item budget) for each year of the period of performance as specified in the NOFO.

- Use column (1) to provide category amounts for year one.
- If it applies, use columns (2) through (4) for each budget year that follows.
- If it applies, for year five, submit a copy of Section B of the SF-424A as an attachment. (The NOFO will list a specific attachment number. We do not

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<sup>2</sup> If not a requirement per statute or regulation, voluntary matching or cost sharing is not considered during merit review.

count this in the page limit.).

### **SECTION B 7. Program Income**

Enter the estimated amount of total program income, if any, expected to be directly generated by or earned from your project. Program income includes but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under federally funded projects, the sale of commodities or items fabricated under an award, license fees and royalties on patents and copyrights, and interest on loans made with award funds. For more information, please refer to the NOFO and the Uniform Administrative Requirements at 2 CFR §§ 200.2 and 200.307; 45 CFR §§ [75.2](#) and [75.307](#). If program income does not apply, leave blank.

### **SECTION C – Non-federal resources**

- Only complete if the cost sharing guidance in the NOFO requires it. Lines 8–11 correspond to the first four years of the project.
- If it applies, for year five, submit a copy of Section C of the SF-424A as an attachment (NOFO will list a specific attachment number. We do not count this in the page limit.).

### **SECTION D – Forecasted cash needs**

- If you do not have to include cost sharing/matching: only complete line “13. Federal” in the first column titled “Total for 1<sup>st</sup> Year.”
- If must include cost sharing/matching: complete all three lines in the first column, “Total for 1<sup>st</sup> Year.”
  - 13. Federal
  - 14. Non-Federal
  - 15. Total (Sum of lines 13 and 14)

### **SECTION E – Budget estimates of federal funds needed for balance of the project**

Complete line 16 of the Future Funding Periods columns for the outyears, with (b) *First* being the 2<sup>nd</sup> year, (c) *Second* being the 3<sup>rd</sup> year, etc.

### **SECTION F – Other budget information**

Optional. For this last section of the SF-424A form, follow the specific Budget instructions listed in the NOFO.

### **Funding policies and limitations**

If noted in the NOFO, the following applies:

#### **Salary rate limitation**

The current appropriations act provides a salary rate limitation, that applies to both direct and indirect costs. The law limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements.

You may not use award funds to pay someone’s salary at a rate above Executive Level II, which is **\$221,900** (*effective January 2024*). This amount reflects the person’s base salary. It does not include fringe benefits or any income that you may allow the person to earn outside of your organization’s duties.

This salary rate limitation also applies to subrecipients under a HRSA grant or cooperative agreement.

Note that these or other salary rate limitations will apply in the following fiscal years, as the law requires. For more details, see [HHS Grants Policy Statement](#).

Here’s a breakdown and examples of the limitation:

Person’s <i>actual</i> base full-time salary paid from your organization’s funds:	\$255,000
They’ll devote 50% of their time to the project	
Direct salary	\$127,500
Fringe (25% of salary)	\$31,875
<b>Total</b>	<b>\$159,375</b>

**Amount that you may claim on the application budget due to the statutory salary rate limitation:**

Person’s base full-time salary <i>adjusted</i> to Executive Level II:	<b>\$221,900</b>
They’ll devote 50% of their time to the project	
Direct salary	<b>\$110,950</b>
Fringe (25% of salary)	<b>\$ 27,737</b> (rounded down)
<b>Total</b>	<b>\$138,687</b> (rounded down)

**Staff Justification Table**  
(varied Full-Time Employee (FTE) percentages)

Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary*	Federal Amount Requested
J. Smith	CEO	50	\$255,000	\$221,900	\$110,950
M. Green	Dentist	100	\$225,000	\$221,900	\$221,900
C. Moore	Physician	50	\$200,000	No adjustment needed	\$100,000
R. Doe	Nurse Practitioner	100	\$120,000	No adjustment needed	\$120,000
H. Black	Outreach Director	50	\$70,000	No adjustment needed	\$35,000
D. Jones	Data/AP Specialist	25	\$50,000	No adjustment needed	\$12,500
	<b>TOTAL</b>		<b>\$920,000</b>		<b>\$600,350</b>



\*Use when salary is over the \$221,900 limit.

To consider costs allowable and [allocable](#), make sure that:

- Official records support staff costs that reflect the work performed
- Internal controls provide reasonable assurance

### **Funding restrictions (specific mandates)**

Statutory/legislative mandates (orders) in annual appropriations must be followed when the appropriation funds HRSA programs.

Make sure you have strong policies and procedures and handle your finances well. This way you'll avoid spending any HRSA funds on banned activities.

When you receive federal funding, you agree to follow federal rules. This may include limits on how you may use funds for lobbying, executive salaries, gun control, abortion, etc.

Like all other award requirements, we can audit (check) how effective your policies, procedures, and controls are.

Review recent [Legislative Mandates](#)

### **Funding restrictions (in general)**

You may request funding up to the ceiling amount listed in the NOFO.

Awards to support projects beyond the first budget year will depend on whether:

- Congress appropriates funds
- Your progress meets the project's objectives
- We decide that continued funding is in the federal government's best interest

### *Unallowable costs*

The NOFO specifies unallowable costs that apply to each funding opportunity.

Consult the cost principles for a complete explanation:

- [Section 5.2 Compliance Requirements at a Glance](#)
- [UAR Subpart E – Cost Principles at 45 CFR part 75](#)

Requirements that the program statute, regulations, or the terms and conditions of the award specify may also govern the allowability of costs under individual HRSA awards. These requirements are more important than the general information we provide here or in the regulations that we reference.

