

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

*Bureau of Primary Health Care
Health Center Program*

National Training and Technical Assistance Cooperative Agreements (NCAs)

Announcement Type: New, Competing Continuation

Announcement Number: HRSA-14-031

Catalog of Federal Domestic Assistance (CFDA) No. 93.129

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Phase 1: Grants.gov Application Due Date: January 8, 2014
Phase 2: EHB Supplemental Information Due Date: February 19, 2014

*Ensure your SAM and 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.*

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Bureau of Primary Health Care is accepting applications for fiscal year (FY) 2014 National Training and Technical Assistance Cooperative Agreements (NCAs) program. The purpose of this grant program is to provide necessary technical and non-financial assistance to potential and existing health centers nationwide, including:

- Training and assistance in fiscal and program management (Program Requirements);
- Operational and administrative support (Performance Improvement and Special Initiatives); and
- Provision of information regarding resources available under section 330 and how they can be best used to meet the health needs of the communities served by potential and existing health centers (Program Assistance).

Funding Opportunity Title:	National Training and Technical Assistance Cooperative Agreements (NCAs)
Funding Opportunity Number:	HRSA-14-031
Due Date for Applications:	Grants.gov: January 8, 2014 (11:59 pm ET) HRSA EHB: February 19, 2014 (5:00 pm ET)
Anticipated Total Annual Available Funding:	Approximately \$15,000,000
Estimated Number and Type of Award(s):	Up to 14 cooperative agreements
Estimated Award Amount:	See description of each focus area in Summary of Funding II.2
Cost Sharing/Match Required:	No
Length of Project Period:	Up to three years
Project Start Date:	July 1, 2014
Eligible Applicants:	Public, non-profit, and for-profit entities that can provide T/TA on a national level to Health Center Program grantees, as well as other health centers and community-based organizations seeking Health Center Program resources, including tribal and faith-based organizations [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

All applicants are responsible for reading and complying with the instructions included in HRSA's *Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>.

Technical Assistance (TA) Web Site: Please visit the NCA TA web site at <http://www.hrsa.gov/grants/apply/assistance/nca> for NCA-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 web site above for the call details, Frequently Asked Questions (FAQs), sample documents, and additional resources.

Summary of Changes: HRSA has revised the NCA FOA to streamline and clarify the application instructions in the following ways:

- While there is no limit on the amount of targeted T/TA an applicant can propose, an applicant organization may only submit one application proposing to serve one target audience.
- HRSA may issue awards for project periods other than those requested in applications based on the TA proposed and past performance of the organization.
- Significant changes have been made to program requirements and evaluative measures. Evaluative measures are now integrated into the Project Work Plan. A separate Performance Measures form is no longer collected.
- The Project Work Plan structure has changed to accommodate the recent changes to the program requirements and evaluative measures.
- Competing continuation applicants will report progress to date on their FY 2013 Project Work Plans and propose a new Project Work Plan for FY 2014, using a separate structured work plan for each, in EHB.
- All Program Specific Forms and sample documents are available at the NCA technical assistance web site located at <http://www.hrsa.gov/grants/apply/assistance/nca>.
- Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the National Training and Technical Assistance Cooperative Agreements (NCAs) program to provide necessary technical and non-financial assistance to potential and existing health centers, including:

- Training and assistance in fiscal and program management (Program Requirements);
- Operational and administrative support (Performance Improvement and Special Initiatives); and
- Provision of information regarding resources available under section 330 and how they can be best used to meet the health needs of the communities served by potential and existing health centers (Program Assistance).

The Health Resources and Services Administration (HRSA) is seeking to fund national cooperative agreements with organizations to provide national training and technical assistance (T/TA) to potential and existing Health Center Program (authorized under section 330 of the PHS Act, 42 CFR 254b) grantees and look-alikes. The goal of these cooperative agreements is to assist health centers in meeting program requirements and improving performance by supporting health center program development and analysis activities at a national level.

Program Expectations

NCAs must:

- Anticipate and respond to the changes taking place in the health care environment.
- Collect and analyze data relative to national health issues, unmet need, marketplace conditions, special populations, and other key health indicators to guide current/future strategic planning, developmental efforts, and work plan activities.
- Coordinate with HRSA to address the T/TA needs of the target audience and assist with new/emerging strategic initiatives.
- Coordinate with other national organizations to provide T/TA for potential and existing health centers.
- Utilize a broad decision-making process to determine the most efficient and effective use of HRSA funds.
- Ensure that program implementation is representative of the diverse needs of health centers across the nation.
- Make all activities supported in whole or in part with HRSA NCA funds equally available to all potential and existing health centers regardless of Health Center Program grant status or NCA organization membership.

Organizational Attributes and Capabilities

Organizations that receive support through the NCA funding opportunity are expected to exhibit the following attributes and capabilities:

- Mission Oriented – Has demonstrated a long term commitment to the viability of the health care safety-net and health centers across the nation, with a focus on 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, resources) to carry out proposed cooperative agreement activities.
- **Foster Collaboration** – Is successful in forming collaborative linkages and developing relationships that strengthen the safety-net. 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 independent or collaborative activities to address these issues effectively.

Target Audiences

Organizations that receive NCA funding will be expected to focus their efforts on one of the following target audiences nationwide:

1. **Health Centers Serving Special Populations:** The Special Populations cooperative agreements provide specialized T/TA to health centers serving migratory and seasonal agricultural workers, people experiencing homelessness, and residents of public housing.
2. **Health Centers Serving Vulnerable Populations:** The Vulnerable Populations cooperative agreements provide specialized T/TA to health centers serving specific vulnerable populations (e.g., school-aged children; minority populations; low-income populations; lesbian, gay, bisexual, and transgender (LGBT) community).
3. **Health Centers Seeking Capital Financing:** The Capital Financing cooperative agreement provides health centers with specialized T/TA regarding the development and financing of capital projects.
4. **Health Centers Serving Underserved Communities/Populations:** The Underserved Communities/Populations cooperative agreement provides T/TA to all potential and existing Health Center Program grantees and look-alikes.

2. Background

This program is authorized by section 330(1) of the Public Health Service (PHS) Act, as amended, to issue cooperative agreements to provide necessary technical and non-financial assistance to potential and existing health centers nationwide.

Effective linkages with national organizations are an essential part of HRSA's strategy to promote increased access to primary health care services and foster partnership between federal, state, and local organizations. Because they work with safety-net providers throughout the country, national organizations are uniquely positioned to advance the goals of improving the health of underserved communities and vulnerable populations. The cooperative agreements established under this funding opportunity will support existing and potential health centers in

several core function areas, including T/TA in Program Requirements, Performance Improvement and Special Initiatives, and Program Assistance.

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 of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the proposed project.

