



# Request for Proposals (RFP) Relink HIV Pathways to Care

**Issued by:** National Alliance of State and Territorial AIDS Directors (NASTAD)

**Funding Supported by:** Gilead Sciences

**RFP Release Date:** February 13, 2026

**Proposal Deadline:** March 31, 2026

**Pre-Application Conference Webinar:** February 24, 2026 1PM EST -

<https://nastad.zoom.us/meeting/register/zwyw5ylaSzynToMui63OKgk>

**Anticipated Award Notification:** May 15, 2026

## I. Program Overview and Purpose

The National Alliance of State and Territorial AIDS Directors (NASTAD) invite applications for the Relink HIV Pathways to Care, supported by Gilead Sciences. The initiative aims to re-engage people with HIV (PWH) who have fallen out of care by strengthening HIV healthcare systems, HIV data systems, re-engagement in care activities, and cross-sector collaboration across partners. NASTAD will fund up to fifteen (15) applicants to design and implement innovative, data-driven re-engagement in care models for persons with HIV. Selected awardees will partner closely with NASTAD to enhance statewide coordination, improve data sharing, and institutionalize sustainable re-engagement systems aligned with existing HIV healthcare programs and systems.

## II. Background

Despite significant advancements in HIV prevention and treatment, many individuals diagnosed with HIV remain disengaged from care. Fragmented systems, data silos, and structural barriers continue to limit timely re-engagement. Health departments are critical to this effort due to their data and implementation capacities, which allow them to identify out-of-care populations and coordinate statewide responses. Community-based organizations are critical to engaging the most at-risk populations affected by HIV because, unlike their health department counterparts, they are embedded in, and directly engaged with, the communities they serve.

The United States has a national strategy, the Ending the HIV Epidemic (EHE) initiative, but its success is stalled by a person with HIV falling out of care in different places along the HIV care continuum. One of the most important barriers to achieving national EHE goals is the failure to retain individuals in care, which directly impacts viral suppression among persons with HIV.

## Limitations of the Current Public Health Infrastructure

The Ryan White HIV/AIDS Program (RWHAP) is the cornerstone of the nation's response, providing a critical safety net for over half a million people with HIV<sup>1</sup>. Its success is undeniable as evidenced by its viral suppression rate of 90.6%, which far exceeds the national average; RWHAP is able to do this by providing comprehensive "wrap-around" services like case management and other core medical services<sup>2</sup>. However, the RWHAP's structure is optimized to serve those who are already connected to care. Significant limitations remain in its capacity to conduct the specialized, intensive work of finding and re-engaging individuals who have been completely lost to the system.

Some limitations of RWHAP include:

- **Resource Constraints for Intensive Outreach:** While RWHAP excels at serving clients maintaining eligibility for services its resources are not primarily designed for the outreach required to find and build trust with individuals who are highly mobile, face multiple crises, or are deeply mistrustful of healthcare. This leaves a gap that requires a more agile, targeted approach.
- **Data Gaps:** Data to Care strategies, which use surveillance data to identify out-of-care individuals, are an important public health initiative. However, health departments and clinics often face logistical and legal barriers to data sharing, incomplete contact information, and insufficient staff to act on the data effectively.<sup>3</sup>
- **Need for Innovative Models:** The RWHAP has pioneered evidence-informed interventions like strengths-based case management and peer navigation. Applicants are encouraged to build on existing models and innovate improved approaches for re-engagement in care.

As the Lead Organization, NASTAD will provide grantmaking, technical assistance, and monitoring to strengthen re-engagement efforts, foster collaboration, and disseminate lessons learned nationally through the Relink HIV Pathways to Care project. The Relink HIV Pathways to Care project's primary goal is increasing re-engagement into HIV care for persons who are out of care across the United States. The project also aims to improve health outcomes for persons with HIV as measured by the HIV care continuum measures of diagnosis by improving linkage to care, retention in care, and achieving viral suppression. It will accomplish these goals by meeting the following objectives:

- **Objective 1.** Creating and implementing an intensive HIV re-engagement in care service delivery model with up to fifteen organizations in the United States. The process of design and implementation will leverage the strengths and knowledge of public health departments, HIV

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<sup>1</sup> The Wayback Machine -

<https://web.archive.org/web/20241214200919/https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/data/rwhap-annual-client-level-data-report-2022.pdf>

<sup>2</sup> Ryan White HIV/AIDS Program Achieves Record-Breaking 90.6% Viral Suppression Rate among Its More than 576,000 Clients <https://www.hrsa.gov/about/news/press-releases/ryan-white-record-breaking-viral-suppression-rate>

<sup>3</sup> Improving Data Collection Across the Health Care System

Institute of Medicine (US) Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality Improvement <https://www.ncbi.nlm.nih.gov/books/NBK219747/>

healthcare providers, government funded programs providing healthcare coverage, and persons with HIV to create the program.