Note: A cost is unallowable if it is not reasonable, necessary, [allocable](#) to the award, or adequately documented ([45 CFR § 75.403](#)). In addition, the cost must be related to the specific program. For example, a medical training program should not include construction costs.

Refer to the [Allowable and Unallowable Costs and Activities section](#) in the [HHS Grants Policy Statement \(October 1, 2024\)](#) for more details.

NOTE: If you do not document costs—such as vouchers, invoices, timekeeping records—with enough detail to determine if the cost is allowable and allocable, then your annual audit might reflect that you cannot charge the costs to the HRSA award. You will need to return the funds if you do not record the costs.

### **3.1.5. Budget narrative**

Detail your budget. Explain the amounts we request for each line of the budget in Section B. 6. Object Class Categories. Amounts here should match and be mathematically correct with amounts in your SF-424 and SF-424A.

You should describe how each item will help you carry out the project's objectives.

For budget years that follow, highlight the changes from year one or show that you've made no big budget changes during the period of performance.

*Note:* Do not use the budget narrative to expand the project narrative.

### **Object class categories**

- *Personnel costs:* List each staff member who you'll support with funds. Include their name (if possible), position title, percentage of full-time equivalency, and annual salary.

If noted in the NOFO, follow the [salary rate limitation guidance](#) imposed by the current appropriations act.

- *Fringe benefits:* List everything that makes up the fringe benefit rate. For example: health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement.

The fringe benefits should be directly proportional to the staff costs that you set aside for the project.

If the NOFO mentions salary rate limitation, you must adjust the fringe benefit proportionally for anyone with a base salary above the statutory salary rate limitation (that is, \$221,900).

Note: Directly proportional means that as one amount increases, another amount increases at the same rate.

- *Travel:* List travel costs according to local and long-distance travel.

For local travel, give the mileage rate, number of miles, reason for travel and staff member or consumers traveling.

For meetings, trainings, and workshops: Include expenses like airfare, lodging, parking, and per diem for each person and each trip.

- Name the traveler(s), if possible.
  - Describe the reason for travel.
  - Include the number of trips involved, the destinations, and the number of people for whom you're requesting funds.
- *Equipment:* List costs and explain the reason(s) why you need the equipment to carry out the program's goals. Give us a detailed status of current equipment. Effective **October 1, 2024**, HHS adopted the following superseding provisions:
    - [2 CFR 200.1](#), Definitions, Equipment
    - [2 CFR 200.313\(e\)](#), Equipment, Disposition
  - *Supplies*<sup>3</sup>: List the items that you'll use to carry out the proposed project. Separate supplies into three categories
    - Office (for example, paper or pencils)
    - Medical (for example, syringes, blood tubes, or gloves)
    - Educational (for example, brochures or videos)

You must list items separately.

Effective **October 1, 2024**, HHS adopted the following superseding provisions:

- [2 CFR 200.1](#), Definitions, Supply
  - [2 CFR 200.314\(a\)](#), Supplies
- *Contractual/consultant:* Explain the purpose of each contract, how you estimated the costs, and the specific product you expect to come from each contract.

Do not provide line-item details on proposed contracts. Instead, provide the basis for your cost estimate for the contract. You're responsible for ensuring that your organization or institution has an established and adequate procurement system in place with fully developed written procedures for awarding and monitoring all contracts.

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<sup>3</sup> We classify property as supplies if it costs under \$10,000. This can include laptops, tablets, and desktop computers if they cost under \$10,000.

List the total costs for all consultant services. Identify each consultant, the services they will perform, total number of days, travel costs, and total estimated costs.

Executive Orders 12549 and 12689, 2 CFR parts 180 and 376 affect non-federal entities and contractors. These restrict awards, subawards, and contracts with certain parties that cannot participate in federal assistance programs or activities.

- **Other:**

Include all costs that do not fit into any other category. Explain each cost in this category (for example, electronic health record, provider licenses, audit, legal counsel).

Rent, utilities, and insurance fall under this category if they are not included in an approved indirect cost rate.

Include the cost of anything that helps anyone access project-related content.

- Sign language interpreters (categorize as *Other* or *Contractual/consultant*)
- Plain language and health literacy print materials in formats like Braille or large print)
- Services that help translate or interpret language

- **Subawards**

For subawards to entities that will help carry out the work of the award, describe how you will monitor their work to ensure they're properly using the funds. See [45 CFR § 75.351 Subrecipient and contractor determinations](#).

Notify potential subrecipients that they must register in SAM and provide you, the recipient, with their UEI number (see [2 CFR part 25](#)).

- **Indirect costs:** Costs that meet common or joint objectives but do not relate to a specific project or program. For example: the cost of running and maintaining facilities, depreciation, and employee salaries.

Note: Some use the term “facilities and administration” (F&A) for indirect costs.

If your organization does not have an indirect cost (IDC) rate negotiated with the federal government, you may take one of the two following actions:

- Apply for an IDC rate through HHS’s Program Support Center (PSC). Visit [PSC’s Indirect Cost Negotiations](#) to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.
- Per [2 CFR 200.414\(f\)](#), if you do not have a current negotiated indirect cost rate (including provisional rate), you may elect to charge a *de minimis*

rate.

- If you choose this method, you must charge costs consistently as either direct or indirect.
- 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 or until you elect to negotiate a rate.

If you include indirect costs, either attach a copy of the indirect cost rate agreement or specify that you are electing to charge a *de minimis* rate. This will not count toward the page limit if the NOFO requires you include it.

