U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Bureau of Primary Health Care
Health Center Program

State and Regional Primary Care Associations (PCA) Cooperative Agreements

Announcement Type: New, Competing Continuation
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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Phase 1: Application Due Date on Grants.gov: April 2, 2012
Phase 2: Supplemental Information Due Date on EHB: April 26, 2012

Ensure your Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.

Release Date: March 2, 2012

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Authority: Public Health Service Act, as amended, Title III, Section 330(l), (42 U.S.C 254b)

EXECUTIVE SUMMARY

This funding opportunity announcement (FOA) details the eligibility and program requirements, review criteria, and awarding factors for organizations seeking *State and Regional Primary Care Associations* (PCA) funding in fiscal year (FY) 2012. The Health Resources and Services Administration (HRSA) is seeking to establish cooperative agreements with state and regional organizations to provide training and technical assistance (T/TA) to potential and existing health centers. Existing health centers include Health Center Program grantees (e.g., Section 330 grantees) and Federally Qualified Health Center (FQHC) Look-Alikes. Potential health centers include organizations that seek status to become Section 330 grantees (e.g., Planning Grant awardees and/or other community based safety net providers). Subject to the availability of appropriated funds, HRSA anticipates awarding approximately $43 million to establish an estimated 51 cooperative agreements for federal fiscal years 2012-2016.

The recipients of these cooperative agreements will conduct statewide/regional T/TA activities to assist potential and existing health centers in the identified state/region to meet Health Center Program requirements, improve organizational performance and provide statewide/regional technical assistance. Applicants with no experience working with potential or existing health centers and community-based providers with similar missions will not be competitive. The T/TA requirements include:

1. **Statewide/Regional Health Center T/TA Activities**: Conduct statewide/regional health center T/TA activities based on the identified statewide/regional T/TA needs in the following areas regardless of PCA membership:
   (a) Program Requirements: to improve compliance of existing health centers in the state/region with Health Center Program requirements; and
   (b) Performance Improvement: to strengthen clinical and financial performance and enhance the operations of existing health centers in the state/region.

2. **Statewide/Regional Program Assistance**: Conduct statewide/regional program assistance activities based on statewide/regional and/or HRSA/BPHC priorities regardless of PCA membership including:
   (a) Provide T/TA to all interested organizations seeking section 330 resources and how they can be used to meet community health needs;
   (b) Conduct T/TA needs assessment of existing health centers in the state/region with annual updates;
   (c) Develop T/TA strategies for addressing the unique health needs and barriers to care for Special Populations in the state/region including identifying a Special Population Point of Contact, as appropriate;
   (d) Support collaboration and coordination among existing health centers and other safety-net providers to improve and expand access to services throughout the state/region;
   (e) Provide statewide or regional T/TA on emergency preparedness and response plans, including participation with regional, state and local emergency planners;

(f) Statewide/regional surveillance analysis on emerging primary care issues affecting health centers and their patients, including key state/regional regulatory and administrative activities; and
(g) Conduct T/TA on implementation start up needs for newly funded health centers in the state/region (e.g., staff recruitment, billing numbers, site enrollments).

Eligible Applicants: Eligible applicants include domestic public or private, non-profit or for-profit entities that can provide T/TA on a statewide/regional basis to community-based organizations. Faith-based and community-based organizations are eligible to apply for these funds. Tribes and Tribal Organizations are eligible to apply for these funds. Applications may be submitted from new organizations or organizations currently receiving funding under section 330(l).

Cost Sharing/Matching: There is no cost sharing or matching requirement.

Project Period Start Date: On or around September 1, 2012.

Application Submission: HRSA will use a two-phase submission process for PCA applications via Grants.gov and the HRSA's Electronic Handbooks (EHB). Refer to Table 1 of this FOA for a detailed description of materials to submit in each phase.

- **Phase 1 – Grants.gov deadline:** 8:00 PM ET on April 2, 2012.
- **Phase 2 – EHB deadline:** 8:00 PM ET on April 26, 2012.

Please Note: Applicants can only begin Phase 2 in HRSA's EHB after Phase 1 in Grants.gov has been successfully completed by the assigned due date and HRSA has assigned the application a tracking number. Applicants will be notified by email when the application (1) has been successfully submitted in Grants.gov and (2) is ready within HRSA's EHB for the completion of Phase 2. Email notification to begin Phase 2 will be sent on or around seven (7) business days following successful submission of the required items in Grants.gov. It is imperative that applicants monitor their email and spam accounts for any notification and/or error messages from Grants.gov and/or EHB. Applicants who do not complete Phase 1 will not be able to move to Phase 2 and will not be able to submit an application. Refer to http://www.hrsa.gov/grants/apply/userguide.pdf (HRSA Electronic Submission Guide) for more details.

To ensure adequate time to follow procedures and successfully submit the application, HRSA recommends that applicants register immediately in Grants.gov and HRSA's EHB if they have not done so already. The registration process can take up to one month. For Grants.gov technical assistance, please refer to http://www.grants.gov or call the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding federal holidays) at 1-800-518-4726 for information on registering. **Applicants are strongly encouraged to register multiple authorizing organization representatives.**

For information on registering in HRSA's EHB, please refer to http://www.hrsa.gov/grants/apply/userguide.pdf or call the HRSA Contact Center at 1-877-464-

4772. If this registration process is not complete, you will be unable to submit an application. **HRSA recommends that applications be submitted in Grants.gov as soon as possible to ensure that maximum time is available for providing the supplemental information in HRSA's EHB.**

Application Contact: If you have questions regarding the FY 2012 PCA application or the review process described in this FOA, please contact Denise Nguyen in the Bureau of Primary Health Care's (BPHC) Office of Policy and Program Development at bphcpca@hrsa.gov or 301-594-4300.

Technical Assistance (TA) Website: Please visit the PCA TA website at http://www.hrsa.gov/grants/apply/assistance/pca for PCA-related information and resources. HRSA will hold a pre-application TA call for applicants seeking funding through this opportunity. This TA call will provide an overview and other information regarding this FOA and will include a question and answer session. Visit the website above for the call details (date, time, dial-in number), Frequently Asked Questions (FAQs), sample documents, and additional resources.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for *State and Regional Primary Care Associations (PCA) Cooperative Agreements*. The Health Resources and Services Administration (HRSA) seeks to establish cooperative agreements with state and regional organizations to provide training and technical assistance (T/TA) to potential and existing section 330 health centers, including:

1. **Statewide/Regional Health Center T/TA Activities**: Conduct statewide/regional health center T/TA activities based on the identified statewide/regional T/TA needs in the areas of Program Requirements and Performance Improvement.
2. **Statewide/Regional Program Assistance**: Conduct statewide/regional program assistance activities based on statewide/regional and/or HRSA/BPHC priorities.

Subject to the availability of appropriated funds, HRSA anticipates awarding approximately $43 million annually to establish approximately 51 cooperative agreements for federal fiscal years 2012-2016.

Program Overview

Based on an assessment of the T/TA needs of potential and existing health centers, broad examination of the statewide/regional need for additional primary care services for underserved, vulnerable and disadvantaged populations, as well as an analysis of the health policy and marketplace conditions in the state/region, the PCA recipient organizations must identify and engage in T/TA activities which support potential and existing health center programs and have a measurable and positive impact on the health of the underserved communities and/or vulnerable populations.

It is important that the successful PCA recipient organizations demonstrate an ability to respond quickly and in a coordinated fashion to the changes taking place in the health care environment as well as with the health centers in the state/region. The PCA recipient organizations must collect and analyze data and information relative to key elements of national/state health policy, unmet need, marketplace conditions, special populations, and other key health indicators to guide current/future strategic PCA planning, developmental efforts, and work plan activities.

The PCA recipients must coordinate with HRSA to appropriately address the T/TA needs of potential and existing health centers. HRSA also encourages the PCA recipients to coordinate with other national organizations in the provision of T/TA for potential and existing health centers. It is expected that the PCA recipient organizations will utilize a broad decision-making process representing all health centers in determining the best use of HRSA funds and that program implementation will be representative of the diverse needs of health centers across the state/region. Any activity for which a PCA recipient organization uses HRSA funds must be made available to <u>all</u> existing health centers regardless of HRSA grant status or membership in the PCA, if the recipient is a membership organization.

