



FY26 Funding Principles

On January 23rd, 2025, the Allocation of Resources Committee (ARC) voted and approved the following Funding Principles with one addition, bolded below. On February 13th, 2025, ARC recommended the following Funding Principles to the Planning Council for approval. The Council approved these Funding Principles on February 13th, 2025, with one discussion about #4 and #12 deferred to the 2025-2026 Planning Council term.

Each Principle has equal importance, and in the context of Ryan White funding, a “provider” is defined as “a non-profit agency or public entity that is funded for one or more HIV service programs”. **In times of reflection and change, the funding principles may be reviewed and modified by the Boston EMA Ryan White HIV/AIDS Services Planning Council to better serve our client base.**

1. Providers should ensure that access to services funded by Part A is fair, equitable and just for all eligible persons with HIV/AIDS throughout the EMA.
2. Providers should ensure services meet essential needs of consumers as defined by credible and timely data/needs assessments.
3. Providers funded by Part A should seek input from and/or participation by consumers as critical in reaching their decisions.
4. Providers must be able to demonstrate relevant, established ties to the affected populations they serve. Such ties may be shown through staffing, language/cultural competency, community involvement, and site of services.
5. Providers should demonstrate a commitment to prevent and mitigate stigma to the extent possible within their environments.
6. Providers should be required to demonstrate optimal collaborations.
7. Providers should be encouraged to seek out and maximize the use of all/other funding sources, rather than solely relying on Part A.
8. Providers must demonstrate a willingness to provide services to all eligible, affected populations and an ability to provide appropriate services to the populations they target.
9. Providers should encourage and support self-advocacy among consumers.
10. Providers should design programs tailored to the needs of the population served; to this end, staffing qualifications should not be needlessly inflated to exclude persons from affected populations, who have the requisite skills and lived experience, from being employed in service delivery.
11. Funding decisions should be made in such a way as to encourage the development/maintenance of high quality, user-friendly, innovative services.



12. To ensure continuity of services, there should be a preference for organizations that provide services within the priority areas and demonstrate linguistic/cultural competency and appropriateness.
13. Staff funded by Part A may not solicit or accept personal gifts, travel, meals, or entertainment with a value in excess of \$50, from any pharmaceutical company or any person or entity that provides or is seeking to provide goods or services to Part A funded agencies, or that does business with, or is seeking to do business with, a Part A funded agency. Faculty, clinicians, or staff funded by Part A who are expected to participate in meetings of professional societies as part of their continuing professional education should be aware of the potential influence, both direct and indirect, of pharmaceutical companies on these meetings and should use discretion in evaluating whether and how to attend or participate in these educational events, lectures, legitimate conferences, and meetings.