### **How we provide funding for a multi-year award**

NOFOs can have periods of performance of one to five years.

Most competitive awards have a one-year budget period. However, the period of performance may be up to five years.

It works like this:

1. You submit your progress report(s) and other required documents.
2. We approve them.
3. The budget period renews.
4. We release funds for the following year.

We decide if we fund beyond the one-year budget period but within the multi-year period of performance. This depends on three factors.

1. We have funds.
2. You make good progress.
3. We determine if continuing to fund you is in our best interest.

#### **3.1.6. Attachments**

- Provide as the NOFO specifies
- Upload into the application – we will not open or review anything you hyperlink
- Count toward the application page limit that the NOFO specifies (unless we note differently)
- **Label clearly**

#### **3.1.7. Staffing plan & job descriptions**

If required in the NOFO, present a plan and justify it. Include education and experience and explain why you're requesting the amount of time for each staff position.

In the attachment that the NOFO specifies, include the following for proposed project staff:

- Position descriptions with the roles, responsibilities, and qualifications
- Biographical sketches for any key personnel.

When it applies, these sketches should include training, language fluency, and experience working with the groups of people you serve who come from different cultures and speak other languages.

See 45 CFR [§ 75.430 Compensation—personal services](#).

### 3.1.8. Key Contacts

Key Contacts Forms are required for all Key Personnel. See [SF-424 Application for Federal Assistance – Table of Contents for more details and Principals and Personnel definitions](#).

### 3.1.9. Assurances

If you expect research involving human subjects, you must:

- Protect human subjects from research risks. (See the Code of Federal Regulations, [Title 45 – Public Welfare, Part 46 – Protection of Human Subjects](#)).
- Hold a Federal Wide Assurance (FWA) of compliance from the HHS [Office for Human Research Protections \(OHRP\)](#) before award. You must include your Human Subject Assurance Number (from the FWA) in your application. If you do not have an assurance when you apply, you must show that you'll get one from OHRP before award.
- Initial and continuing approval of the research by an appropriately constituted and registered institutional review board (IRB). For instructions on registering IRBs and obtaining FWAs, see the [OHRP website](#). For any questions on human subjects protection research, please visit [HRSA'S human subjects protection research website](#) or contact HRSA's human subject protection experts at [Protections@hrsa.gov](mailto:Protections@hrsa.gov).

Read [Certificates of Confidentiality for HRSA-Supported Research](#).

### 3.1.10. Certifications

Complete the required Certification Regarding Lobbying Form and, if it applies, the Disclosure of Lobbying Activities Form. We provide both in the application package.

#### Lobbying

1. You may not use federal funds to pay any person to influence or attempt to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress connected to any of the following:
  - Awarding of any federal contract

- Creating any federal grant or loan
- Entering into any cooperative agreement
- Extending, continuing, renewing, changing any federal contract, grant, loan, or cooperative agreement

Similarly, no one may do this on your behalf.

2. Submit Standard Form-LLL, "Disclosure of Lobbying Activities," if you use or have used any funds other than federal funds to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement.
3. All subawards must use the certification language in the award documents. Tiers include subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements. All subrecipients must certify and disclose accordingly.

Your signature means that you are certifying the information is correct; you must provide this signed form before you draw down any funds under this award if you are a successful applicant. (See [section 1352, title 31, U.S. Code.](#))

If anyone fails to file the required certification, they may have to pay a civil penalty between \$10,000 and \$100,000 for each failure.

### **Federal Debt**

You may not receive a federal grant if you, or your organization, has a judgment lien filed against you for a debt to the United States.

By signing the SF-424, you certify that you are not overdue on federal debt in keeping with [OMB Circular A-129](#). Examples of relevant debt include:

- Unpaid payroll or other taxes
- Audit disallowances (that is, costs determined to be unallowable)
- Guaranteed and direct student loans
- Benefits that were overpaid

If you're behind on federal debt, you must prove that you've arranged to repay the agency to which you owe the debt. Upload this explanation as an attachment.

**Debarment, suspension, ineligibility, and voluntary exclusion certification**

By submitting this proposal, you're saying the following are true.

- A. This certification in this clause is a material representation of fact. If it is later determined that the prospective recipient knowingly submitted an erroneous certification, in addition to other remedies available to the federal government, HHS may pursue available remedies, including but not limited to, suspension and/or debarment.
- B. The prospective recipient shall provide immediate written notice to HRSA if at any time the recipient learns that its certification was erroneous when submitted or had become erroneous due to changed circumstances.
- C. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this certification, are defined in [2 CFR part 180](#), as supplemented by [2 CFR part 376](#).
- D. The prospective recipient agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under [2 CFR part 180](#), or [48 CFR part 9, subpart 9.4](#), debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized in writing by HRSA.
- E. The prospective recipient further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions and receive a copy of the signed attestation by such lower tier contractor/subrecipient.
- F. A recipient may rely upon a certification of a prospective recipient in a lower tier covered transaction that neither it nor its [principals](#), are proposed for debarment under [2 CFR part 180](#) or [48 CFR part 9, subpart 9.4](#), debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. HRSA strongly encourages each participant to check the Excluded Parties database in the [System for Award Management](#).
- G. Nothing contained in this certification requires establishment of a system of records in order to provide the certification required by this certification.
- H. Except for transactions authorized under paragraph E of this statement, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under [2 CFR part 180](#) or [48 CFR part 9, subpart 9.4](#), suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the Department may pursue available remedies, including, but not limited to, suspension and/or debarment.