Target Audience
Organizations that receive PCA funding are expected to provide statewide/regional T/TA to existing and potential health centers, regardless of PCA membership or HRSA grant status. Existing health centers include Health Center Program grantees (e.g., Section 330 grantees) and Federally Qualified Health Center (FQHC) Look-Alikes. Potential health centers include organizations that seek status to become Section 330 grantees (e.g., Planning Grant awardees and/or other community based safety net providers).

Organizational Attributes and Capabilities
Organizations that receive support through the PCA funding opportunity are expected to exhibit the following attributes and capabilities:

- Mission Oriented - Is interested in the viability of the health care safety net and health centers across the state/region, and has a long-term mission and commitment to assuring access to comprehensive, culturally competent, quality primary health care services for underserved vulnerable populations.
- Maintain an Effective Infrastructure - Has adequate, appropriate and effective infrastructure and capacity (i.e., systems, leadership) to carry out cooperative agreement activities.
- Foster Collaboration – Is successful in forming collaborative linkages and developing relationships that strengthen the safety net within the state/region. The organization fosters collaboration among a diverse membership as well as other national safety net providers with similar missions in order to strengthen and expand the safety net.
- Capable of Assessing Need and Planning Accordingly - Has a demonstrated ability to assess needs/priorities and plan activities to address these issues effectively. As appropriate, these activities are undertaken collaboratively with other organizations.

Applicants with no experience working with potential or existing health centers and community-based providers with similar missions will not be competitive.

2. Background

This program is authorized by Section 330(l) of the Public Health Service (PHS) Act, as amended, to issue grants, cooperative agreements, and contracts to provide necessary technical and non-financial assistance to potential and existing health centers.

Effective linkages with state/regional organizations are an essential part of HRSA's strategy to promote increased access to primary health care services and to foster partnership between federal, state, and local organizations. Because they work with safety net providers throughout the state/region, PCAs are uniquely positioned to collaborate with other organizations to advance the goals of improving the health of underserved communities and vulnerable populations. The PCA cooperative agreements established by HRSA are designed to directly support existing and potential health centers.

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA Program responsibilities shall include:
In addition to monitoring the federal investment and technical assistance provided under the cooperative agreement, federal responsibilities shall include, but are not limited to, the following:

- Collaborate with PCAs (within the first 60 days after award) on the review and approval of the final PCA work plan based on T/TA needs assessment and HRSA/BPHC priorities.
- Share leading T/TA practices and priorities with National Cooperative Agreements (NCA)/PCAs/HRSA.
- Monitor work plan activities through face-to-face and telephone meetings to assess progress and deliverables funded through the cooperative agreement.
- Attend and participate in appropriate meetings (e.g., state, national, committee).
- Coordinate with other HRSA Bureaus/Offices to develop synergies in program implementation.
- Provide assistance in coordinating activities with other federally-funded cooperative agreements.

PCA Recipient Roles and Responsibilities:
A summary of required PCA T/TA focus areas and performance measures are provided below. The extent and type of focus areas should be based on statewide/regional health center needs. Applicants may identify additional focus areas beyond those identified in this list. To measure the statewide/regional impact of the T/TA activities, applicants must establish percentage goals for the end of the project period and monitor their progress toward achievement of the goals throughout the entire project period.

Requirement1: Statewide/Regional Health Center T/TA Activities

Conduct statewide/regional T/TA activities based on the identified T/TA needs of existing health centers in the following areas: (a) Program Requirements to improve program compliance of existing health centers in the state/region and (b) Performance Improvement to strengthen the clinical and financial performance and enhance the operations of existing health centers in the state/region.

Note: Organizations may propose an appropriate statewide/regional T/TA activity based on previous knowledge or lessons learned over the past two to three years if a formal T/TA needs assessment has not been conducted within the past twelve months.

A. Program Requirements T/TA Focus Areas

PCAs are expected to assist existing health centers (e.g., Section 330 grantees) and FQHC Look-Alikes in the state/region meet Health Center Program Requirements. The Health Center Program Requirements are organized into four categories: (1) Need, (2) Services, (3)

Management and Finance, and (4) Governance. PCAs must annually conduct activities under ***at least three*** statewide/regional Program Requirements T/TA focus areas from the list below. The selected T/TA focus areas must align with the identified needs from the state/region. Consistent with the requested funding level for the state/region, PCAs may also propose additional statewide/regional Program Requirement T/TA activities.	
Performance Measure	**Program Requirements Goal**: XX% of Health Center Program grantees with no program conditions on their Notice of Awards (NoAs). *Note: Each applicant will establish a percentage goal for the end of the project period.* Resource: • http://bphc.hrsa.gov/about/requirements/index.html
A1	**Need:** Provide T/TA in the development and implementation of periodic community and/or population needs assessments focusing on overcoming access issues, minimizing barriers to care and maximizing community collaboration.
A2	**Services**: Provide T/TA in the development and implementation of quality improvement/quality assurance (QI/QA) systems (i.e., appropriate risk management, medical malpractice including Federal Tort Claims Act (FTCA), credentialing, patient satisfaction and quality of care reporting). *(NOTE: excludes the UDS T/TA sessions hosted by PCAs).*
A3	**Management and Finance**: Provide T/TA on fiscal operations/system requirements (i.e., billing systems, coding, Medicare and Medicaid, cost reports, budget tracking, financial reports, and financial audits).
A4	**Management and Finance** –Provide T/TA on workforce recruitment and retention of health center staff (i.e., health center managers, providers/staff, and board members).
A5	**Governance –** Provide T/TA on governance requirements for health centers (i.e., board authority, functions/responsibilities, composition, training, recruitment, and evaluation tools).
B. Performance Improvement T/TA Focus Areas PCAs are expected to support the provision of high quality patient care and enhance the operations and clinical and financial performance of existing health centers in their state/region. The two required focus areas are listed below. PCAs must annually conduct statewide/regional Performance Improvement T/TA activities under each focus area. The selected T/TA activities must align with the identified needs of the state/region. Consistent with the requested funding level for the state/region, PCAs may also propose additional Performance Improvement T/TA focus areas.	

Performance Measures	**Clinical Performance Improvement Goal 1**: XX% of Health Center Program grantees in the state/region that meet or exceed performance on one or more Healthy People 2020 performance measure goal(s). **Clinical Performance Improvement Goal 2**: XX% of Health Center Program grantees with Patient-Centered Medical Home (PCMH) recognition. *Note: Each applicant will establish percentage goals for the end of the project period.* Resources: • http://bphc.hrsa.gov/policiesregulations/performancemeasures/index.html • http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx
B1	**Clinical Performance Measures:** Provide T/TA to Health Center Program grantees on how to improve clinical performance on one or more clinical performance measures (e.g. outreach/quality of care and health outcomes/disparities).
Performance Measures	**Financial Performance Improvement Goal 1**: XX% of Health Center Program grantees with cost increase less than National average. **Financial Performance Improvement Goal 2**: XX% of Health Center Program grantees without going concern issues. *Note: Each applicant will establish percentage goals for the end of the project period.* Resources: • http://bphc.hrsa.gov/policiesregulations/performancemeasures/index.html • http://www.cms.gov/NationalHealthExpendData/02_NationalHealthAccountsHistorical.asp#TopOfPage
B2	**Financial Performance Measures**: Provide T/TA to Health Center Program grantees to improve financial performance on one or more financial performance measures (e.g. costs/financial viability).
Requirement 2: Statewide/Regional Program Assistance PCAs are expected to conduct statewide/regional program assistance activities based on statewide/regional and/or national priorities. PCAs must annually conduct activities under **ALL** of statewide/regional Program Assistance T/TA focus areas listed below. Consistent with the requested funding level for the state/region, PCAs may also propose additional Program Assistance T/TA focus areas.	
C1	**Information on Available Resources:** Provide T/TA to **all** interested organizations seeking, regardless of PCA membership or grant status, section 330 resources and how they can be used to meet community health needs.