HRSA Program responsibilities shall include:

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

- Collaborate on the development and coordination of the work plan activities and evaluative measure goals funded through the cooperative agreement based on HRSA/BPHC priorities, including, but not limited to: (a) identifying training and technical assistance needs and prioritizing those to be addressed using federal funds; and (b) identifying activities within each focus area under the cooperative agreement;
- Develop specific strategies, guidance, and training related to work plan activities;
- Approve the work plan;
- Monitor the activities of the work plan through regular face-to-face and telephone meetings and the review of progress reports and key deliverables for activities funded through the cooperative agreement;
- Attend and participate in meetings, as appropriate;
- Review written materials prior to publication, distribution, and/or on-line posting (this requirement applies only to materials intended for general distribution);
- Coordinate with other Bureaus within HRSA to develop synergies in programs; and
- Assist in coordination of activities with other federally-funded cooperative agreements.

NCA Recipient Roles and Responsibilities:

In addition to providing T/TA, responsibilities of an NCA cooperative agreement recipient include:

- Collaborate on the development, coordination, and implementation of the work plan and evaluative measure goals for activities funded through the cooperative agreement based on HRSA/BPHC priorities;
- Consult and schedule periodic meetings with the Project Officer on the development and implementation of the work plan;
- Negotiate with HRSA to update existing work plans at least annually, and, as needed, integrate new priorities during the funding period (i.e., through monthly strategy discussion calls, or other communication as needed);
- Provide an annual publication plan intended for general audiences whose creation or publication is supported with HRSA NCA funds. The Plan should include each publication's purpose, target audience, title, publication mode or type, summary

description, and projected publication draft date. HRSA will collaborate with the NCA to review/clear publications prior to their issuance (a NCA Publication Protocol will be provided to all awarded NCAs);

- Attend and participate in meetings, as appropriate; and
- Complete required submissions as outlined by HRSA/BPHC.

All NCAs are expected to use NCA funds for the following core functions related to supporting the T/TA needs of all potential and existing health centers nationwide, as appropriate.

Applicants must outline specific activities under each required core function focus area targeted to assisting potential and existing health centers nationwide in meeting program requirements and improving performance. Applicants must project goals for defined evaluative measures. (Refer to [Appendix B](#) and [Appendix C](#) for details.)

A. Program Requirements

NCAs are expected to assist existing health centers nationwide (Health Center Program grantees and look-alikes) in meeting Health Center Program requirements. NCAs must annually conduct activities meeting the Program Requirements T/TA focus areas based on the proposed target audience:

- Health Centers Serving Special Populations: all 5 focus areas are required
- Health Centers Serving Vulnerable Populations: minimum of 2 focus areas are required
- Health Centers Seeking Capital Financing: minimum of 2 focus areas are required
- Health Centers Serving Underserved Communities/Populations: all 5 focus areas are required

The T/TA activities must align with the identified needs of all health centers within the intended target audience nationwide.

Focus Areas

1. **Need:** Provide T/TA in the development and implementation of periodic needs assessments, including shortage designations, focusing on overcoming access issues, minimizing barriers to care, and maximizing community collaboration.
2. **Services:** Provide T/TA in the development and implementation of quality improvement/quality assurance (QI/QA) systems (e.g., appropriate risk management, medical malpractice including Federal Tort Claims Act (FTCA), credentialing, patient satisfaction, quality of care reporting). (NOTE: Excludes the Uniform Data System T/TA sessions hosted by NCAs).
3. **Finance:** Provide T/TA on fiscal operations/system requirements (e.g., billing systems, coding, Medicare and Medicaid, cost reports, budget tracking, financial reports, financial audits).
4. **Management:** Provide T/TA on workforce recruitment and retention of health center staff (e.g., health center managers, providers/staff) and board members.
5. **Governance:** Provide T/TA on governance requirements for health centers (e.g., board authority, functions/responsibilities, composition, training, recruitment, evaluation tools).

B. Performance Improvement and Special Initiatives

NCAAs are expected to support the provision of high quality patient care by enhancing the operational, clinical, and financial performance of existing health centers nationwide (Health Center Program grantees and look-alikes). NCAAs must annually conduct Performance Improvement and Special Initiatives T/TA activities under each required focus area based on the proposed target audience:

- Health Centers Serving Special Populations: all 3 focus areas are required
- Health Centers Serving Vulnerable Populations: minimum of 1 focus area is required
- Health Centers Seeking Capital Financing: minimum of 1 focus area is required
- Health Centers Serving Underserved Communities/Populations: all 3 focus areas are required

The T/TA activities must align with the identified needs of all health centers within the intended target audience nationwide.

Focus Areas

1. **Clinical Performance Improvement:** Provide T/TA to Health Center Program grantees and look-alikes on how to improve clinical performance on one or more clinical performance measures (e.g., hypertension blood pressure control, cervical cancer Pap test screening).
2. **Financial Performance Improvement:** Provide T/TA to Health Center Program grantees and look-alikes to improve financial performance on one or more financial performance measures (e.g., costs/financial viability).
3. **Special Initiative:** Provide T/TA to Health Center Program grantees and look-alikes on how to achieve Patient Centered Medical Home (PCMH) recognition (or other Special Initiatives over time as determined by HRSA).

C. Program Assistance

NCAAs are expected to conduct Program Assistance activities for all health centers nationwide. NCAAs must annually conduct activities under the Program Assistance T/TA focus areas based on the proposed target audience:

- Health Centers Serving Special Populations: all 5 focus areas are required
- Health Centers Serving Vulnerable Populations: all focus areas except Newly Funded Health Centers are required
- Health Centers Seeking Capital Financing: all focus areas except Newly Funded Health Centers are required
- Health Centers Serving Underserved Communities/Populations: all 5 focus areas are required

The T/TA activities must align with the identified needs of all health centers within the intended target audience nationwide.

Focus Areas

1. **Information on Available Resources:** Provide T/TA to all organizations seeking Health Center Program funding, look-alike designation, and health center facilities planning resources, and how they can be used to meet community health needs, regardless of NCA membership or Health Center Program grant status.
2. **T/TA Needs Assessment:** Conduct annual T/TA needs assessments of existing health centers comprising the target audience.
3. **Collaboration:** Collaborate with the following to best serve the target audience and to minimize duplication:
 - Applicable state and regional Primary Care Associations (PCAs);
 - State/Regional PCA Special Population Points of Contact, as appropriate;
 - Applicable state Primary Care Organizations (PCOs);
 - Other NCAs serving the same target audience; and
 - Other relevant stakeholders.
4. **National Surveillance Analysis:** Conduct national surveillance analysis of emerging primary care issues affecting health centers and their patients, including key national regulatory and administrative activities.
5. **Newly Funded Health Centers:** Conduct T/TA on implementation start up needs for newly funded Health Center Program grantees (e.g., staff recruitment and retention, billing numbers, billing/coding systems, site enrollments, patient outreach and enrollment).