## **3.2. How to format narratives and attachments**

### **3.2.1. Font**

- Use a readable font, such as Times New Roman, Arial, Courier, or CG Times.
- Make text and tables single-spaced. All text must be at least a 12-point font
- For charts, graphs, footnotes, and budget tables, you may use a different (at least 10-point) pitch or size font.

### **3.2.2. Paper size and margins**

- Ensure that we can print your application on 8½” x 11” white paper.
- Margins must be at least one inch at the top, bottom, left and right of the paper.
- Left-align text.

### **3.2.3. Names**

On each page as the footer, include your organization’s name and 10-digit award number (if competing continuation or competing supplement).

### **3.2.4. Section headings**

Put all section headings flush left in bold type.

### **3.2.5. Page numbering**

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

### **3.2.6. Attachments Guidelines**

Unless the NOFO says differently, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

Although Grants.gov allows you to upload other types of attachments, we only accept the following:

#### **File types**

- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format
- .TXT - Text
- .WPD - Word Perfect Document
- .PDF - Adobe Portable Document Format
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

## File names

Only use the following characters when naming your attachments:

- Uppercase letters: A–Z
- Lowercase letters: a–z
- Numbers: 0–9
- Characters: apostrophe, comma, semicolon, hyphen, space, period, exclamation point, parenthesis, curly braces, square brackets, ampersand, tilde, at sign, number sign, dollar sign, percent sign, plus sign, equal sign

File names **MUST** be under 50 characters.

When we print your application, documents will print as you have formatted them. If you use Excel or other spreadsheets, reviewers will only see information that is set in the “Print Area.”

### **3.3. How to order application content (Table of Contents)**

We use an automatic numbering approach. This ensures applications are consistent when we print them.

We use a standard package from Grants.gov and a [standard order of forms](#). The NOFO tells you where to upload specific attachments 1 to maximum of 15.

**SF-424 Application for Federal Assistance – Table of Contents**

- Recommendation: number the attachment pages sequentially and reset the numbering for each attachment. Do not attempt to number standard OMB-approved form pages.
- Do not include a table of contents for the entire application. HRSA will create a table of contents in the order specified.

<b>Application Component</b>	<b>Document Type</b>	<b>Document Name</b>	<b>Instructions</b>
Project abstract	Form	Project Abstract Summary Form	Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less.
Project narrative	Form	Project Narrative Attachment Form	Supports the upload of Mandatory Project Narrative document.
Project narrative	Attachment	Mandatory Project Narrative File	Must upload in Project Narrative Attachment form. Select the “Add Mandatory Project Narrative File” button.
Budget narrative	Form	Budget Narrative Attachment Form	Supports the upload of Mandatory Budget Narrative.
Budget narrative	Attachment	Mandatory Budget Narrative	Must upload in Budget Narrative File(s) Attachment form.
Attachments	Form	Attachments Form	Supports up to 15 numbered attachments. This form only contains the attachment list.
Attachments 1 to 15	Attachment	Attachment Forms 1 to 15	<ul style="list-style-type: none"> <li>• Upload in Attachments Form 1–15.</li> <li>• Refer to the Attachments section in the NOFO for specific sequence and requirements. Unless the NOFO says otherwise, we count attachments in the page limit.</li> <li>• Provide additional supporting documents, if it applies, using the available rows. Do not use the rows assigned to a specific purpose in the program NOFO.</li> <li>• Merge similar documents into a single document. If you include several documents in the attachment, use a table of contents cover page specific to the attachment. We will not count the table of contents page in the page limit.</li> </ul>

Application Component	Document Type	Document Name	Instructions
<b>Other required forms and attachments</b>			
	Form	Application for Federal Assistance (SF-424)	Complete pages 1 to 3.
	Attachment	Additional Congressional District	Can upload on the third page of SF-424 - Box 16.
	Form	SF-424A Budget Information - Non-Construction Programs	Supports data for the budget.
	Form	Disclosure of Lobbying Activities (SF-LLL)	Supports structured data for lobbying activities.
	Form	Project/Performance Site Location(s) <sup>4</sup>	Supports primary and 299 additional sites in structured form.
	Attachment	Additional Performance Site Location(s) <sup>3</sup>	Can upload in the SF-424 Performance Site Location(s) form as a single document with all additional site location(s).
	Form	Grants.gov Lobbying Form	Supports required lobbying assurances.
	Form	Key Contacts	Submit direct contact information for all principals <sup>5</sup> and key personnel <sup>6</sup> . We require the “Middle Name” for each principal and key personnel you submit. If someone does not have a middle name, add N/A on the form.

<sup>4</sup> To improve grant award data accuracy, HHS requires that applicant street addresses (SF-424 face page and Project/Performance Site Location Form) contain a valid 9-digit Zip code. [Look Up a Zip code](#) on USPS.

<sup>5</sup> See [2 CFR § 180.995](#) and [2 CFR § 376.995](#)

<sup>6</sup> Key personnel: The principal investigator / project director and others who help develop or carry out the program or execute a project or program in a real, measurable way, whether they receive salaries, compensation or other benefits under the award.

### 3.4. Application page limit

The NOFO will tell you the page limit. We will not review any pages that exceed the page limit. Do not go over it when you upload attachments. We recommend you use Grants.gov workspace forms connected to your NOFO to avoid going over the page limit.

Does not count in the page limit	Does count in the page limit
<ul style="list-style-type: none"> <li>○ <b>Standard OMB-approved forms in the workspace application package</b></li> <li>○ <b>Project Abstract Summary</b></li> <li>○ <b>Indirect Cost Rate Agreement</b></li> <li>○ <b>Proof of non-profit status (if it applies)</b></li> </ul>	<p>An OMB-approved form not in the NOFO’s workspace application package</p>

Note: Print all attachments and confirm the number of pages before you submit.