C2	**T/TA Needs Assessment:** Conduct T/TA needs assessment of existing health centers in the state/region with annual updates.
C3	**Special Populations:** Develop strategies for addressing the unique health needs and barriers to care for Special Populations in the state/region including identifying a Special Population Point of Contact, as appropriate.
C4	**Collaboration**: Support collaboration and coordination among existing health centers and other safety-net providers seeking to improve and expand access to services throughout the state/region.
C5	**Emergency Preparedness:** Provide statewide or regional T/TA on emergency preparedness and response plans, including participation with regional, state, and local emergency planners.
C6	**Statewide/Regional Surveillance Analysis:** Statewide/regional surveillance analysis on emerging primary care issues affecting health centers and their patients, including key regional and state regulatory and administrative activities.
C7	**Newly Funded Health Centers:** Conduct T/TA on implementation start up needs for newly funded health centers in the state/region (e.g., staff recruitment, billing numbers, site enrollments).

In addition, the cooperative agreement recipient shall:

- Collaborate with HRSA on the development, coordination and implementation of the proposed work plan activities funded through the cooperative agreement.
- Consult and schedule periodic meetings with their Project Officer on the development and implementation of their work plan.
- Engage in ongoing negotiations with HRSA to update existing work plans at least annually, and, as needed, integrate new priorities during the funding period (e.g., through quarterly calls, strategy discussion calls).
- Utilize HRSA program reports (e.g., UDS reports, program requirement reports, annual PCA satisfaction survey results) and relevant statutory, regulatory and policy issuances to assist in identifying key T/TA issues and activities to assist health center grantees and other safety-net providers to address such issues.
- Provide written documents whose creation or publication is supported with HRSA funds to HRSA for review/clearance prior to their issuance.

2. Summary of Funding

This program will provide funding during federal fiscal years 2012 – 2016. Approximately $43 million is expected to be available annually to fund fifty one (51) awardees. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for State and Regional Primary Care Associations in subsequent fiscal years, awardee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

It is expected that the request for federal support will not exceed the annual level of federal section 330 funding that is currently provided to the state or region. This applies to any year of the proposed project period. Applicants can obtain information on the annual level of federal section 330 funding by contacting Denise Nguyen (Public Health Analyst listed on the FOA cover page).

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit or for-profit entities that can provide T/TA on a statewide/regional basis to community-based organizations. Faith-based and community-based organizations are eligible to apply for these funds. Tribes and Tribal Organizations are eligible to apply for these funds. Applications may be submitted from new organizations or organizations currently receiving funding under Section 330(l).

2. Cost Sharing/Matching

There is no cost sharing or matching requirement for this funding opportunity.

3. Other

Applicants with no experience working with potential or existing health centers and community-based providers with similar missions will not be competitive.

Applications that request PCA funds during any year of the project period that exceed the current annual level of federal section 330 funding for the state or region will be considered non-responsive and will not be considered under this announcement.

Any application that fails to satisfy the deadline requirements referenced in Section IV.3 will be considered non-responsive and will not be considered under this announcement.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Submission Information

HRSA ***requires*** applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants ***must*** submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from **DGPWaivers@hrsa.gov**, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA

announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Web site it can take 24 hours or more for updates to take effect, ***so check for active registration well before the application deadline.***

Applicants can view their CCR Registration Status by visiting http://www.bpn.gov/CCRSearch/Search.aspx and searching by the organization's DUNS number. The CCR Web site (https://www.bpn.gov/ccr) provides user guides, renewal screen shots, FAQs, and other helpful resources.

Applicants that fail to allow ample time to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

Applicants are responsible for reading the instructions included in the *HRSA Electronic Submission User Guide*, available at http://www.hrsa.gov/grants/apply. This guide includes detailed application and submission instructions for both Grants.gov and HRSA Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available at http://www.grants.gov/applicants/app_help_reso.jsp#guides. This guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the guides and this funding opportunity announcement in conjunction with Application Form SF-424. The SF-424 forms and instructions may be obtained by:

(1) Downloading from http://www.grants.gov or

(2) Contacting HRSA Digital Services Operation (DSO) at HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms, and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for

preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format Requirements" section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.**

Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

The following tables detail the documents required for this funding opportunity and the order in which they must be submitted. In the Form Type column of Tables 2-4, the word "Form" refers to electronic forms that need to be downloaded, completed offline, and uploaded in Grants.gov. The word "E-Form" refers to electronic forms that are completed online in EHB and therefore do not require downloading or uploading. The word "Attachment" refers to materials that must be uploaded by the applicant.

Table 1: Summary of Two-Tiered Application Submission Process

Phase	Due Date	Helpful Hints
Phase 1 (Grants.gov): Complete and submit the following by the Grants.gov deadline (all forms are available in the Grants.gov application package): 1. SF-424 2. Project Abstract (uploaded on line 15 of the SF-424) 3. Project/Performance Site Location(s) Form 4. Certification Regarding Lobbying Form 5. SF-424B : Assurances – Non-Construction Programs 6. SF-424 LLL: Disclosure of Lobbying Activities (as applicable)	8:00 PM ET on April 2, 2012	**Complete Phase 1 as soon as possible. Phase 2 (HRSA EHB) may not begin until the successful submission of Phase 1.** Refer to HRSA's Electronic Submission User Guide, available online at http://www.hrsa.gov/grants/apply/userguide.pdf for detailed application and submission. Registration in Grants.gov is required. As registration may take up to a month, please start the process as soon as possible. Central Contract Registration (CCR) is an annual process. Verify your organization's CCR well in advance of the Grants.gov submission deadline. The Grants.gov registration process involves three basic steps: A. Register your organization. B. Register yourself as an Authorized Organization Representative (AOR). C. Get authorized as an AOR by your organization. Visit http://www.grants.gov/applicants/get_registered.jsp or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding federal holidays) at 1-800-518-4726 or support@grants.gov for technical assistance on the registration process.
Phase 2 (HRSA EHB): Complete and submit the following by the HRSA EHB deadline: • SF-424A: Budget Information – Non-Construction Programs • Project Narrative • Budget Justification • HHS Certifications • Program Specific Forms • Attachments	8:00 PM ET on April 26, 2012	**Phase 1 (Grants.gov) must be completed prior to starting Phase 2.** Registration in HRSA EHB is required. Applicants will be able to access EHB (Phase 2) approximately seven business days following completing Grants.gov (Phase 1) and receipt of a Grants.gov tracking number. Refer to HRSA's Electronic Submission User Guide, available online at http://www.hrsa.gov/grants/apply/userguide.pdf for detailed application and submission. The Authorizing Official (AO) must complete submission of the application in Phase 2.

Table 2: Step 1 – Submission through Grants.Gov
http://www.grants.gov

- It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
- For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.
- Limit file attachment names to 50 characters or less. Do not use special characters (e.g., %, /, #) or spacing in the file name. An underscore (_) may be used to separate words in a file name. Attachments will be rejected by Grants.gov if special characters are included or if file names exceed 50 characters.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Complete pages 1, 2 & 3 of the SF424. See instructions in Section IV.2.i	Not counted in the page limit
Project Abstract	Attachment	Type the title of the funding opportunity and upload the project abstract on page 2, Box 15 of the SF-424. See instructions in Section IV.2.ix	Counted in the page limit.
Additional Congressional District – *As Applicable*	Attachment	Can be uploaded on page 3, Box 16 of the SF-424.	Not counted in the page limit
Project/Performance Site Location(s)	Form	Provide **only** the administrative site of record.	Not counted in the page limit.
Grants.gov Lobbying Form	Form	Provide the requested contact information at the bottom of the form.	Not counted in the page limit.
SF-424B Assurances for Non-Construction Programs - *Required*	E-Form	Complete the form electronically online as instructed.	Not counted in the page limit
Disclosure of Lobbying Activities (SF-LLL) - *As Applicable*	Form	Complete the form only if lobbying activities are conducted. Form supports structured data for lobbying activities.	Not counted in the page limit

Within seven (7) business days following successful submission of the required items in Grants.gov, you will be notified by HRSA confirming the successful receipt of your application and requiring the Project Director and Authorizing Official to submit additional information in HRSA EHB. Your application will not be considered complete unless you review the information submitted through Grants.gov and submit the additional portions of the application required through HRSA EHB. Refer to the HRSA Electronic Submission Guide provided at http://www.hrsa.gov/grants/apply/userguide.pdf for detailed application and submission instructions.