In addition to the required number of focus areas within each core function area (i.e., Program Requirements, Performance Improvement and Special Initiatives, and Program Assistance), NCAs may propose additional focus areas under each core function, consistent with the requested funding level.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2014, 2015, and 2016. Approximately \$15 million is expected to be available annually to fund approximately 12-14 cooperative agreements. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for T/TA in subsequent fiscal years, awardee's satisfactory performance, and a decision that funding is in the best interest of the Federal Government.

Approximate award levels for each target audience are identified below:

- Health Centers Serving Special Populations – Approximately \$6.6 million is available to fund approximately 7-8 NCAs. Current NCA awardees may request the greater of their current funding amount or \$450,000; new applicants may not request more than \$450,000.
- Health Centers Serving Vulnerable Populations – Approximately \$1.35 million is available to fund approximately 3-4 NCAs. Applicants may not request more than \$450,000.
- Health Centers Seeking Capital Financing – Approximately \$850,000 is available to fund one NCA. Applicants may not request more than \$850,000.

- Health Centers Serving Underserved Communities/Populations – Approximately \$6.375 million is available to fund one NCA. Applicants may not request more than \$6.375 million.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include public, non-profit, and for-profit entities, including tribal and faith-based organizations, that can provide T/TA on a national level to Health Center Program grantees, as well as other health centers and community-based organizations seeking Health Center Program resources. Applicants must currently work with potential or existing health centers or other community-based providers or organizations with similar missions.

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

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding 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.

NOTE: Multiple applications from an organization are not allowable. An organization may only submit one application proposing to serve one target audience.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov at <http://www.grants.gov>. The 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 an application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance of the deadline from 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. If requesting a waiver, include the following in the email request: the HRSA announcement number (HRSA-14-031); the organization's DUNS number; the name, address, and telephone number of the organization; the name and telephone number of the Project Director; the Grants.gov Tracking

Number (GRANTXXXX) assigned to the submission; and a copy of the “Rejected with Errors” notification as received from Grants.gov. HRSA’s Division of Grants Policy is the only office authorized to grant waivers. **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 the application to Grants.gov at least two days before the deadline to allow for unforeseen circumstances.

IMPORTANT NOTICE: CCR moved to SAM effective July 30, 2012

Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012. For any registrations in process during the transition period, data submitted to CCR migrated to SAM.

If a record was scheduled to expire between July 16, 2012 and October 15, 2012, CCR extended the expiration date by 90 days. The registrant received an email notification from CCR when the expiration date was extended. The registrant then received standard email reminders to update their record based on the new expiration date. Future email notifications will come from SAM.

SAM will reduce the burden on those seeking to do business with the government. Organizations will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

Active SAM registration is a pre-requisite to the successful submission of grant applications!

Items to consider are:

- When does the account expire?
- Does the organization need to complete the annual renewal of registration?
- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about SAM, please visit <https://www.sam.gov>.

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and subrecipients).

Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register or update your registration in SAM. According to the SAM Quick Start Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity’s registration will become active after 3-5 days. Therefore, **check for active registration well before the application deadline.**

Applicants that fail to allow ample time to complete registration with SAM 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* (User Guide), available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This guide includes application and submission instructions for Grants.gov and HRSA's Electronic Handbook. 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 online at <http://www.grants.gov/documents/19/18243/GrantsGovApplicantUserGuide.pdf>. 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 these guides and this FOA, in conjunction with application form SF-424. The form contains additional general information and instructions for applications. The 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 HRSA funding opportunity contains a unique set of forms, and only the specific forms package posted with an opportunity will be accepted. 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 (10 MB) when printed by HRSA. See the following tables for information about the application components included in the page limit. **HRSA strongly encourages 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 *HRSA Electronic Submission User Guide* referenced above.

Applications must be complete, within the 80-page (10 MB) limit, and submitted prior to the Grants.gov and EHB deadlines 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 1-3](#), the word "Form" refers to electronic forms that need to be downloaded, completed offline, and uploaded. 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.

Applications for funding must consist of the following documents in order:

Table 1: Step 1 – Submission through Grants.gov

<http://www.grants.gov>

- It is mandatory to follow these instructions 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.
- **Use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow the naming conventions will cause the entire application to be rejected or cause issues during processing.**

Application Section	Form Type	Instruction	Counted in Page Limit (Y/N)
Application for Federal Assistance (SF-424)	Form	Complete pages 1, 2, & 3 of the SF-424. See instructions in Section IV.2.i	N
Project Summary/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.viii .	Y
Additional Congressional Districts (as applicable)	Attachment	Upload a list of additional Congressional Districts served by the project if all districts served will not fit in page 3, box 16b of the SF-424.	Y
Project/Performance Site Location(s)	Form	Provide only the administrative site of record.	N
Grants.gov Lobbying Form	Form	Provide the requested contact information at the bottom of the form.	N
SF-424B Assurances for Non-Construction Programs	Form	Complete the form electronically online as instructed.	N
Disclosure of Lobbying Activities (SF-LLL) (as applicable)	Form	Complete the form only if lobbying activities are conducted.	N

Within seven business days following successful submission of the required items in Grants.gov, HRSA will confirm successful receipt of your application and require the Project Director and Authorizing Official to submit additional information in HRSA EHB. Your application will not be considered complete unless you review and validate the information submitted through Grants.gov and submit the additional required portions of the application required through HRSA EHB.

Table 2: Step 2 – Submission through HRSA EHB

<https://grants.hrsa.gov/webexternal>

- It is mandatory to follow these instructions 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.
- 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.
- Limit file names for documents to 100 characters or less. Documents will be rejected by EHB if file names exceed 100 characters.
- If the attachments marked “required for completeness” are not uploaded, the application will be considered incomplete and non-responsive, thereby making it ineligible. Ineligible applications will not proceed to Objective Review.

Section	Required for Completeness (C) / Review (R)	Form Type	Instruction	Counted in Page Limit (Y/N)
Program Narrative	C	Attachment	Upload the Program Narrative document in the Program Narrative E-Form. See instructions in Section IV.2.ix .	Y
SF-424A Budget Information Non-Construction Programs	C	E-Form	Complete Sections A and B. Complete Section F if applicable. See instructions in Section IV.2.iii .	N
Budget Justification	C	Attachment	Upload a three-year Budget Justification. See instructions in Section IV.2.iv and refer to the NCA TA web site for a sample Budget Justification	Y
Program Specific Forms	R	E-Form	Form 1A: General Information Worksheet, FY 2013 Project Work Plan Progress Report, and FY 2104 Project Work Plan will be completed, as appropriate. Refer to Appendices A , B , and C for further details. A sample Project Work Plan is available at http://www.hrsa.gov/grants/apply/assistance/nca .	N
Attachments 1-6	Varies	Attachments	See Table 3 .	Y

Table 3: Step 2 (continued): Submission through HRSA EHB

<https://grants.hrsa.gov/webexternal/home.asp>

- To ensure that attachments are organized and printed in a consistent manner, follow the order provided below.
- Number the electronic attachment pages sequentially, resetting the numbering for each attachment (i.e., start at page 1 for each attachment).
- Merge similar documents (e.g., Letters of Support) into a single document. Add a table of contents page specific to the attachment.
- Limit file names for documents to 100 characters or less. Documents will be rejected by EHB if file names exceed 100 characters.
- If the attachments marked “required for completeness” are not uploaded, the application will be considered incomplete and non-responsive, thereby making it ineligible. Ineligible applications will not proceed to Objective Review.
- If the attachments marked “required for review” are not uploaded, the application’s Objective Review score may be negatively impacted.