### 3.5. Date and time to apply

#### Letter of intent

Only submit a letter of intent if the NOFO requests it.

The letter should identify your organization and intent to apply, and briefly describe the proposal.

Email the letter to [HRSADSO@hrsa.gov](mailto:HRSADSO@hrsa.gov) by the date on the NOFO. Use the HRSA opportunity number as the email subject (HRSA-##-#####). *Note:* We will not confirm that we’ve received your letter of intent.

#### Application deadline

Apply by 11:59 p.m. ET on the date we list in the NOFO’s **Deadlines** section. (We’ll note if it’s different.)

You’ve applied when:

- Your AOR or designee applies via Grants.gov to the correct funding opportunity number.
- Grants.gov verifies it on or before the deadline.

### 3.6. How to correct mistakes

If you apply more than once before the deadline, we’ll only accept and review the last one. Grants.gov must verify it and it must be under the correct funding opportunity number.

If you apply under the wrong funding opportunity number, we may deem it non-responsive (decide you did not do what we asked and reject your application). Refer to [Section 2.6](#) for more guidance.

To correct a mistake, in Box 1 of the SF-424, check “Changed/Corrected Application,” and submit the corrected version before the deadline.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

**Make sure the AOR applies by the deadline. We will not accept incomplete, rejected, or otherwise delayed applications after the deadline.**

### **3.7. How to write a strong application**

Applications must follow the page limits provided in the NOFO. So, be brief, but precise as you describe:

- **Goals and objectives**
  - Define them clearly
  - Be specific
- **Need**
  - The need for the service or activity that the grant will support
  - Your organization's track record in fulfilling that need
- **Response and impact**
  - Show how you plan to achieve the program's purpose
  - Include supporting data whenever possible
- **Resources and capabilities**
  - Elaborate on your organization's knowledge, staffing, and fiscal stability
  - Explain how these ensure you can carry out your proposal and meet the goals of the grant program
- **Budget**
  - A realistic plan that matches your goals and objectives
  - Include a narrative that justifies the costs

#### **Follow Our 10 Tips**

- 1) Start preparing the application early.
  - Allow plenty of time to gather required information.
  - Submit well before the deadline.
  - Power failures are not an excuse for applying late.

- 2) Follow the NOFO instructions.
  - Place all information in the order we request.
  - Write clearly.
  - Complete all application elements and responses to the program requirements.
- 3) Keep your audience in mind.
  - Do not assume that reviewers are familiar with your organization, service area, barriers to health care, or health care needs in your community.
  - Think about the review criteria when you write the application.
- 4) Be brief and clear.
  - Provide accurate and honest information.
  - Include candid accounts of problems and realistic plans to address them.
  - If you omit any required information or data, explain why.
  - Match content in tables, charts, and attachments with the proposal narrative.
  - Your budget should reflect back to the proposed activities.
  - Fill out forms accurately and completely.
- 5) Be organized and logical.
  - Many applications fail to receive a high score because reviewers:
    - Cannot follow the applicant's thought process.
    - Determine that application parts do not fit together.
- 6) Show evidence of solid fiscal management.
  - Your application should show that you'll be responsible with public funds.
- 7) Attend to technical details.
  - An expired SAM registration is the top reason applications are rejected.
  - Reviewers also reject applications because of file issues. Do not:
    - Exceed Grants.gov's 50-character limit for file names
    - Include special characters in the file name
    - Save in the wrong version of Adobe Acrobat
    - Save in any file type that we do not accept.
- 8) Be careful when you use attachments.
  - Do not use attachments for information we require in the body of the application.
  - Cross-reference all tables and attachments to the appropriate text in the application.
  - Upload the attachments in the order the NOFO requires.
- 9) Review your application to ensure it's accurate and complete.
  - Before you apply, print out your application. Review to ensure you:

- Complied with page limits
- Included all attachments

10) Submit all information at the same time.

- We will not:
  - Consider additional information or materials you submit late.
  - Accept emailed applications or supplemental materials once we receive your application.

### **3.8. How to withdraw your application**

You may withdraw your application any time before we issue an award. Email [ApplicationWaivers@hrsa.gov](mailto:ApplicationWaivers@hrsa.gov) and the PC and GMS listed in the NOFO.

## **4. AFTER YOU APPLY**

We review each application to ensure you're eligible and it's responsive, complete, and conforms with the NOFO's requirements. This includes complying with programmatic, budgetary, and grants management requirements.

*Note:*

- 1) We check that each application is complete.
- 2) If your application does not pass the initial screening, we'll email you through the EHBs. (We'll send it to the person signing the application on behalf of the organization.) The email will tell you that we will not consider the application and you will not receive funding.

It is up to us whether we make an award or not at a particular funding level. You cannot appeal the decision to us/HRSA, HHS officials, or boards.

- 3) We screen to make sure you're eligible. We rate each eligible and complete application based on the program elements and merit review criteria in the NOFO's **Merit review** section.

### **How we ensure objectivity in our review**

Experts serving on a merit review panel perform the reviews. Experts have the training and experience in fields or disciplines related to the program.

We screen each reviewer to avoid conflicts of interest. Reviewers must give an objective, unbiased evaluation based on the review criteria.

In selecting review committee members, we may consider other factors to improve the makeup of the committee, for example, where they're located.



## **Review criteria**

The criteria allow the review panel to look at the quality of a proposed project and decide how likely it is to succeed. The criteria are related, and we consider them as a whole when judging the overall quality of an application.