Table 3: Step 2 – Submission through HRSA's EHB
https://grants.hrsa.gov/webexternal

- It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
- For electronic submissions, applicants only have to number the electronic attachment pages sequentially resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.
- Merge similar documents into a single document. Where several pages are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. The Table of Contents page will be counted in the page limit.

Section	Form Type	Instruction	HRSA/ Program Guidelines
Project Narrative – *Required*	Attachment	Upload the Project Narrative document in the Project Narrative E-Form. See instructions in Section IV.2.ix	Counted in the page limit.
SF-424A Budget Information for Non-Construction Programs – *Required*	E-Form	Complete Sections A and B. Complete Section F if applicable. See instructions in Section IV.2.iii	Not counted in the page limit
Program Specific Forms - *Required*	E-Form	Form 1A (General Information Worksheet) and the Project Work Plan will be completed electronically online. Complete the forms as presented within HRSA EHB. Refer to Appendix A and Appendix B of this FOA for further details on Program Specific Information instructions. Refer to the PCA TA website for a Sample Project Work Plan.	Not counted in the page limit
Attachments 1-12	Attachments	Complete and upload all required and applicable supporting attachments. (See Table 4). If the required attachments are not uploaded, the application will be considered incomplete and non-compliant.	Counted in the page limit

Table 4: Step 2 (continued): Submission through HRSA's Electronic Handbooks (EHB)

(https://grants.hrsa.gov/webexternal/home.asp)

Attachments

- To ensure that attachments are organized and printed in a consistent manner, follow the order provided below.
- Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- Merge similar documents into a single document. Where several pages are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. The Table of Contents page will be counted in the page limit.

Attachments	Form Type	Instruction	HRSA/ Program Guidelines
Attachment 1: Staffing Plan - *Required*	Attachment	Upload a brief narrative and/or table that identifies the total personnel who will be supported under the HRSA PCA cooperative agreement. The staffing plan is a presentation and justification of all staff required to execute the project, education and experience qualifications, and rationale for the amount of time being requested for each position. See instructions in Section IV.2.v. Refer to the PCA TA website for a Sample Staffing Plan.	Included in the page limit
Attachment 2: Position Descriptions for Key Personnel - *Required*	Attachment	Upload position descriptions for key personnel (e.g., Chief Executive Officer, Chief Financial Officer, Chief Information Officer, Chief Operating Officer, Program Leads) to be supported under the HRSA PCA cooperative agreement. Each position description should be limited to **one page** or less and must include at a minimum, the position title, description of responsibilities, and position qualifications. Indicate if any of the positions are currently vacant.	Included in the page limit
Attachment 3: Biographical Sketches for Key Personnel - *Required*	Attachment	Upload biographical sketches for persons occupying the positions described in the Position Descriptions for Key Personnel (Attachment 2). Each biographical sketch should not exceed **two** pages in length. In the event that the identified individual is not yet hired, include a letter of commitment from that person along with the biographical sketch.	Included in the page limit.
Attachment 4: Letters of Support - *Required*	Attachment	Provide evidence of proposed collaborations by providing letters of support, commitment and/or investment that reference the specific collaboration and/or coordinated activities in support of the project's operation and provision of T/TA services. Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of support, commitment and/or investment must be dated. List all other support letters on one page.	Included in the page limit
Attachment 5: Year 5 Budget – *Required*	Attachment	Upload a copy of Sections A and B of the SF-424.	Included in the page limit
Attachment 6: Budget Justification	Attachment	Upload a five-year Budget Justification. Refer to the PCA TA website for a Sample Budget Justification.	Counted in the page limit
Attachment 7: Summary of Contracts and	Attachment	All applicants with any of the current or proposed agreements listed below (a through c) must upload a BRIEF SUMMARY describing these agreements. It is suggested that each summary not	Included in the page limit

Attachments	Form Type	Instruction	HRSA/ Program Guidelines
Agreements - *As Applicable*		exceed 3 pages in total. The summary should address the following items for each agreement: • Name and contact information for each affiliated agency; • Type of agreement (e.g., contract, affiliation agreement); • Brief description of the purpose and scope of the agreement (i.e., type of services provided, how/where these are provided); and • Timeframe for the agreement/contract. **Types of current or proposed agreements to be discussed:** a. Contract for a substantial portion of the proposed project b. Memorandum of Understanding (MOU)/Agreement (MOA) for a substantial portion of the proposed project c. Contract with another organization or individual contract for T/TA *As a reminder, applicants must exercise appropriate oversight and authority over all contracted services, and procurement contracts must comply with 45 CFR Part 74 or 45 CFR Part 92.*	
Attachments 8-12: Other Relevant Documents - *As Applicable*	Attachment	Include any other documents that are relevant to the project (e.g. survey instruments, needs assessment reports, organizational chart)	Included in the page limit

Application Format

i. Application for Federal Assistance

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Project Director** in 8. f. "Name and contact information of person to be contacted on matters involving this application." If, for any reason, the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.129.

In Grants.gov, complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself (mouse over fields for specific instructions) and the following guidelines:

- *Box 2: Type of Applicant:* Select New (new applicants) or Continuation (current awardees).
- *Box 4: Applicant Identifier:* Leave blank.
- *Box 5a: Federal Entity Identifier:* Leave blank.
- *Box 5b: Federal Award Identifier:* 10-digit grant number (U58…) found in box 4b from the most recent Notice of Award (NoA) for current section 330(l) grantees. New applicants should leave this blank.
- *Box 8c: Organizational DUNS:* Applicant organization's DUNS number (see below).
- *Box 8f: Name and contact information of person to be contacted on matters involving this application:* Provide contact information of Project Director.
- *Box 11: Catalog of Federal Domestic Assistance Number:* 93.129
- *Box 14: Areas Affected by Project:* Provide a broad summary of the areas served. Specify the state or region. If information will not fit in the box provided, attach a Word document. This document will NOT count toward the page limit.
- *Box 15: Descriptive Title of Applicant's Project:* Type the title of the FOA (State and Regional Primary Care Associations) and upload the project abstract. The abstract WILL count toward the page limit.
- *Box 16: Congressional Districts:* Provide the congressional district where the administrative office is located in 16a and the congressional districts to be served by the proposed project in 16b. If information will not fit in the boxes provided, attach a Word document. This document will NOT count toward the page limit.
- *Box 17: Proposed Project Start and End Date:* Provide the start and end dates for the proposed project period (9/1/12 – 3/31/17).
- *Box 18: Estimated Funding:* Complete the required information based on the funding request for the first year of the project period. This information must be consistent with the total provided in the SF-424A: Budget Information – Non-Construction Programs.
- *Box 19: Review by State:* See Section IV.4 for guidance in determining applicability.
- *Box 21: Authorized Representative:* The electronic signature in Grants.gov (created when the Grants.gov forms are submitted) is the official signature when applying for a PCA cooperative agreement. The form should NOT be printed, signed, and mailed to HRSA.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at http://fedgov.dnb.com/webform or call 1-866-705-5711. Please include the DUNS number in form SF-424 - item 8c on the application face page. Applications ***will not*** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being "Rejected for Errors" by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at http://www.ccr.gov.

ii. Table of Contents

The application should be presented in the order shown in Tables 2-4.. For electronic applications no table of contents is necessary as it will be generated by the system.

iii. Budget

Complete Standard Form 424A: Budget Information – Non-Construction Programs provided with the application package. Complete Sections A, B, and F (if applicable), and then provide a line item budget for each year of the project period. The budget must be based upon the current level of support for the state/region. Current awardees applying to continue serving their state/region should reference Line 13 on the most recent Notice of Award (NoA). All budget amounts must be rounded to the nearest whole dollar. *Note: PCA applications should include only information regarding the activities to be supported under the HRSA PCA cooperative agreement.*

Below are the guidelines for completing the SF-424A:

Section A – Budget Summary: Use rows 1 - 4 to provide the budget amounts for the first four years of the project. Enter the amounts in the "New or Revised Budget" column..

Section B – Budget Categories: Provide the object class category breakdown for the annual amounts specified in Section A. Use column (1) to provide category amounts for Year 1, and use columns (2) through (4) for subsequent budget years. For year 5, submit a copy of Sections A and B of the SF-424 as Attachment 5. Each line represents a distinct object class category that must be addressed in the budget justification.

Section F – Other Budget Information (If Applicable):
Line 21: Explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary.
Line 22: Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the project period, the estimated amount of the base to which the rate is applied, and the total indirect expense.
Line 23: Provide other explanations as necessary.