Attachments	Required for Completeness (C) / Review (R)	Form Type	Instruction	Counted in Page Limit (Y/N)
Attachment 1: Staffing Plan	R	Attachment	Upload a brief narrative and/or table that identifies all personnel who will be supported under the HRSA NCA cooperative agreement. The staffing plan is a presentation and justification of all staff required to execute the project, their education and experience qualifications, and rationale for the amount of time being requested for each position. See instructions in Section IV.2.v.	Y
Attachment 2: Position Descriptions for Key Personnel	R	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 NCA 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.	Y
Attachment 3: Biographical Sketches for Key Personnel	R	Attachment	Upload biographical sketches for individuals 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.	Y

Attachments	Required for Completeness (C) / Review (R)	Form Type	Instruction	Counted in Page Limit (Y/N)
Attachment 4: Letters of Support	C	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 proposed project. Include only signed and dated letters of support that specifically indicate a commitment to the project (e.g., in-kind services, dollars, staff, space, equipment).	Y
Attachment 5: Summary of Contracts and Agreements (as applicable)	R	Attachment	<p>Applicants with current or proposed project-related agreements (contract or Memorandum of Understanding/Agreement [MOU/A]) must upload a BRIEF SUMMARY describing these agreements. The summary should address the following items for each agreement:</p> <ul style="list-style-type: none"> • 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, including the type of services provided and how/where these are provided • Timeframe for the agreement/contract <p><i>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.</i></p>	Y
Attachment 6: Other Relevant Documents (as applicable)	R	Attachment	Include any other documents relevant to the project (e.g., survey instruments, needs assessment reports, organizational chart). A maximum of three documents may be uploaded. To upload more than three documents, merge multiple documents into a single file.	Y

Application Preparation

The NCA technical assistance web site (<http://www.hrsa.gov/grants/apply/assistance/nca>) provides essential resources for application preparation.

Only materials included with an application submitted by the announced deadlines will be considered. Supplemental materials submitted after the application deadlines and letters of support sent directly to HHS, HRSA, or BPHC will **not** be added to an application for consideration by the Objective Review Committee.

Application Format

i. Application for Federal Assistance

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. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.129.

- *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 (U30...) found in box 4b from the most recent Notice of Award (NoA) for current section 330(I) 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. 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.
- *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 target audience to be served. If information will not fit in the box provided, attach a Word document. This document will count toward the page limit.
- *Box 15: Descriptive Title of Applicant's Project:* Type the title of the FOA (National Training and Technical Assistance Cooperative Agreements) 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 count toward the page limit.
- *Box 17: Proposed Project Start and End Date:* Provide the start and end dates for the proposed project period (7/1/14 – 6/30/17).
- *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 an NCA 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 by visiting <http://fedgov.dnb.com/webform> or calling 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, applicant organizations (and subrecipients of HRSA award funds) are required to register annually with the System for Award Management (SAM) in order to conduct electronic business with the federal government. SAM registration must be maintained with current, accurate information at all times during which an entity has an active award from, or an application under consideration by, HRSA. It is extremely important to verify that the applicant organization’s SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with SAM can be found at <https://www.sam.gov>. Please see [Section IV](#) of this funding opportunity announcement for SAM registration requirements.

ii. Table of Contents

The application should be presented in the order shown in [Tables 1-3](#). 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 via a Budget Narrative attachment. The budget must be based upon the defined level of support for the target audience to be served. Current awardees should refer to Box 19 on their most recent Notice of Award or contact Beth Hartmayer for funding limits. *Note: NCA applications should include only information regarding the activities to be supported with federal funding under the HRSA NCA cooperative agreement.*

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

Section A – Budget Summary: Use rows 1 - 3 to provide the budget amounts for each year of the three-year project period. Enter the amounts in the “New or Revised Budget” column. Do not provide information on non-federal sources of funding (i.e., leave “column d” blank).

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) and (3) for budget years 2 and 3. Each line represents a distinct object class category that must be addressed in the Budget Narrative.

Section F – Other Budget Information (if applicable):

Direct Charges: Explain amounts for individual direct object class categories that may appear to be out of the ordinary.

Indirect Charges: 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.

Remarks: Provide other explanations as necessary.

Salary Limitation

The Consolidated and Further Continuing Appropriations Act, 2013 (P.L. 113-6), enacted March 26, 2013, continues provisions enacted in the Consolidated Appropriations Act, 2012 (P.L. 112-74). The law limits the salary amount that may be awarded and charged to HRSA cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II, which 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 cooperative agreement.

Example of Application of this Limitation

If an individual’s base salary is \$225,000 per year, plus fringe benefits of 25 percent (\$56,250), and that individual is devoting 50 percent of his/her time to this award, the base salary must be adjusted to \$179,700 plus fringe benefits of 25 percent (\$44,925) when calculating what may be charged to the NCA cooperative agreement. This results in a total of \$112,312 that may be included in the project budget and charged to the award in salary/fringe benefits for this individual. See the breakdown below:

Table 4: Actual versus Claimed Salary

Current Actual Salary	
Individual’s actual base full time salary: \$225,000 (50% of time will be devoted to project)	
Direct Salary	\$112,500
Fringe (25% of salary)	\$ 28,125
Total	\$140,625
Amount of Actual Salary Eligible to be Claimed on the Application	
Individual’s base full time salary adjusted to Executive Level II: \$179,700 (50% of time will be devoted to the project)	
Direct Salary	\$ 89,850

Fringe (25% of salary)	\$ 22,462
Total	\$112,312

iv. Budget Narrative

Provide a narrative in HRSA EHB that explains the amounts requested for each line in the budget. Applicants must submit a one-year budget for each year of the three-year project period at the time of application. Line item information must be provided to explain the costs entered in the Section B of the SF-424A budget form. Carefully show how each item in the Other category is justified. For subsequent budget years, the justification narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive budget changes during the project period. The Budget Narrative MUST be concise. Do NOT use the justification to expand the Project Narrative. **The Budget Narrative must clearly describe each cost element and explain how each cost contributes to meeting the project’s goals/activities.** A sample Budget Narrative is provided at the NCA TA web site.

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period, although the project period may be for up to three (3) years. Submission and HRSA approval of the Non-Competing Continuation Progress Report(s) and any other required submissions or reports are the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-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 Narrative:

Personnel Costs: Personnel costs must be explained by listing each staff member who will be supported by federal cooperative agreement funds, name (if possible), position title, percent full time equivalency (FTE), and annual salary. **Salary Limitation:** HRSA funds may not be used to pay the salary of an individual at a rate in excess of \$179,700 (the Executive Level II salary of the Federal Executive Pay Scale). Reasonableness and allowability regulations continue to remain in effect.