- **Objective 2.** Evaluate the effectiveness of the Relink HIV Pathways to Care program model and the impact on re-engagement in care and HIV health outcomes in the participating jurisdictions. This evaluation will be used to identify re-engagement activities that worked the most effectively, which can then be disseminated to and replicated by other organizations and communities in the United States.
- **Objective 3.** Disseminate findings and best practices from the Relink HIV Pathways to Care project through multiple methods so the knowledge gained from the project can be utilized by organizations and communities across the United States to improve HIV care outcomes in their jurisdictions.

### III. Eligible Applicants

Eligible applicants include:

- Public Health Agencies (state, local, and tribal health departments or any other government agency with public health authority).
- Tax Exempt 501c3 nonprofit organizations with a history of serving persons with HIV.
- Universities with a history of serving persons with HIV.

Applicants must demonstrate:

- They possess an existing history of providing HIV-related services either directly or through subrecipients and contractors.
- Capacity to manage and report on subaward funding.
- Data infrastructure to track HIV care engagement and outcomes.
- Experience with re-engagement in care or data-to-care efforts.
- Commitment to advancing health equity and meaningful community collaboration.
- Must be able to set up medical appointments for HIV treatment within five calendar days after making contact with a client that is disengaged from HIV care.
- Must be able to set up appointments to enroll in healthcare coverage when applicable within five calendar days after making contact with a client that is disengaged from HIV care.
- Must be able to have staffing levels that can operate under an intensive re-engagement to care framework including:
  - Conducting outreach in the form of phone calls, text messages, email, social media, and in-person visits, and home visits as required.
  - Staff must be able to travel physically to meet potential clients to re-engage in care.
  - Staff must be able to provide warm referrals to HIV medical services and healthcare coverage appointments.
  - Staff must be able to identify and coordinate other services needed by the client to re-engage in care and provide access to those services or warm referrals to those services. Examples of these services might include but is not limited to transportation, housing, or food.

**Priority will be given to organizations demonstrating the following:**

- Organizations that demonstrate access to extensive data sources to support re-engagement in care efforts including but not limited to the following examples: HIV surveillance data, Health Information Exchange data, Medicare data, pharmacy data, Electronic Health Records from large healthcare systems, Lexis Nexis data, and other similar data sources. Organizations can demonstrate access because they own or control access to data or have access to it through data sharing agreements or contracts.
- Organizations that do not have access to the data sources described but demonstrate how they will obtain access to those sorts of data sources and which ones they expect to be able to gain access to within three months of grant award.
- Applicants who propose to deliver re-engagement in care services in jurisdictions with case rates of 200 per 100,000 or greater.
- Jurisdictions able to demonstrate large numbers of persons with HIV not engaged in HIV care.
- Applicants able to demonstrate they will re-engage in care either large numbers of clients or if working with smaller numbers demonstrate that they are focusing on populations where social determinants of health contribute to greater difficulties re-engaging in HIV care. An example of such a population that might require more intensive support to re-engage smaller numbers of clients would be persons who are unhoused.

**Applicants are required to:**

- Participate in 60-minute monthly calls with NASTAD
- Provide depersonalized data quarterly to NASTAD. NASTAD will maintain the confidentiality of this data and not use or publish data without permission. The data elements are included in the Attachment Relink HIV Data Reporting Template. This data will be used to evaluate the effectiveness of the program locally and nationally.
- Conduct dissemination activities as approved by NASTAD which can include one or more of the following: writing an article published in an academic journal, presenting a poster at a national HIV conference, or presenting findings in an oral session or workshop at a national conference.
- Provide staffing for the grant (*can be fulfilled with Relink HIV or in-kind funds*)
  - Provide the equivalent of 1.0 staff who have the responsibility of conducting re-engagement to HIV care activities directly with persons with HIV.
  - Provide staffing necessary to fulfill the data collection and reporting requirements of the Relink HIV grant. Variable percentages of FTEs are acceptable but estimated to be approximately 0.10 FTE.
  - Provide staffing necessary to effectively manage the Relink HIV program. Variable percentages of FTEs are acceptable but estimated to be approximately 0.05 FTE.
- Develop a baseline Not-In-Care List for persons with HIV in their jurisdiction for NASTAD to measure the success of the program.
- Conduct re-engagement in care activities to re-engage clients identified in the Not-In-Care List in HIV care.