Salary Limitation:
The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is $179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

iv. Budget Justification

Provide a justification in HRSA EHB that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period (five years) at the time of application. Line item information must be provided to explain the costs entered in the SF-424A budget form. Be very careful about showing how each item in the "other" category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative. **The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's goals/objectives.** A sample budget justification is provided in the PCA TA website.

Budget for Multi-Year Award
This announcement is inviting applications for project periods up to five (5) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to five (5) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the five-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time

equivalency, and annual salary. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or $179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	$179,700*	$89,850
R. Doe	Nurse Practitioner	100	$75,950	$75,950
D. Jones	Data/AP Specialist	25	$33,000	$8,250

*Actual annual salary = $350,000

Fringe Benefits: List the components that comprise 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 that portion of personnel costs that are allocated for the project. If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of $5,000 or more and a useful life of one or more years).

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts consistent with the federal procurement standards set forth in 45 CFR Part 74: Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92: Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate. Applicants must provide a clear

explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in CCR and provide the recipient with their DUNS number.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: http://rates.psc.gov/ to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

v. Staffing Plan and Personnel Requirements

Applicants must present a staffing plan in Attachment 1 and provide a justification for the plan that includes information such as education and experience qualifications and rationale for the amount of time being requested for each staff position. Include a rationale for the amount of time being requested for each position. (Note: Indicate the projected amount of Full Time Equivalent (FTE) for staff involvement)

Include the following elements in staffing plan:

- *Staff Name* (Note: If the individual has not been identified to occupy this position, please indicate "To Be Determined" or "TBD".)
- *Position Title* (e.g., Chief Executive Officer)
- *Education/Experience Qualifications* (e.g., masters, bachelors)
- *General Responsibilities* (e.g., Responsible for the day-to-day operation of PCA, provide oversight and direction for T/TA activities, represent PCA in collaborative relationships) Note: Additional information must be submitted for Key Personnel (e.g., Chief Executive Officer, Chief Financial Officer, Chief Information Officer, Chief Operating Officer, Program Leads). This includes the Position Descriptions for Key Personnel (Attachment 2) and Biographical Sketches for Key Personnel (Attachment 3).
- *Percent FTE*
- *Annual Salary*

- *Amount Requested*

Below is a sample template of how to present the staffing plan:

Staff Name	Position Title	Education/Experience Qualifications	General Responsibilities	% of FTE	Annual Salary	Amount Requested

Position descriptions that include the roles, responsibilities, and qualifications of proposed key personnel (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Program Leads) must be included in Attachment 2. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 3. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

vi. Assurances

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

vii. Certifications

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

viii. Project Abstract

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The project abstract must be single-spaced and limited to one page in length.

ix. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. ***The narrative should only describe information regarding the activities***

to be supported under the HRSA PCA cooperative agreement. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project. Throughout the Project Narrative, reference may be made to exhibits and charts, as needed, in order to reflect information contained in the Narrative. These exhibits and charts should be included as part of the attachments that applicants must upload with the electronic submission. The attachments should not contain any required narrative and will be included in the page count limit.

Use the following required section headers for the Narrative:

INTRODUCTION

This section must briefly describe the applicant organization and the scope of the proposed project.

NEED

Information provided on need should serve as the basis for, and align with, the proposed goals and T/TA activities described in the project work plan.

1) Describe the statewide/regional T/TA needs based on a current (or previous) T/TA needs assessment as well as related health center program reports (e.g., UDS reports, program requirement reports, annual PCA satisfaction survey results).

2) Discuss short-term T/TA needs as well as long-term T/TA needs of the state/region in the next five years. Short-term applies to the first 12 months and long-term refers to the remaining four years of the project period.

3) Describe the major gaps in primary health care services that negatively impact the underserved and vulnerable populations in the state/region. Include a discussion of the barriers to health care access and/or any significant changes that impact special populations served by the state/region.

4) Identify the major health policy and marketplace conditions impacting existing and potential health centers, and other safety net providers. Provide a detailed description of the following:

    a. Significant changes in the health care environment (i.e., changes in insurance coverage, including Medicaid, Medicare and CHIP; broad changes in state/local/private uncompensated care programs);
    b. Major events including changes in the economic or demographic environment of the state/region (e.g., influx of new populations; closing of local hospitals, community health care providers or major local employers; major emergencies such as hurricanes, flooding).

RESPONSE
The project work plan should address ONLY activities to be supported under the HRSA PCA cooperative agreement. The project work plan is for ONE year. However, the applicant **must** submit one-year project work plans for each of the subsequent budget periods within the requested project period (five years).

1) Complete the structured Project Work Plan electronically in the HRSA EHB system. Please refer to Appendix B for more details on how to complete the Project Work Plan. A sample project work plan is provided on the PCA TA website.

2) Discuss how the activities detailed in the 12-month Project Work Plan are consistent with the needs assessment section of the application and will address the immediate T/TA needs for the focus areas for the 5-year project period. The extent and type of activities should be consistent with the statewide/regional health center T/TA needs and appropriate for the long term 5-year project period.

3) Discuss challenges that are likely to be encountered in implementing the activities described in the proposed work plan and approaches that will be used to resolve such challenges.

4) Discuss how the proposed T/TA activities (e.g., educational sessions, publications, webcasts) will be made available and accessible (e.g., cost, location) to existing health centers across the state/region, regardless of PCA membership

   NOTE: Any T/TA activity in which PCAs use HRSA funds must be made available to ***all*** *existing health centers (i.e., Health Center Program grantees and FQHC Look-Alikes) within the state/region, regardless of PCA membership. It will be a violation of the grant award if PCAs refuse to work with an existing health center (i.e., section 330 funded and/or FQHC Look-Alike). PCAs should provide equal access to T/TA services without regard to PCA membership.*

5) Describe a strategy to address the unique T/TA needs of health centers receiving/seeking special populations funding (i.e., section 330(g) migrant and seasonal farm workers, section 330(h) health care for the homeless, and section 330(i) residents of public housing) and newly funded health centers (e.g., New Access Point New Starts).

COLLABORATION

1) Describe both formal and informal collaboration and coordination with other HRSA supported providers of T/TA (e.g. National Cooperative Agreement awardees, Primary Care Offices) and other state-based organizations (e.g., State Quality Improvement Organizations, Regional Extension Centers, State Offices of Rural Health, medical associations,) in an effort to:
    a. Maximize the effectiveness and impact of T/TA activities;
    b. Form linkages among a diverse membership to strengthen the safety net within the state/region; and
    c. Assure access to comprehensive, culturally competent, quality primary health care services for underserved and vulnerable populations.

2) Describe efforts to maximize support from organizations across the state/region/nation that share similar missions and commitments to the underserved and integrate key stakeholders into organizational decision-making.

3) Provide evidence of proposed collaborations through letters of support, commitment and/or investment that reference the specific collaboration and/or coordinated activities in support of the project's operation and provision of T/TA services.

EVALUATIVE MEASURES/ IMPACT

This section should describe the method(s), techniques, systems and tools that you will use to determine whether or not the proposed project is achieving its anticipated goals and expected outcomes. (Refer to the PCA Recipient Roles and Responsibilities in Section II for a list of required T/TA focus areas and performance measures)

1) Describe a plan for evaluation of the T/TA activities carried out under the cooperative agreement that ensures monitoring and measurement of progress towards goals and expected outcomes. In addition, discuss the use of valid and reliable data sources and how the evaluation results will be used to improve program performance.

2) Describe a strategy for dissemination of project results and/or the extent to which project results may be statewide/regional in scope, the degree to which the project activities are replicable, and the sustainability of the T/TA impact beyond the federal funding.

RESOURCES/ CAPABILITIES

1) Discuss why the applicant organization is the appropriate entity to receive funding by demonstrating its experience and expertise in:
    a. Coordination and provision of health center T/TA activities of similar scope through past performance/accomplishments and/or lessons learned over the past two to three years.
    b. Ability to respond rapidly to changes taking place in the health care environment as well as within health centers in the state/region.
    c. Mobilization of resources across the state/region/nation to assure access to comprehensive, culturally competent, quality primary health care services for underserved and vulnerable populations.