Applicants should reference [Attachment 1: Staffing Plan](#) (refer to [Table 3](#)) in the justification for each staff position that will be supported in whole or in part with federal Health Center Program (section 330) grant funds.

Fringe Benefits: List the components that comprise the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). The fringe benefits must be directly proportional to the portion of personnel costs allocated for the project. If an individual’s base salary exceeds the legislative salary limitation, adjust fringe accordingly.

Travel: List travel costs categorized by local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel, and staff/board members completing the travel must be outlined. The budget must also reflect travel expenses associated with participating in proposed meetings, trainings, or workshops.

Equipment: Identify the cost per item and justify the need for each piece of equipment to carry out the proposed project. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture 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, separating items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., brochures).

Contracts: Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Each awardee is responsible for ensuring that its organization/institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring 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. Reminder: Recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

Construction: Construction costs are unallowable and may not be included.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost (e.g., audit, legal counsel). 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: Costs incurred for common or joint objectives, which cannot be readily and specifically identified with a particular project or program but are necessary to organizational operation (e.g., the cost of operating and maintaining facilities, depreciation, administrative salaries). Indirect costs may only be claimed if the recipient provides documentation of an approved indirect cost rate. If an organization does not have an approved indirect cost rate, one may be obtained through the HHS Division of Cost Allocation (DCA). Visit <https://rates.psc.gov> to learn more about rate agreements, including the process for applying

for them. **Note: If your organization claims indirect costs in your budget, you must provide a copy of your most recent indirect cost rate agreement in Attachment 6.**

v. *Staffing Plan and Personnel Requirements*

Applicants must present a Staffing Plan in Attachment 1. Include the following elements in the staffing plan:

- Position Title (e.g., Chief Executive Officer)
- Staff Name (If the individual has yet to be identified, indicate “To Be Determined” or “TBD”.)
- Education/Experience Qualifications (e.g., masters, bachelors)
- General Responsibilities (e.g., responsible for the day-to-day operation of NCA, provide oversight and direction for T/TA activities, represent NCA in collaborative relationships)
- Rationale for the amount of time requested for each position (Indicate the projected amount of Full Time Equivalent (FTE) for staff involvement.)
- Base Salary
- Adjusted Annual Salary (if adjustment is needed to comply with salary limitations)
- Federal Amount Requested

A sample Staffing Plan is available at the NCA TA web site.

Position descriptions that include the roles, responsibilities, and qualifications of proposed key personnel (e.g., Chief Executive Officer, Chief Financial Officer, Project Director) must be included in Attachment 2: Position Descriptions for Key Personnel. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 3: Biographical Sketches for Key Personnel. 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*

In Grants.gov, complete the SF-LLL: Certifications and Disclosure of Lobbying Activities Application Form.

viii. *Project Abstract*

Provide a summary of the application that includes a brief description of the proposed project, including the T/TA needs to be addressed, proposed activities, and target audience to be served. The abstract is often distributed to provide information to the public and Congress. Please ensure that it is clear, accurate, concise, and without reference to other parts of the application. The project abstract must be single-spaced and limited to one page in length.

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers
- Email Address
- Web Site Address, if applicable

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 NCA cooperative agreement.*** It should be well organized so that reviewers can understand the proposed project. Throughout the Project Narrative, refer to attachments and forms as needed. The Project Narrative will be included in the page limit.

Applicants must use the following section headers for the narrative:

NEED

- 1) Identify and describe short-term T/TA needs (within Year 1), as well as long-term T/TA needs (within Years 2 and 3) of existing and potential health centers in the target audience across the nation. Organize the identified needs by the relevant T/TA focus areas for the target audience (see Section II: [NCA Recipient Roles and Responsibilities](#) for required NCA T/TA focus areas by target audience).
- 2) Identify and describe any major T/TA gaps in the target audience and how they will be addressed through the proposed project.
- 3) Identify and describe the major national health policy and marketplace conditions impacting the target audience and other safety-net providers (Program Assistance). Topics may include:
 - a) Changes in insurance coverage, including Medicaid, Medicare and CHIP; broad changes in national/state/local/private uncompensated care programs;
 - b) Major changes in the economic or demographic environments of the target population (e.g., influx of new populations, major emergencies such as hurricanes and flooding).
 - c) The impact of any significant changes affecting special populations served by the target audience, as appropriate.

Information provided on need should serve as the basis for, and align with, the proposed activities and goals of the project described throughout the application.

RESPONSE

Information requested in the Response section will be entered in both the Project Work Plan and the Project Narrative. The Project Work Plan should address ONLY broad-level activities to be supported under the HRSA NCA cooperative agreement during the first

budget year of the project period. (Refer to [Appendix B](#) for instructions to complete the Project Work Plan; a sample is available at the NCA TA web site.)

- 1) Describe how the activities detailed in the 12-month Project Work Plan are consistent with the short-term and long-term needs of the nationwide target audience. The extent and type of activities must be consistent with the national health center T/TA needs and appropriate for the long-term three-year project period.
- 2) Identify anticipated internal and external challenges in implementing the activities described in the Project Work Plan and approaches that will be used to overcome these challenges.
- 3) Demonstrate that the proposed T/TA activities (including educational sessions, publications, and webcasts) will be made available and accessible (e.g., cost, location) to potential and existing health centers nationwide, regardless of NCA membership or HRSA grant status.
- 4) Describe an overarching strategy (supportive of the broad-level activities listed in the Project Work Plan) to address the unique T/TA needs of health centers receiving/seeking special populations funding (i.e., section 330(g) migratory and seasonal agricultural workers, section 330(h) people experiencing homelessness, and section 330(i) residents of public housing), vulnerable populations, and newly funded Health Center Program grantees (e.g., New Access Point new starts). Describe how the T/TA will be culturally and linguistically appropriate.
- 5) Describe how national T/TA needs, the unmet need for primary health care, health policy/marketplace conditions, and performance trends (e.g., national health center trend reports) are incorporated into the organization's ongoing T/TA strategic planning process.

COLLABORATION

- 1) Describe both formal and informal collaboration and coordination of T/TA with other HRSA-supported T/TA providers (i.e., NCAs, PCAs and PCA Special Population Points of Contact, PCOs) and other relevant stakeholders to best serve the target audience. Highlight how these collaborations will minimize duplication in an effort to maximize the effectiveness and impact of T/TA activities.
- 2) Provide evidence of proposed collaborations by providing letters of support, commitment, and/or investment of specific partnerships and/or coordinated activities in support of the project's preparation and provision of T/TA (Attachment 4).