*Note:* We created indicators for each review criterion. These help you present important information related to that criterion and to provide the reviewer with a standard for evaluation. The NOFO outlines the review criteria outlined in detail and scoring points.

We may apply funding factors as we review. Funding factors are other factors that we may use in selecting approved applications for award. We apply funding factors **after** the merit review panel ranks the applications.

In the NOFO you'll learn:

- What information you need to give us so it can be determined if you qualify for the funding factor
- Who decides if you've met the funding factor(s) (the merit review panel or HRSA staff)

The NOFO explains what we prefer, our priorities, or anything special we may consider. We'll be clear on how this may affect your application. For example, whether they result in us giving additional points. However, qualifying for a funding factor does not guarantee that your application will be funded.

## **How we notify you of an award**

You'll receive written notification through the EHBs of the result of your application review. This includes a summary of the expert committee's evaluation of your application's strengths, mets<sup>7</sup>, and weaknesses, as well as a score as applicable.

If we award you funding, we'll email a Notice of Award (NOA) to the AOR and P\IPD.

The Grants Management Officer (GMO) issues the NOA through our Electronic Handbooks (EHBs).

The NOA is a legal document. It says we've made an award and tells you:

- How much funding we're awarding
- What terms and conditions you must follow
- When the award begins
- Non-federal share (if it applies)
- When we expect the project to end (total period of performance)

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<sup>7</sup> Met: meeting the minimum requirement in the NOFO, not superlative and not a weakness.

The NOA is the only document authorizing you to begin work on the project. Any other communication announcing that we selected your application does not authorize you to begin work.

We issue the NOA before the award’s start date. You can find the expected start date in the NOFO’s Summary.

You may have to respond to conditions in the NOA before you draw/request funds.

Until an NOA for the initial budget period has been issued, any costs for the project are at your own risk.

**Registering in ID.me for Payment Management System (PMS) Access**

If you receive an NOA and accept the award, you will need to create an account with ID.me to access HHS’ PMS system. PMS is the tool used for managing award payments. This is a **new** requirement that improves identity assurance since it enables multi-factor authentication. For more information, visit the [PMS website](#).

**How to report on your award**

If you receive an award from us, you must comply with standard reporting and review activities. The NOFO or NOA will note if you do not have to do this. Visit the NOFO’s **Reporting** section to see if your program requires program-specific reporting.

The NOA provides specific information; however, these are the standard requirements:

**Complete an audit**

Effective **October 1, 2024**, HHS adopted the following superseding provision: [2 CFR 200.501](#), Audit requirements which increases the single audit threshold to \$1,000,000.

**Complete status reports**

Type of report	Why we need it	When it’s due	Where to submit it
Federal Financial Report	Tells us what you’ve spent on the project.	Every year after the end of the budget period. Check reporting requirements on your Notice of Award.	<a href="#">Payment Management System (PMS)</a>
Progress report(s)	Lets us know how the project is going so far.	It depends. Check your Notice of Award. It could be once every three months, once every six months, or once a year.	<a href="#">Electronic Handbooks (EHBs)</a>

Type of report	Why we need it	When it's due	Where to submit it
Final report	Captures your entire project: Goals you had. Strategies you used. Barriers you faced. Impact you made.	120 calendar days after the period of performance ends.	<a href="#">Electronic Handbooks (EHBs)</a>
Tangible personal property report	Details equipment and supplies you purchased over \$10,000 per item	120 calendar days after the period of performance ends.  <i>Note:</i> You only have to report if you made purchases like these.	<a href="#">Electronic Handbooks (EHBs)</a>

Effective **October 1, 2024**, HHS adopted the following superseding provision: [2 CFR 200.344](#), Closeout.

### Transparency Act reporting

New awards (“Type 1”<sup>8</sup>) must report information that the [Federal Funding Accountability and Transparency Act \(FFATA\)](#) requires.

You must report during the entire period of performance. This applies to anyone who receives a grant or cooperative agreement. For example, a competing continuation (“Type 2”) or non-competing continuation (“Type 5”).

### What to report

- Each first-tier subaward of \$25,000 or more in federal funds
- Executive total compensation for you and your subrecipient’s five most highly paid executives (See [Appendix A](#) to 2 CFR part 170)

Read your NOA for more details.

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<sup>8</sup> Part of a coding system we use to show the difference between awards. The award type is the first digit of the “Award No.” as the NOA shows.

## 5. POLICIES, ASSURANCES, DEFINITIONS, AND ACRONYMS

### 5.1. Administrative and national policy requirements

If you receive a Notice of Award, you must comply with everything in this section including the following regulations and requirements.

- [45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards \(UAR\)](#)
- Effective **October 1, 2024**, HHS adopted the following superseding provisions:
  - [2 CFR 200.1](#), Definitions, Modified Total Direct Cost
  - [2 CFR 200.1](#), Definitions, Equipment
  - [2 CFR 200.1](#), Definitions, Supply
  - [2 CFR 200.313\(e\)](#), Equipment, Disposition
  - [2 CFR 200.314\(a\)](#), Supplies
  - [2 CFR 200.320](#), Methods of procurement to be followed
  - [2 CFR 200.333](#), Fixed amount subawards
  - [2 CFR 200.344](#), Closeout
  - [2 CFR 200.414\(f\)](#), Indirect (F&A) costs
  - [2 CFR 200.501](#), Audit requirements
- [HHS Grants Policy Statement](#) (October 1, 2024)
- [HHS Administrative and National Policy Requirements](#)

#### **Accessibility provisions and non-discrimination requirements**

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

Contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at [HRSACivilRights@hrsa.gov](mailto:HRSACivilRights@hrsa.gov).