2) Describe why the organizational structure, including any contracts, is appropriate for the operational and oversight needs of the project. Please be aware that all PCA recipients and contractors are subject to the HHS grant requirements set forth in 45 CFR Part 74 as applicable.
    a. In Attachment 6, provide a brief summary of the affiliated agencies, type of agreements (e.g., contract, affiliation agreement), and purpose and scope of the agreements (i.e., type of services provided, how/where these are provided) in support of the T/TA delivery plan.
    b. Describe how the proposed staffing plan (Attachment 1) is appropriate for the projected number of T/TA activities to be provided during the project period as well as a plan for recruiting and retaining staff as appropriate for achieving the proposed staffing plan.
    c. Discuss appropriate financial management and control policies and procedures.

3) Describe and discuss a plan to regularly solicit input and respond to the unique needs of the existing (and potential) health centers across the state/region.
    a. Discuss how the organization plans to collect and analyze data and information relative to key elements of national/state health policy, unmet need, marketplace conditions, special populations, and other key health indicators to guide current/future strategic PCA planning, development efforts, and work plan activities.
    b. Describe how the organizational structure is comprised of a variety of organization types and how the decision making process is inclusive and reflective of the broad array of stakeholders.

4) If applicable, applicant organizations who are not currently receiving section 330(l) funding MUST demonstrate that the timeline for T/TA delivery is reasonable to assure that within 30 days of grant award the applicant will:
    a. Have appropriate staff in place; and
    b. Deliver T/TA services at the same or comparable level as is presently provided throughout the state/region, if those TA services are currently being provided.

x. Program Specific Forms

Program Specific Forms include the Project Work Plan and Form 1A. Refer to Appendices A and B of this funding opportunity announcement for instructions on how to complete and submit these Program Specific Forms within HRSA EHB.

xi. Attachments

Refer to Table 4 of this funding opportunity announcement for a list of required and optional attachments. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled**.

3. Submission Dates and Times

Application Due Dates

The due date for applications under this funding opportunity announcement is **April 2, 2012 *at 8:00 P.M. ET* in Grants.gov and April 26, 2012 at 8:00 PM ET in HRSA's EHB.** Applications completed online are considered formally submitted when (1) the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time; and (2) the AO has submitted the additional information in the HRSA EHB on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications: Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

Please Note: Applicants can only begin Phase 2 in HRSA's EHB after Phase 1 in Grants.gov has been successfully completed by the assigned due date and HRSA has assigned the application a tracking number. Applicants will be notified by email when (1) the application has been successfully submitted in Grants.gov and (2) is ready within HRSA's EHB for the completion of Phase 2. Email notification to begin Phase 2 will be sent on or around seven (7) business days following successful submission of the required items in Grants.gov. It is imperative that applicants monitor their email and spam accounts for any email notification and/or error messages from Grants.gov and/or HRSA EHB. Refer to http://www.hrsa.gov/grants/apply/userguide.pdf (HRSA Electronic Submission Guide) for more details.

To ensure adequate time to follow procedures and successfully submit the application, HRSA recommends that applicants register immediately in Grants.gov and HRSA's EHB if they have not done so already. The registration process can take up to one month. For Grants.gov technical assistance, please refer to http://www.grants.gov or call the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding federal holidays) at 1-800-518-4726 for information on registering. **Applicants are strongly encouraged to register multiple authorizing organization representatives.**

For information on registering in HRSA's EHB, please refer to http://www.hrsa.gov/grants/apply/userguide.pdf or call the HRSA Contact Center at 1-877-464-4772. If this registration process is not complete, you will be unable to submit an application. **HRSA recommends that applications be submitted in Grants.gov as soon as possible to ensure that maximum time is available for providing the supplemental information in HRSA's EHB.**

4. Intergovernmental Review

The PCA is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows states the option of setting up a system for reviewing applications from within their states for assistance under certain federal programs. Information on states affected by this program and state Points of Contact may be obtained from the Grants Management Specialist listed in the Agency Contacts section, as well as from the following Web site: http://www.whitehouse.gov/omb/grants_spoc.

All applicants other than federally recognized Native American Tribal Groups should contact their SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the state's process used under this Executive Order. For proposed projects serving more than one state, the applicant is advised to contact the SPOC of each affected state.

Letters from the SPOC in response to Executive Order 12372 are due sixty days after the application due date. These should be sent to the Division of Grants Policy at DGPWaivers@hrsa.gov.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years, at no more than the annual level of federal section 330 funding that is currently provided to the state or region. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:

- Construction/renovation of facilities;
- Activities not approved under cooperative agreement;
- Reserve requirements for state insurance licensure; and/or
- Support for lobbying/advocacy efforts.

Salary Limitation: The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is $179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant

organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title II, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011:
(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any state or local legislature or legislative body, except in presentation to the Congress or any state or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any state or local government, except in presentation to the executive branch of any state or local government itself.
(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local or tribal government in policymaking and administrative processes within the executive branch of that government.
(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title II, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases, HRSA will no longer accept applications in paper form. Applicants are ***required*** to submit ***electronically*** through Grants.gov and HRSA EHB.

Grants.gov

To submit an application electronically, use the APPLY FOR GRANTS section at http://www.grants.gov. When using Grants.gov, download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that each applicant organization ***immediately register*** in Grants.gov and become familiar with the Grants.gov application process. The registration process must be complete in order to submit an application. The registration process can take up to one month.

To successfully register in Grants.gov, complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR Marketing Partner ID Number (M-PIN) password
- Register and approve at least one Authorized Organization Representative (AOR)—HRSA recommends registering multiple AORs
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials, and FAQs are available on the Grants.gov Web site at http://www.grants.gov/applicants/app_help_reso.jsp. Assistance is also available from the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at support@grants.gov or 1-800-518-4726. Applicants must ensure that all passwords and registrations are current well in advance of the deadline.

HRSA EHB

To submit the PCA application in HRSA EHB, the Authorizing Official (AO) and other application preparers must register in EHB. The purpose of the registration process is to collect consistent information from all users, avoid collection of redundant information, and allow for the unique identification of each system user. Registration within HRSA EHB is required only **once for each user.**

User registration within HRSA EHB is a two-step process:

1) Individuals who participate in the grants process create individual system accounts.
2) Individual users associate themselves with the appropriate grantee organization(s).

Once an individual is registered, the user can search for an existing organization using the **10-digit grant number** from the **Notice of Award or** the **EHB Tracking Number provided via e-mail within seven business days of successful Grants.gov submission**. The organization's HRSA EHB record is created based on information provided in Grants.gov.

To complete the registration quickly and efficiently, HRSA recommends that applicants identify EHB roles for all participants in the grants management process. HRSA EHB offers three functional roles for individuals from applicant organizations:

- Authorizing Official (AO)
- Business Official (BO)
- Other Employee (for project directors, assistant staff, AO designees, and others)

For more information on functional responsibilities, refer to the HRSA EHB online help feature available at https://grants.hrsa.gov/webexternal/help/hlpTOC.asp. Please note that following registration, EHB users must complete a validation step before they can complete the PCA application.

For assistance with HRSA EHB registration, refer to http://www.hrsa.gov/grants/apply or contact the HRSA Contact Center Monday through Friday, 9:00 a.m. to 5:30 p.m. ET (excluding Federal holidays) at:

- 877-464-4772
- TTY for hearing impaired: 877-897-9910
- CallCenter@hrsa.gov

For assistance with completing and submitting an application in HRSA EHB, contact the BPHC Helpline Monday through Friday, 8:30 a.m. to 5:30 p.m. ET (excluding Federal holidays) at:

- 877-974-2742
- BPHCHelpline@hrsa.gov

Note: The BPHC Helpline will remain open until 8:00 p.m. ET on EHB application due dates.

Formal Submission of the Electronic Application

Applicants must ensure that the AOR is available to submit the application in Grants.gov and the AO is available to submit the application in HRSA EHB by the published due dates and times. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadlines. Therefore, applicants are encouraged to submit their applications in advance of the deadlines. If an application is rejected by Grants.gov due to errors, the application must be corrected and resubmitted to Grants.gov before the deadline date and time. Deadline extensions will **not** be provided to applicants who do not correct errors and resubmit to Grants.gov before the posted deadline. Please note that unlike Grants.gov, which allows for revision submissions before the Grants.gov deadline, applicants will **not** be allowed to correct and resubmit applications in HRSA EHB.