EVALUATIVE MEASURES/ IMPACT

- 1) Describe the evaluation plan, including how the organization will integrate and use qualitative and quantitative data to monitor and measure progress towards goals and expected outcomes/impacts, and use the evaluation results to improve the overall impact of the proposed project.
Note: NCAs are required to ask two standard questions of all formal T/TA recipients. See [Appendix C](#) for details.
- 2) Describe plans for dissemination of potential replicable project results/lessons learned.

RESOURCES/CAPABILITIES

- 1) Describe the applicant organization's experience and expertise in:
 - a) Coordinating and providing health center T/TA activities of similar scope through past performance/accomplishments and/or lessons learned.
 - b) Identifying and responding rapidly to changes in the health care environment and within health centers.
 - c) Mobilizing T/TA resources across the nation to assure access to comprehensive, culturally competent, quality primary health care services for underserved and vulnerable populations.
 - d) Developing and implementing an appropriate nationwide T/TA system and services;
 - e) Working with health centers to improve compliance, performance, and operations; and
 - f) Addressing unmet need for primary health care services through program development T/TA.
- 2) Describe how the organizational structure and capacity, including any contracts, is appropriate for the operational and oversight needs of the project. *Note:* NCA recipients, subrecipients, and contractors are subject to the HHS grant requirements set forth in [45 CFR Part 74](#) and [45 CFR Part 92](#) as applicable.
 - a) In Attachment 5, provide a brief summary of the affiliated agencies, types of agreements (e.g., contract, affiliation agreement), and purpose and scope of agreements, including the type of services provided and 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 T/TA activities to be provided during the project period, as well as a plan for recruiting and retaining staff.
 - c) Describe financial management and control policies and procedures.
- 3) Describe a plan to regularly solicit input and respond to the unique needs of the potential and existing health centers in the target audience nationwide.
 - a) Describe how the organization plans to collect and analyze data relative to key elements of national health policy, unmet need, marketplace conditions, special populations, and other key health indicators to guide current/future strategic NCA planning, development efforts, and work plan activities.

- b) Describe the array of stakeholders served by the organization and how the organization's decision-making process includes and reflects various stakeholder issues and priorities.
- 4) **Applicants Not Currently Receiving Section 330(l) Funding:** Provide a timeline for cooperative agreement start-up and T/TA delivery that assures that the applicant organization will have appropriate staff in place and be ready and able to implement the proposed Project Work Plan within 30 days of award.

SUPPORT REQUESTED

- 1) Provide a budget presentation (i.e., SF-424A and Budget Narrative) that is reasonable and aligns with the proposed T/TA and Staffing Plan. Refer to [Section IV.2.iii.](#)

x. Program Specific Forms

Program Specific Forms include the Form 1A, FY 2013 Project Work Plan Progress Report, and the FY 2014 Project Work Plan. Refer to Appendices [A](#) and [B](#) for instructions on how to complete and submit these Program Specific Forms within HRSA EHB.

xi. Attachments

Refer to [Table 3](#) 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

Applications are due in Grants.gov **January 8, 2014 at 11:59 PM ET** and HRSA EHB **February 19, 2014 at 5:00 PM ET**. Applications are considered formally submitted when (1) the application has been successfully transmitted electronically to the correct funding opportunity number 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 regarding the progress of the application through the system.

- 1. The first will confirm receipt in the system.
- 2. The second will indicate whether the application has been successfully validated or has been rejected due to errors.
- 3. The third will be sent when the application has been successfully downloaded at HRSA.
- 4. The fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The applicant will receive an "Application Successfully Transmitted to HRSA" message [in](#)

HRSA EHB upon successful application submission within the EHB system.

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, hurricanes) or other service disruptions such as prolonged blackout. The CGMO or designee will determine the affected geographic area(s). For more details, refer to HRSA Electronic Submission User Guide at <http://www.hrsa.gov/grants/apply/userguide.pdf>.

Late applications: Applications that do not meet the criteria above are considered late and will not be considered for funding.

4. Intergovernmental Review

The NCA is a program subject to the provisions of Executive Order 12372, as implemented by [45 CFR Part 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 (SPOC) may be obtained 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. Letters should be sent electronically to the points of contact listed in [Section VII](#).

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than the annual level determined by the target audience to be served (see Section II: [NCA Recipient Roles and Responsibilities](#)). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress of the project, 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 this cooperative agreement
- Reserve requirements for state insurance licensure
- Support for lobbying/advocacy efforts
- Conference sponsorship (content development of individual program sessions related to NCA work plan is allowable) [Refer to the (1) Primary Care Association Guide 2012-2013 available at <http://www.hrsa.gov/grants/apply/assistance/pca/pcaguide2012-2013.pdf> and the (2) HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and

Publications available at http://www.hhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html for necessary details.]

Salary Limitation: The Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), enacted March 26, 2013, continues provisions enacted in the Consolidated Appropriations Act, 2012 (P.L. 112-74). The law 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, which is currently \$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 cooperative agreement.

Per Division F, Title II, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6): (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) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), 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.

Pursuant to existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all grants awarded under this announcement and is consistent with past practice and long-standing

requirements applicable to grant awards to health centers.

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.

For additional information to register and apply through Grants.gov and register, validate, and complete an application in HRSA EHB, refer to Sections 3 and 4 of the *HRSA Electronic Submission User Guide* (<http://www.hrsa.gov/grants/apply/userguide.pdf>).

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 reviewed. 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 review criteria are used to rank applications. Review criteria are outlined below with specific detail and scoring points.

Criterion 1: NEED (20 points)

- 1) The extent to which the applicant thoroughly identifies and describes the key short-term (within Year 1) and long-term (within Years 2 and 3) T/TA needs of existing and potential health centers in the target audience across the nation, using the relevant T/TA focus areas for the target audience to organize the identified needs.
- 2) The extent to which the applicant clearly identifies and describes any major T/TA gaps in the target audience (or gaps that would be present if the applicant organization stopped providing T/TA).
- 3) The extent to which the applicant identifies and describes the major national health policy and marketplace conditions impacting the target audience and other safety-net providers (Program Assistance).

Criterion 2: RESPONSE (25 points)

- 1) The quality of the applicant's Project Work Plan, including an assessment of its comprehensiveness, reasonableness, and attainability with a 12-month timeframe. The extent to which the Project Work Plan:
 - a) Describes a sound T/TA approach that ensures success in achieving the NCA program requirements, as outlined in Section II: [NCA Recipient Roles and Responsibilities](#).
 - b) Includes activities selected based on the key factor analysis (i.e., contributing or restricting factors) that are appropriate and likely to be effective in accomplishing the purpose of the cooperative agreement over the short-term (Year 1) and long-term (Years 2-3).