- Work to achieve goal of re-engaging into HIV care 25% of persons identified in the Not-In-Care List.
  - Inclusion criteria for a Not-In-Care List are:
    - Missing viral load lab results
    - Lab results showing unsuppressed HIV viral load
    - Missed medical provider appointment
    - Missed prescription drug fills/dispenses
    - Losing eligibility for healthcare coverage

#### **IV. Project Scope and Deliverables**

Each funded entity will:

1. Develop and implement a two-year strategic plan to identify and re-engage out-of-care persons with HIV.
2. Strengthen re-engagement in care infrastructure and cross-system coordination between local partners supporting re-engagement in care.
3. Implement or expand re-engagement in HIV care services – these can include but are not limited to: disease intervention services, patient navigation models, and case management services. These services must focus on linkage and retention in care for persons with HIV who are not in care.
4. Establish or enhance state-local partnerships with local HIV service provider organizations.
5. Participate in NASTAD-led learning collaboratives to share best practices and foster peer learning.
6. Submit quarterly performance and fiscal reports demonstrating progress on key metrics.
7. Develop a sustainability plan outlining how activities will continue post-funding.

#### **V. Allowable costs**

1. Personnel (Salaries)
2. Fringe Benefits (Employee Related Expenses) – Costs like FICA, healthcare benefits, retirement benefits, unemployment, etc.
3. Travel (for staff allocated to Relink HIV Pathways to Care project budget)
4. Equipment
5. Supplies for clients related to re-engagement in care. Examples could include but are not limited to bus passes, condoms, and incentives.
6. Database and or IT related expenses (*note- NASTAD will provide a REDCap database for this project at no cost, but applicants may elect to use their own systems or seek support for their own systems insofar as they are utilized to work on Relink HIV Pathways to Care activities*)
7. Professional and Outside Services. Contractual expenses (if awarded organization plans to contract with another organization to help complete Relink HIV Pathways to Care activities, must be specified in application) can include data system enhancements, consultants, subcontractors, etc.
8. Other Operating Expenses. Office costs, utilities, and other similar costs. Client costs are applicable like bus passes or other transportation.

9. Administrative Costs (maximum 15% de minimis or federally approved indirect rate if applicable). Please ensure that if you claim rent, utilities, janitorial services, etc. as a direct cost, they may not also be claimed as a part of your 15% de minimis or federally approved indirect rate.
10. If you have other expenses not included here required to perform the Relink HIV Pathways to Care project, reach out [relink@nastad.org](mailto:relink@nastad.org) to see if they are allowable under this funding.

## VI. Unallowable Costs

1. Prescription drugs or any prescription drug or medication costs (copays, coinsurance, deductibles)
2. Medical expenses (including doctor's visits and diagnostic lab expenses)
3. Research activities
4. Lobbying activities
5. Direct payments to persons with HIV
6. Activities prior to the start of the grant period
7. Activities that **directly** advance pharmaceutical manufacturer's business interests. *Reach out to [relink@nastad.org](mailto:relink@nastad.org) for more information on what activities are considered to directly advance pharmaceutical manufacturers' business.*

## VII. Funding and Period of Performance

**Funding Available:** Up to \$500,000 total per applicant over the two-year project period (approximately \$250,000 annually).

**Project Period:** Up to 24 months

**Start Date:** June 1, 2026

**End Date:** May 31, 2028

This will be a cost reimbursement grant with awarded organizations submitting invoices and receiving payment on a monthly basis.

## VIII. Application Requirements and Submission Instructions

Applications must be submitted electronically by March 31, 2026, and include

1. Table of Contents (1 page)
2. Cover Letter (1 page) – Signed by the agency director or authorized representative.
3. Project Narrative (10 pages) addressing local context, need, proposed re-engagement efforts, proposed strategy, partnerships, data systems, and sustainability.
4. Work Plan and Timeline (6 pages) – Detailing quarterly activities and deliverables.
5. Budget and Budget Narrative – Clear justification of costs by category.
6. Letters of Support – From key partners (e.g., local health departments, RWHAP Parts A–F, CBOs).
7. Organizational Chart and Key Personnel – Describing project management and reporting lines.
8. Data Sharing Agreement With NASTAD
9. Applicants that do not directly provide healthcare services or assist in obtaining healthcare coverage must provide letters of commitment from organizations that do directly provide those

services committing to provide expedited access to medical services and appointments to obtain healthcare coverage within five calendar days of outreach by a Relink HIV Pathways to Care re-engagement staff member.

10. Completed risk assessment questionnaire
11. If a nonprofit organization, a copy of your IRS 501(c)3 determination letter.
12. Organizational Policies and Procedures Noted as Being in Place in Risk Assessment Questionnaire Copy of your organization's last complete single audit or certified audit.
13. If requesting an indirect cost rate reimbursement in your application, please provide a copy of your organization's current federally approved indirect cost rate.