If, for any reason, an application is submitted more than once prior to the application due date, HRSA will accept the applicant's last validated electronic submission prior to the Grants.gov application due date and time, and the corresponding HRSA EHB submission (submitted prior to the EHB application due date and time), as the final and only acceptable application.

Application Tracking

Applicants must track their applications using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about application tracking can be found at https://apply07.grants.gov/apply/checkApplStatus.faces. Applicants must ensure that their applications are validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. The required review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The PCA has six (6) review criteria:

Criterion 1: NEED (15 points)
Information provided on need should serve as the basis for, and align with, the proposed goals and T/TA activities described in the project work plan.

1) The extent to which the applicant thoroughly describes the statewide/regional T/TA needs based on a current (or previous) T/TA needs assessment as well as related health center program reports (e.g., UDS reports, program requirement reports, annual PCA satisfaction survey results).

2) The extent to which the proposed short-term (first year) and long-term (remaining four years) T/TA activities are appropriate to address immediate as well as projected needs of the state/region in the next five years.

3) The extent to which the applicant documented major gaps in primary health care services for the underserved in the state/region and major statewide/regional health policy and marketplace conditions impacting existing and potential health centers and other safety net providers. The applicant thoroughly describes the following:
    a. Significant changes in the health care environment (i.e., changes in insurance coverage, including Medicaid, Medicare and CHIP; broad changes in state/local/private uncompensated care programs);
    b. Major events including changes in the economic or demographic environment of the state/region (e.g., influx of new populations; closing of local hospitals, community health care providers or major local employers; major emergencies such as hurricanes, flooding);
    c. Barriers to health care access, including the major gaps in primary health care services and/or any significant changes that impact special populations served by the state/region.

Criterion 2: RESPONSE (25 points)
The Project Work Plan is a structured document that the applicant completes electronically in the EHB system. Please refer to Appendix B for more details on how to complete the Project Work Plan. Note: The work plan should address ONLY those activities to be supported under the HRSA PCA cooperative agreement.

1) The extent to which the applicant provides a comprehensive, reasonable, and attainable 12-month work plan that:
   a. Describes a sound T/TA approach that ensures success in achieving the PCA program requirements, as outlined in Section II: PCA Recipient Roles and Responsibilities. This includes outlining (1) statewide/regional T/TA activities (e.g., Program Requirements T/TA to improve program compliance and Performance Improvement T/TA to strengthen clinical and financial performance and enhance the operations of existing health centers) and (2) statewide/regional program assistance activities that align with statewide/regional and/or national priorities.
   b. Defines clear goals and T/TA activities that are appropriate and related in a meaningful way on statewide/regional health center T/TA needs. The T/TA activities in the first year align with long-term needs and facilitate the process of addressing the projected needs of the state/region in the next five years.
   c. Based on the key factor analysis (i.e., contributing or restricting factors impacting performance), the T/TA focus areas and major planned activities are appropriate and likely to be effective in achieving the established goals and accomplishing the purpose of the cooperative agreement.
   d. Documents reasonable benchmarks, measurable outcomes, milestones, timeframes, and identifies the responsible parties to accomplish the goals of the project. The applicant provides a realistic timetable and work plan that outlines the extent to which they will be able to complete each activity within the 12-month period as well as a description of how each activity will contribute to the overall goals and expected outcomes of the project.

2) The extent to which the applicant details realistic challenges that may be encountered in implementing the work plan activities and feasible approaches to resolve such challenges. The extent to which the applicant highlights current strengths that its organization will build on and what challenges it must overcome to ensure that it provides the assistance that is most needed by existing and potential health centers in the state/region.

3) The thoroughness of the strategy proposed to deliver the T/TA activities (e.g., educational sessions, publications, webcasts, etc.) including a description of how T/TA activities will be made available and accessible (e.g., cost, location) to **all** existing health centers (i.e., Health Center Program grantees and FQHC Look-Alikes) within the state/region, regardless of PCA membership or HRSA grant status.

4) The appropriateness of the strategy proposed to address the unique T/TA needs of the following audiences:
   a. Health centers receiving/seeking special populations funding (i.e., section 330(g) migrant and seasonal farmworkers, section 330(h) health care for the homeless, and section 330(i) residents of public housing);
   b. Newly funded health centers (e.g., New Access Point New Starts)

Criterion 3: COLLABORATION (10 points)

1) The extent to which the applicant demonstrates its success in collaborating and coordinating with other HRSA supported providers of T/TA (e.g., National Cooperative

Agreement awardees, Primary Care Offices) and other state-based organizations (e.g., State Quality Improvement Organizations, Regional Extension Centers, State Offices of Rural Health, medical associations) to:

a. Maximize the effectiveness and impact of T/TA activities;
b. Form linkages among a diverse membership to strengthen the safety net within the state/region; and
c. Assure access to comprehensive, culturally competent, quality primary health care services for underserved and vulnerable populations.

2) The letters of support, commitment and/or investment provide strong evidence of the specific partnerships and working relationships with organizations across the state/region/Nation that share similar missions and/or commitments to the underserved and how these partnerships will help strengthen the applicant's ability to carry out their proposed T/TA activities.

Criterion 4: EVALUATIVE MEASURES/ IMPACT (15 points)

1) The strength of the evaluation plan, including how it will integrate quantitative and qualitative data to:
   a. Measure progress toward goals;
   b. Assess whether the T/TA activities have a measureable and positive impact on the stated need; and
   c. Use the evaluation results to improve program performance.

2) The effectiveness of the strategy for dissemination of project results. The extent to which project results may be statewide/regional in scope, the degree to which the project activities are replicable, and the sustainability of the T/TA impact beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (25 points)

1) The extent to which the applicant provides a compelling justification of why they are an appropriate entity to receive funding by demonstrating:
   a. Successful coordination and provision of health center T/TA activities of similar scope through past performance/accomplishments and/or lessons learned over the past two to three years.
   b. Adaptive ability to respond rapidly to changes taking place in the health care environment as well as within health centers in the state/region.
   c. Strong capacity to mobilize resources across the state/region/nation to assure access to comprehensive, culturally competent, quality primary health care services for underserved and vulnerable populations.

2) The extent to which the applicant has adequate, appropriate, and effective infrastructure and capacity (i.e., systems, leadership, resources) to carry out cooperative agreement activities by demonstrating the following:
   a. Its organizational structure, including any contracts, is appropriate for the operational and oversight needs of the project. The summary of contracts and agreements indicate clear partnerships to achieve expected outcomes.

b. Its proposed staffing plan is appropriate for the projected number of T/TA activities to be provided during the project period and clearly addresses its plan for recruiting and retaining staff as appropriate for achieving the proposed staffing plan. The key project staff, stakeholders and partners are qualified and possess the experience and skills to successfully implement and evaluate the T/TA activities.
c. It has appropriate financial management and control policies and procedures.

3) The extent to which the applicant demonstrates its ability to assess T/TA needs/priorities and plan activities to address these issues effectively. As appropriate, these T/TA activities are undertaken collaboratively with other organizations to assure that the decision making process is inclusive and reflective of the broad array of stakeholders in the organizational structure. The applicant provides a comprehensive and effective strategy to regularly solicit input and respond to the unique needs of the targeted audience across the state/region.

4) If applicable, the degree to which a new applicant who is not currently receiving section 330(l) funding demonstrates that it will be operational within 30 days of the grant award and has the ability to successfully:
   a. Have appropriate staff in place; and
   b. Deliver T/TA services at the same or comparable level as is presently provided throughout the state/region, if those T/TA services are currently provided.

Criterion 6: SUPPORT REQUESTED (10 points)

1) The clarity of the budget presentation (i.e., SF-424A and budget justification). The degree to which the budget proposal is reasonable and consistent with the proposed T/TA service delivery plan and staffing plan.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2012.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Notification will be emailed to applicants via the EHB. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 1, 2012.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92 Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at http://www.hrsa.gov/grants/. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

Smoke-Free Workplace
The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Cultural and Linguistic Competence
HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15. Additional cultural competency and health literacy tools, resources and definitions are available online at http://www.hrsa.gov/culturalcompetence and http://www.hrsa.gov/healthliteracy.