- c) Defines activities that are relevant and meaningful to the health center target audience's T/TA needs nationwide, including those that directly link to the defined evaluative measures (e.g., planned formal T/TA) as well as those that contribute more broadly to the cooperative agreement's purpose (e.g., development of T/TA resources on websites and brochures).
 - d) Documents reasonable measurable outcomes, timeframes, and responsible parties to accomplish the activities of the project.
- 2) The extent to which the applicant identifies anticipated internal and external challenges in implementing the proposed activities and approaches to overcome these challenges that build on current strengths of the applicant organization.
 - 3) The comprehensiveness of the strategy proposed to deliver T/TA activities (including educational sessions, publications, and webcasts) that will be available and accessible (e.g., cost, location) to potential and existing health centers nationwide, regardless of NCA membership or HRSA grant status.
 - 4) The appropriateness of the overarching strategy (supportive of the broad-level activities listed in the Project Work Plan) to: (a) address the unique T/TA needs of health centers receiving/seeking special populations funding, vulnerable populations, and newly funded Health Center Program grantees, and (b) assure that the T/TA will be culturally and linguistically appropriate.
 - 5) The extent to which the applicant describes how national T/TA needs, the unmet need for primary health care, health policy/marketplace conditions, and performance trends are incorporated into the organization's ongoing strategic planning process.

Criterion 3: COLLABORATION (10 points)

- 1) The extent to which the applicant demonstrates its leveraging of relationships with other HRSA supported T/TA providers and other relevant stakeholders to best serve the target audience, minimize duplication of efforts, and maximize the effectiveness and impact of T/TA activities.
- 2) The extent to which letters of support, commitment, and/or investment provide evidence of specific partnerships and/or coordinated activities in support of the project's preparation and provision of T/TA.

Criterion 4: EVALUATIVE MEASURES/ IMPACT (15 points)

- 1) The strength of the plan for evaluating T/TA activities, including how the organization will integrate quantitative and qualitative data to monitor and measure progress toward goals and expected outcomes/impacts, and use the evaluation results to improve the overall impact of the proposed project.
- 2) The strength of the proposed strategy for dissemination of project results/lessons learned.

Criterion 5: RESOURCES/CAPABILITIES (20 points)

- 1) The strength of the applicant organization's description of its experience and expertise in the areas listed in the Project Narrative.
- 2) The extent to which the applicant has adequate, appropriate, and effective organizational structure and capacity (i.e., contracts, leadership, staff, policies, systems, resources) to carry out the proposed T/TA activities.
- 3) The extent to which the applicant describes a plan to regularly solicit input from diverse stakeholders and respond to the unique needs of the potential and existing health centers in the target audience nationwide, including data collection and analysis plans.
- 4) If applicable, the extent to which an applicant that is not currently receiving section 330(l) funding demonstrates via a start-up timeline that, within 30 days of award, appropriate staff will be in place and the applicant will be ready and able to implement the proposed Project Work Plan.

Criterion 6: SUPPORT REQUESTED (10 points)

- 1) The extent to which the budget presentation (SF-424A and Budget Narrative) is reasonable and aligns with the proposed T/TA and Staffing Plan.

2. Review and Selection Process

The HRSA Division of Independent Review is responsible for managing objective reviews. 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 FOA. 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 July 1, 2014.

VI. Award Administration Information

1. Award Notices

Each eligible 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 HRSA EHB. Applicants who are selected for funding may be required to respond in a satisfactory manner to conditions placed on their awards 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, 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 July 1, 2014.

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 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).

Standards for Financial Management

Recipients are required to meet the standards and requirements for financial management systems set forth in 45 CFR 74.21 or 92.20, as applicable. The financial systems must enable the recipient to maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income. The system must also enable the recipient to compare actual expenditures or outlays with the approved budget for the award.

HRSA funds must retain their award-specific identity—they may not be commingled with state funds or other federal funds. (“Commingling funds” typically means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure.)

See “Financial Management” in the [HHS Grants Policy Statement](#) for additional information.

Non-Discrimination Requirements

To serve persons most in need and to comply with federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin, or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. See <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement to take reasonable steps to provide meaningful access to persons with limited English proficiency.

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>.

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.

Affordable Care Act Outreach and Education

It is important to note that a healthier country is one in which more Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. Insurance coverage is strongly related to better health outcomes for both children and adults. Access to insurance improves health outcomes by helping people obtain preventive and screening services, prescription drug benefits, mental health and other services, and by improving continuity of care.

The Affordable Care Act (ACA), the health care law of 2010, creates new state-based marketplaces, also known as exchanges, to offer millions of Americans new access to affordable health insurance coverage. Individuals with incomes between 100 to 400 percent Federal Poverty Level (FPL) may be eligible to receive advance payments of premium tax credits and/or cost-sharing reductions to help pay for the cost of enrolling in a qualified health insurance plan and paying for coverage of essential health benefits. In states that choose to participate in the ACA expansion of Medicaid to non-disabled adults with incomes of up to 133 percent of FPL, this provision will provide new coverage options for many individuals who were previously ineligible for Medicaid. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing.

Outreach efforts would ensure that families and communities understand these new developments and would provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible during the transition and beyond. You are encouraged to share information with your beneficiaries about these options and to assist them, to the extent it is an appropriate activity under your grant, in enrolling in available insurance plans or in finding other available sources of payment for the services you provide.

For more information on the marketplaces and the health care law, visit <http://www.healthcare.gov>.

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 incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, 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? \(AHRQ\)](#)

Integrating Primary Care and Public Health

Integrating primary care and public health links people, policy, programs, and activities to increase efficiency and effectiveness and ultimately improve population health. Both primary care and public health emphasize prevention as a key driver of better health, and integration of the two fields can transform our focus on disease and treatment to health and wellness, as well as maximize our health care system investment. Integration occurs on a continuum and includes mutual awareness, cooperation, collaboration, and partnership. Successful integration requires primary care and public health to work together along this continuum and address social and environmental determinants of health, engage communities, align leadership, develop the healthcare workforce, sustain systems, and share and collaborate on the use of data and analysis – all with an eye toward achieving a shared goal of population health improvement. Integration of primary care and public health is a major focus for HRSA and HHS, and, to the extent possible, applicants should consider ways to integrate primary care and public health in the activities they pursue. More information can be found at <http://www.hrsa.gov/publichealth>.

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 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 (PMS). 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 grant funds. Go to <http://www.psc.gov> for additional information.

c. Status Reports

- 1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the following schedule:
<http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf>. 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 NoA.
- 2) **Final Report.** A final report is due within 90 days after the project period ends, if the awardee is not funded for a new project period. The final report collects program-specific goals and progress on strategies; core evaluative 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 in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.
- 3) **Tangible Personal Property Report.** If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all federally owned property and acquired equipment with an acquisition cost of \$5,000 or more per unit. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. Property may be provided by HRSA or acquired by the recipient with award funds. Federally owned property consists of items that were furnished by the federal government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the NoA.

d. Transparency Act Reporting Requirements

New awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (P.L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. **IMPORTANT:** The reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., competing continuation, non-competing continuation). 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>).