### **Acknowledgment of federal funding**

You must comply with Public Law (P.L.) 118-47, and follow Division D, Title V, § 505 and state your acceptance of federal funds.

Refer to [Communicating and Acknowledging Federal Funding](#) for how to comply.

### **Conflict of interest**

We established a [Federal Financial Assistance Conflict of Interest Policy \(COI Policy\)](#) to comply with [45 CFR § 75.112](#). Under this policy:

- You must disclose in writing any potential conflict of interest
- We must:
  - Explain how we will handle financial conflicts of interest
  - Decide which outside activities, relationships, or financial interests are proper or improper
  - Give you enough time to notify us of outside activities, relationships, or financial interests
  - Offer a review process

### **Financial management standards**

Follow the guidance at 45 CFR Subpart E – Cost Principles and [45 CFR 75.302](#).

You must put internal controls in place. This ensures that costs you charge to HRSA awards are [allowable](#), [reasonable](#), [allocable](#), necessary, and documented. For example, you must ensure you only charge actual time you worked on HRSA projects to HRSA awards, and your management approved the time worked. For more details, visit [Internal Controls at a Glance | Tips for Developing Effective Internal Controls](#)

You must also have internal controls that ensure that you monitor and evaluate costs you charge to HRSA awards through subawards.

HRSA funds must retain their award-specific identity. Do not commingle with state funds or other federal funds. “Commingling funds” typically means depositing or recording funds in a general account without the ability to identify each specific source of funds for any spending.

### **Healthy People 2030**

Led by HHS, [Healthy People 2030](#) is the nation's 10-year plan for addressing our most critical public health priorities and challenges.

Since 1980, HHS's Office of Disease Prevention and Health Promotion has set measurable objectives and targets to improve the health and well-being of the nation.

### **Life sciences research program requirement**

The following requirement applies **only** to a life sciences research program that has the potential to procure synthetic nucleic acids or benchtop nucleic acid synthesis equipment:

- Beginning April 26, 2025, HHS funds may only be used to procure synthetic nucleic acids or benchtop nucleic acid synthesis equipment from sources adhering to [the Office of Science and Technology Policy Framework for Nucleic Acid Synthesis Screening](#). HHS awardees are expected to adhere to the [Office of Science and Technology Policy Framework for Nucleic Acid Synthesis Screening](#) for HHS projects.

### **Mandatory disclosures**

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. See Mandatory Disclosures, [45 CFR 75.113](#).

How to tell us about a violation

Write to us:

HRSA via attachment as part of your application

**AND**

U.S. Department of Health and Human Services  
Office of Inspector General

For full details, visit [HHS OIG Grant Self Disclosure Program](#)

### **Prohibition on certain telecommunications and video surveillance services or equipment**

For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

### **Smoke-free workplace**

For details, see **Pro-Children Act – Non-Smoking** in the [HHS Administrative and National Policy Requirements](#).

### **Trafficking in persons**

For details, see **Trafficking Victims Protection**: [HHS Administrative and National Policy Requirements](#).

## 5.2. Compliance requirements at a glance

Recipient type	Administrative requirements	Cost principles	Audit requirements
State, Local, and Tribal Governments	<a href="#">45 CFR part 75</a>	<a href="#">45 CFR part 75; subpart E</a>	<a href="#">2 CFR 200.501, Audit requirements</a>
Colleges and Universities	<a href="#">45 CFR part 75</a>	<a href="#">45 CFR part 75; subpart E</a>	<a href="#">2 CFR 200.501, Audit requirements</a>
Non-Profits	<a href="#">45 CFR part 75</a>	<a href="#">45 CFR part 75; subpart E</a>	<a href="#">2 CFR 200.501, Audit requirements</a>
Hospitals	<a href="#">45 CFR part 75</a>	<a href="#">45 CFR part 75, Appendix IX</a>	<a href="#">2 CFR 200.501, Audit requirements</a>
For-Profits	<a href="#">45 CFR part 75</a>	<a href="#">48 CFR subpart 31.2 (FAR 31.2)</a>	<a href="#">2 CFR 200.501, Audit requirements</a>
Foreign	<a href="#">45 CFR part 75</a>	As stated in this table's previous five rows for each recipient type: <a href="#">45 CFR part 75; subpart E</a> ; <a href="#">45 CFR part 75, Appendix IX</a> ; or <a href="#">48 CFR subpart 31.2 (FAR 31.2)</a>	<a href="#">2 CFR 200.501, Audit requirements</a> , except where we determine that applying these subparts would be inconsistent with the international obligations of the United States or the statutes or regulations of a foreign government.

## 5.3. Definitions

Refer to [45 CFR § 75.2 Definitions](#). Effective October 1, 2024, the three definitions (Modified Total Direct Cost, Equipment, and Supply) listed in [5.1. Administrative and national policy requirements](#) supersede.