*Include only if indicated that data sharing agreements or contracts are in place or in progress as part of your application.*

14. Data Sharing Agreements or other contracts demonstrating access to HIV surveillance data if applicant is not a state or territorial public health agency or not the owner of the HIV surveillance data within the state or territorial health department.
15. Data Sharing Agreements or contracts demonstrating access to other data sources relevant to the Relink HIV Pathways to Care project.
16. If a data sharing agreement or contract is not in place for a data source you propose to access in your application provide a letter of commitment from the organization that controls the data you propose to access indicating that a process is underway to provide access to the applicant organization within three months of a grant award being made March 31, 2026.

### **Submission Instructions**

1. Submit applications as one PDF document to [relink@nastad.org](mailto:relink@nastad.org). If there are difficulties submitting a large document by email, please notify NASTAD. We strongly encourage applicants to submit their applications before the due date. NASTAD will confirm receipt of your application.
2. Documents should be in the order provided above.

### **VII. Review and Selection Criteria**

Applications will be reviewed by a Technical Review Panel and scored according to the following weighted criteria:

#### ***Scoring Criteria***

##### **Table of Contents (1 page limit)**

- Provides table of contents for all application materials (4 points)

##### **Cover Letter (1 page limit)**

- Summarizes project and signed by the agency director or authorized representative. (4 points)

##### **Project Narrative (10-page limit)**

- Effectively describes healthcare landscape in geographic area proposed to serve. (4 points)
- Describes prior experience with HIV healthcare and/or re-engagement in care activities. (4 points)

- Incorporates local epidemiological data and connects data to Relink HIV Pathways to Care project. (4 points)
- Describes needs specific to population to be served. (4 points)
- Describes proposed local strategy. (4 points)
- Describes coordination between HIV surveillance program and staff conducting Relink HIV are-engagement activities. (4 points)
- Describes local partnerships that will be leveraged in Relink HIV Pathways to Care services. (4 points)
- Describes data systems experience and data systems that will be leveraged for the project. (4 points)
- Describes experience with program evaluation and dissemination activities. (4 points)
- Plan for sustainability after end of grant award. (4 points)

**Work Plan and Timeline (6 pages limit, use NASTAD’s provided work plan form)**

- Is thorough and comprehensive and aligned with narrative. (4 points)
- Is in alignment with proposed budget, (4 points)
- Includes Realistic Timeline/Completion Dates in Alignment with Grant requirements. (4 points)
- Includes Realistic Deliverables/Proposed Outcomes in Alignment with Grant Requirements. (4 points)

**Budget and Budget Narrative (no page limit, use NASTAD’s provided budget form)**

- Budget is appropriate for proposed scope of work. (5 points)
- Detailed and clear justification of line-item costs. (5 points)
- Costs requested are allowable. (5 points)
- Budget is mathematically accurate and without errors. (5 points)

**Organizational Capacity Criteria**

- Demonstrated capacity to provide HIV medical care, evidenced by letters of commitment or detailed organizational capacity statements that describe the scope of HIV medical care services, staffing and clinical expertise, partnerships (if applicable), and the organization’s role demonstrate the ability to deliver all required HIV medical care. (5 points)
- Demonstrated capacity to provide healthcare coverage enrollment services, evidenced by letters of commitment or detailed organizational capacity statements that describe the scope of healthcare coverage enrollment services, staffing and expertise, partnerships (if applicable), and the organization’s role in ensuring timely and accurate enrollment in healthcare coverage. (5 points)
- Organizational Chart and Key Personnel – Describing project management and reporting lines. (6 points)

As a note, risk assessment information collected as part of the application is not reviewed until the end of the application review process and organizational risk is not part of scoring.

Final selections will be approved by NASTAD's Grant Review Committee.

## **VIII. Reporting and Monitoring**

### **Awardees must:**

- Submit quarterly programmatic and monthly financial reports.
- Participate in monthly program meetings.
- Participate in NASTAD Relink HIV dissemination webinars
- Engage in data collection and evaluation activities coordinated by NASTAD.
- Maintain compliance with fiscal and administrative policies and complete annual required desktop monitoring activities with NASTAD.

## **IX. Key Dates**

**RFP Release Date:** February 13, 2026

**Proposal Deadline:** March 31, 2026

Pre-Application Conference Webinar: February 24, 2026

**Anticipated Award Notification:** May 15, 2026

## **X. Contact Information**

**For questions or technical assistance related to this RFP, please contact:**

Email: [relink@nastad.org](mailto:relink@nastad.org)

Website: [www.NASTAD.org](http://www.NASTAD.org)