Healthy People 2020
Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at http://www.healthypeople.gov/.

National HIV/AIDS Strategy (NHAS)
The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV; 2) increasing access to care and optimizing health outcomes for people living with HIV; and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level

approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see http://www.aidsinfo.nih.gov/Guidelines/Default.aspx as a reliable source for current guidelines). More information can also be found at http://www.whitehouse.gov/administration/eop/onap/nhas.

Health IT

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans. HIT resources can be found at http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home.

Related Health IT Resources:

- Health Information Technology (HHS)
- What is Health Care Quality and Who Decides? (AHRQ)

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. **Audit Requirements**
Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b. **Payment Management Requirements**
Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to http://www.dpm.psc.gov for additional information.

c. **Status Reports**
1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress Report**(s). The awardee must submit a progress report to HRSA on a semi-annual basis. For each budget year, there will be a required 6-month interim progress report and an annual non-competing continuation progress report. Submission and HRSA approval of the annual Progress Report(s) triggers the budget period renewal and release of subsequent year funds. The purpose is to report progress and results of activities performed and services provided by the PCA within the scope of their cooperative agreement. Further information will be provided in the award notice. A BPHC publication process will be shared with all cooperative agreements.

3) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the awardee achieved the mission, goal and strategies outlined in the program; awardee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the awardee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at https://grants.hrsa.gov/webexternal/home.asp.

d. **Transparency Act Reporting Requirements**
New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of $25,000 or more in federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at http://www.hrsa.gov/grants/ffata.html). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Angela S. Wade, Grants Management Specialist
HRSA Division of Grants Management Operations (DGMO), OFAM
Parklawn Building, Suite 12A-07
5600 Fishers Lane
Rockville, Maryland 20857-0001
Phone: (301)594-5296
E-mail: awade@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Denise Nguyen
Public Health Analyst, Office of Policy and Program Development
Bureau of Primary Health Care, HRSA
Parklawn Building, Mail Stop 17C-26
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 594-4300
Email: bphcpca@hrsa.gov

Additional technical assistance regarding this FOA may be obtained by contacting the appropriate PCA, PCO, or NCA (see http://www.bphc.hrsa.gov/technicalassistance/partnerlinks for a list of PCAs, PCOs, and NCAs).

Applicants may need assistance when completing their applications electronically. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays:

Grants.gov Contact Center
1-800-518-4726
support@grants.gov
http://grants.gov/iportal

Note: Applicants should always obtain a case number when calling Grants.gov for support.

For assistance with submitting the remaining information in HRSA EHB, contact HRSA's Bureau of Primary Health Care, Monday through Friday, 8:30 a.m. to 5:30 p.m. ET, excluding Federal holidays:

BPHC Helpline
877-974-2742
BPHCHelpline@hrsa.gov

Note: The BPHC Helpline will remain open until 8:00 p.m. ET on EHB application due dates.

VIII. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:
http://www.hhs.gov/asrt/og/grantinformation/apptips.html.

APPENDIX A: PROGRAM SPECIFIC FORM INSTRUCTIONS

The Bureau of Primary Health Care (BPHC) Program Specific Forms MUST BE completed electronically in the EHB. Detailed instructions and technical assistance for the electronic submission of the forms is available in the EHB PCA Cooperative Agreement User Guide, posted on the PCA TA website: http://www.hrsa.gov/grants/apply/assistance/pca.

PLEASE NOTE: *Shaded areas of the Program Specific Forms represent fields that are not applicable to the PCA application.*

- **FORM 1A, General Information Worksheet**: This form provides a concise summary of information that is expected to be consistent with the budget, narrative, work plan and any other attachments. The following instructions are intended to clarify the information to be reported in each section of the form:

  Section 1: Applicant Information
  Complete all relevant information that is not automatically pre-populated.

  Section 2: State/Regional Information
  Indicate the state or region that you plan to serve. To select multiple states or territories, hold down the control key "Ctrl" while clicking on names of the state or territory.

- **PROJECT WORK PLAN FORM:** The Project Work Plan outlines the goals and T/TA activities related to the PCA project. The work plan goals and activities are expected to be specific to the training and technical assistance activities identified in the application. Refer to Appendix B for detailed guidance on completing the Project Work Plan Form. A sample work plan is provided on the PCA TA website.

APPENDIX B: PROJECT WORK PLAN INSTRUCTIONS

Overview

As described in section 330(l), the recipient organization is expected to use PCA funds to provide training and technical assistance (T/TA) to potential and existing health centers. A list of required PCA T/TA focus areas and performance measures are provided in Section II of the FOA, under PCA Recipient Roles and Responsibilities. The PCA Project Work Plan is expected to detail the T/TA activities to be conducted over the first 12-month budget period. Applicants may identify additional focus areas beyond those identified on the list.

The Project Work Plan is a structured document that will be completed electronically in the HRSA EHB system. Refer to the PCA Cooperative Agreement User Guide on the PCA TA website for step-by-step instructions (with screen shots) on how to complete the form online.

Key Components of the Project Work Plan

1. Goals: Enter a percentage goal for each performance measure. *This will be your target goal for the end of the project period.* This information will be used to measure the statewide/regional impact of the T/TA activities and monitor progress toward achievement of the goals throughout the 5-year project period.

- Provide a goal percentage for the end of the project period (e.g., 95).
  Note: You do not need to add the % sign

2. Key Factors: Identify 3 to 5 key factors (i.e., contributing and restricting factors) impacting performance on the goals. The key factors should be based on data from the HRSA program reports (e.g., UDS reports, program requirement reports, PCA satisfaction survey results) and annual T/TA needs assessment.

- Identify at least 3 Key Factors that contribute to and restrict progress on achieving the goal. Up to 2 additional Key Factors may be added by clicking on the "Add More Key Factor(s)" button.
- Identify at least 1 restricting key factor and 1 contributing factor.

3. T/TA Focus Areas: Based on the key factor analysis, identify T/TA focus areas that are appropriate and effective in achieving the proposed goal(s).

- Section A (Health Center Program Requirements): Address at least 3 T/TA Focus Areas on the list.
- Section B (Health Center Performance Improvement): Address the required Clinical and Financial Performance Improvement T/TA Focus Areas.
- Section C (Statewide/Regional Program Assistance): Address ALL of the statewide/regional T/TA Focus Areas on the list.
- A maximum of 2 additional T/TA Focus Areas may be added for each Goal by clicking on the expansion icon or plus sign next to "Other Focus Area(s)". Note: The additional T/TA focus area(s) will not be counted toward the required focus areas.

4. Activities: Identify the major T/TA activities that must be taken to achieve the goal(s).

- Identify at least 2 major Activities that you will implement for each T/TA Focus Area.
- Within each Activity, identify at least 1 Person/Area Responsible, Time Frame, and Expected Outcome. It is optional to add supplementary information related to the entries in the Comments box.

5. Expected Outcomes: Identify what you anticipate will happen as a result of the proposed T/TA activities (i.e., quantifiable results). It should describe what you hope to accomplish, such as the number of health centers you will train.

- Identify at least 1 Expected Outcome for each Activity.

6. Person(s)/Area(s) Responsible: Identify who will be responsible and accountable for carrying out the specific activities.

- Identify at least 1 Person/Area Responsible for each Activity.

7. Time Frames: Identify the expected time frame for carrying out the specific activities.

- Identify at least 1 Time Frame for each Activity.

8. Comments (optional): This is an optional field. Indicate supplementary information related to entries in the project work plan.

- This field can be left blank.

Requirements of the Project Work Plan

The table below summarizes the minimum and maximum number of key components required in the Project Work Plan:

Project Work Plan: Key Components	Section A		Section B (Clinical)		Section B (Financial)		Section C		Character Limit
	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	
Goal	1	1	2	2	2	2	N/A	N/A	N/A
Key Factor	3	5	3	5	3	5	N/A	N/A	500
T/TA Focus Area	3	5	1	3	1	3	7	9	200
Activity	2	5	2	5	2	5	2	5	200
Person/Area Responsible	1	5	1	5	1	5	1	5	200
Time Frame	1	5	1	5	1	5	1	5	200
Expected Outcome	1	5	1	5	1	5	1	5	200
Comments	This is an optional field in the form and can be left blank.								500