## 5.4. Acronyms

<b>AL</b>	Assistance Listing (formerly the Catalog of Federal Domestic Assistance (CFDA))
<b>AO</b>	Authorizing Official

<b>AOR</b>	Authorized Organization Representative
<b>BPHC</b>	Bureau of Primary Health Care
<b>BHW</b>	Bureau of Health Workforce
<b>CAS</b>	Cost Allocation Services
<b>CCR</b>	Central Contractor Registration (now defunct)
<b>CFR</b>	Code of Federal Regulations
<b>CGMO</b>	Chief Grants Management Officer
<b>DSO</b>	Digital Services Operation
<b>DUNS</b>	Data Universal Numbering System
<b>EHBs</b>	Electronic Handbooks
<b>EIN</b>	Employer Identification Number
<b>EO</b>	Executive Order
<b>FAQ</b>	Frequently Asked Questions
<b>FAR</b>	Federal Acquisition Regulation
<b>FFATA</b>	Federal Funding Accountability and Transparency Act
<b>FORHP</b>	Federal Office of Rural Health Policy
<b>FY</b>	Fiscal Year
<b>F&amp;A</b>	Facilities and Administration
<b>GMO</b>	Grants Management Officer
<b>GMS</b>	Grants Management Specialist
<b>HAB</b>	HIV/AIDS Bureau
<b>HHS</b>	Health and Human Services
<b>HRSA</b>	Health Resources and Services Administration
<b>HSB</b>	Healthcare Systems Bureau
<b>IE</b>	Internet Explorer
<b>MCHB</b>	Maternal and Child Health Bureau
<b>MTDC</b>	Modified Total Direct Cost
<b>NCC</b>	Noncompeting Continuation
<b>NHAS</b>	National HIV/AIDS Strategy
<b>NOA</b>	Notice of Award
<b>NOFO</b>	Notice of Funding Opportunity
<b>OFAM</b>	Office of Federal Assistance Management
<b>OMB</b>	Office of Management and Budget
<b>ORO</b>	Office of Regional Operations
<b>OS</b>	Operating System
<b>PC</b>	Program Contact
<b>PD</b>	Project Director
<b>P.L.</b>	Public Law
<b>PO</b>	Project Officer / Program Official
<b>POC</b>	Point of Contact
<b>R&amp;R</b>	Research and Related
<b>SAM</b>	System for Award Management
<b>SF</b>	Standard Form
<b>TA</b>	Technical Assistance
<b>TIN</b>	Tax Identification Number
<b>UEI</b>	Unique Entity Identifier



## 6. CONTACT US

### 6.1. HRSA contacts

Topic	Who to contact	Where to find contact details
Program-related	Program contact (PC)	NOFO Section <b>Agency contacts</b>
Business, administrative, or financial	Grants management specialist (GMS)	NOFO Section <b>Agency contacts</b>

Note: The PC and the GMS work as a team in many award-related activities.

### 6.2. Grants.gov customer support

#### If you have a question or need technical support

Grants.gov Call Center

Call: 1-800-518-4726 (International: 606-545-5035)

Email: [support@grants.gov](mailto:support@grants.gov)

- Available 24 hours a day, 7 days a week, except federal holidays.
- Visit [Support Center](#) or [Self-Service Knowledge Base](#).

Note: Get a case number when you call so you can track your issue.

## 7. FAQ AND CHECKLISTS

### 7.1. Software

#### 7.1.1. What software do I need to use Grants.gov?

You'll need latest compatible version of Adobe Reader. Use Grants.gov's [Adobe Acrobat Reader Software Tip Sheet](#).

#### 7.1.2. Can I download Adobe Reader onto my computer?

Maybe. Your organization's computer network may not allow you to download software. Check with your IT department or system administrator.

#### 7.1.3. Can I use Grants.gov on a Macintosh (Mac)?

Yes.

## 7.2. BUDGET INFORMATION - Non-Construction Programs (SF-424A)

### 7.2.1. Where do I find this form?

In the application package

### 7.2.2. How long is the budget period?

Budget periods are generally 12 months.

### 7.2.3. How many budgets must I include when I apply?

When you apply, you must submit one-year budgets for each of budget period within the requested period of performance.

## 7.3. Receiving your application

### 7.3.1. When must I apply?

You must apply on Grants.gov by 11:59 p.m. ET on the due date. In some cases, the time may differ. Refer to the NOFO for an exact date and time.

Grants.gov must receive and verify your application under the correct funding opportunity number by the application deadline. It can take up to two days for Grants.gov to verify your application.

**Best practice:** Apply at least *three calendar days before* the deadline. If you have any errors or technical problems, you'll have time to correct them and apply before the deadline.

### 7.3.2. How can I track my application? What emails will you and Grants.gov send?

Check the status of your application after you apply using [Track My Application](#). Grants.gov will include this link when they email you to confirm they received your application.

Grants.gov will send four emails to your Authorizing Organization Representative (AOR).

Email Number	Subject line	What it tells you	When you'll get it
1	Submission Receipt	Confirms Grants.gov received your application	Within 48 hours
2	Submission Validation or Rejected with Errors	Tells you whether Grants.gov verified or rejected it	Within 48 hours

Email Number	Subject line	What it tells you	When you'll get it
3	Grantor Agency Retrieval Receipt	Informs you that we (HRSA) received it	Hours after you receive the second email
4	Agency Tracking Number Assignment	Gives you an application tracking number	Within three business days

#### 7.4. Grants.gov FAQ and training guides

- [Frequently Asked Questions by Applicants](#)
- [Applicant Training](#)

#### 7.5. Am I ready to apply?

- I've read the NOFO and this *Application Guide*.
- My organization is eligible to apply for this funding opportunity.
- I'm applying to the correct funding opportunity number.
- My proposed project responds to the program's goals and objectives.
- My application does not go over the award ceiling listed in the NOFO.
- I completed all forms and attachments listed in the NOFO and this *Guide*.
- My application does not go over the page limit.
- I'm planning to apply **at least *three* calendar days before** the deadline.
- I received an email from Grants.gov confirming they received my application.
- I've received a Grants.gov email with my agency application tracking number.