VII. Agency Contacts

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

Beth Hartmayer
Public Health Analyst
HRSA Bureau of Primary Health Care
Office of Policy and Program Development
301-594-4300
BPHCNCA@hrsa.gov

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

Brian Feldman
Grants Management Specialist
HRSA Division of Grants Management Operations
Office of Federal Assistance Management
301-443-3190
bfeldman@hrsa.gov

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 (International Callers, dial 606-545-5035)
support@grants.gov
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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 Helpline, Monday through Friday, 8:30 AM to 5:30 PM ET, excluding federal holidays:

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

VIII. Tips for Writing a Strong Application

HRSA has designed a technical assistance webpage to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which applicants will find relevant. The website can be accessed online at <http://www.hrsa.gov/grants/apply/index.html>.

In addition, a concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at <http://dhhs.gov/asfr/ogapa/grantinformation/apptips.html>.

APPENDIX A: Program Specific Form Instructions

Detailed instructions and technical assistance for the electronic submission of the following forms is available in the EHB NCA Quick Reference Sheet, posted on the NCA TA web site (<http://www.hrsa.gov/grants/apply/assistance/nca>).

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

- **FORM 1A: General Information Worksheet**

This form provides a concise summary of application information.

Section 1: Applicant Information

Complete all relevant information that is not pre-populated.

Section 2: Target Audience

Identify the target audience you are proposing to serve. This will determine the focus area requirements of the Project Work Plan.

- **PROJECT WORK PLAN FORM**

The Project Work Plan outlines the goals and activities related to the NCA project. The goals and activities are expected to be specific to the T/TA activities identified in the application. Refer to [Appendix B](#) for detailed guidance on completing the Project Work Plan Form. A sample Project Work Plan is provided on the NCA TA web site.

APPENDIX B: INSTRUCTIONS FOR THE PROJECT WORK PLAN

Overview

As described in section 330(l), the recipient organization is expected to use NCA funds to provide training and technical assistance (T/TA) to potential and existing health centers. A list of required NCA T/TA focus areas by target audience to be served is provided in Section II: [Recipient Roles and Responsibilities](#). The NCA Project Work Plan must detail the T/TA activities to be conducted over the first 12-month budget period. Applicants may identify two additional focus areas in each section (i.e., Program Requirements; Performance Improvement and Special Initiatives; and Program Assistance) of the work plan.

The Project Work Plan is a structured document that will be completed electronically in the HRSA EHB system. Refer to the EHB NCA Quick Reference Sheet on the NCA TA web site for step-by-step instructions on how to complete the form online. A sample Project Work Plan and Project Work Plan Progress Report are available on the NCA TA web site.

New Applicants

EHB will present a blank FY 2014 Project Work Plan to enter activities for the first year of the three-year project period. The Project Work Plan will contain all of the fields described in [Table 5](#), except the Progress field.

Competing Continuations

Competing continuation applicants will complete two Project Work Plans:

- Report progress in the FY 2013 Project Work Plan Progress Report, which is pre-populated with information from the FY 2013 non-competing continuation (NCC). All fields in this form will be locked except the Progress field to facilitate reporting progress on the work plan since July 1, 2013.
- Complete an FY 2014 Project Work Plan by entering activities for the first year of the three-year project period. The Project Work Plan will contain all of the fields described in [Table 5](#), except the Progress field.

Completing the Project Work Plan and Reporting Progress

Reference the table below along with the EHB NCA Quick Reference Sheet available at <http://www.hrsa.gov/grants/apply/assistance/nca> to complete the FY 2014 Project Work Plan, as well as report progress on the current FY 2013 Project Work Plan, if applicable.

Table 5: Project Work Plan Fields

Field	About this Field
Target Audience	This field contains the target audience to be served.
Core Function	There are three Core Functions that outline the required Focus Areas and Activities of the Project Work Plan: Program Requirements; Performance Improvement and Special Initiatives; and Program Assistance.

Field	About this Field
Focus Areas	<p>This field contains the required Focus Areas to be addressed for the target audience to be served (refer to Section II: NCA Recipient Roles and Responsibilities) in each Core Function:</p> <ul style="list-style-type: none"> • Section A - Program Requirements • Section B - Performance Improvement and Special Initiatives • Section C - Program Assistance <p>A maximum of 2 additional (other) Focus Areas may be added for each section. Note: The additional Focus Areas cannot substitute for the required Focus Areas in each section. (limit 200 characters)</p>
Key Factors	<p>Identify factors impacting the selection of activities to be conducted under this focus area, citing data sources utilized in the selection (e.g., needs assessments, focus groups). Include at least one contributing and one restricting factor. (limit 500 characters).</p> <p>A minimum of 2 and a maximum of 5 key factors may be included for each Focus Area. At least 1 restricting and 1 contributing key factor must be identified.</p>
Activity	<p>Identify the major T/TA Activities planned for the first year of the proposed project period of July 1, 2014 through June 30, 2015 (limit 200 characters).</p> <p>Activities should be directly related to the focus area under which they are entered, but activities should be expanded beyond those that relate directly to the evaluative measures (e.g., publications, webinars). At least 2 Activities must be listed for each Focus Area, with a maximum of 5. Within each Activity, identify at least 1 Person/Area Responsible, Time Frame, and Expected Outcome.</p>
Person/Area Responsible	<p>Identify at least 1 person/position (maximum of 5) that will be responsible and accountable for carrying out each activity (limit 500 characters).</p>
Time Frame	<p>Identify at least 1 expected Time Frame (maximum of 5) for carrying out each Activity (limit 500 characters).</p>
Expected Outcome	<p>Identify anticipated results and accomplishments of the proposed Activities (i.e., quantitative and qualitative results). (limit 500 characters). Identify at least 1 outcome for each Activity (maximum of 5).</p>

Field	About this Field
Comments	Provide supplementary information related to entries in the Project Work Plan, as desired (limit 1,500 characters). This field can be left blank.
Progress	Provide a progress description for each activity (limit 1,000 characters). This is a required field in the FY 2013 Project Work Plan Progress Report. If there has been no progress to date, note this and provide a brief explanation as to why progress has not been made. This field will not be included on the FY 2014 Project Work Plan.
Evaluative Measure	Each Focus Area contains a set of defined Evaluative Measures to be addressed. Additional Evaluative Measures may not be proposed.
Goal	Enter a numerical value (whole number) Goal for each Evaluative Measure.
Expected Impact	Provide a description of the anticipated impact of activities executed under each Focus Area (limit 1,000 characters).

APPENDIX C: Evaluative Measures

Evaluative Measures are defined for each focus area in the Project Work Plan. The evaluative measures cannot be edited and additional evaluative measures cannot be proposed for any focus area. Applicants must enter numerical values in the Goal field for each Evaluative Measure (described below) presented in the Project Work Plan.

Each Focus Area in Core Function Section A – Program Requirements and Section B – Performance Improvement and Special Initiatives will present the following Evaluative Measures in the FY 2014 Project Work Plan:

- How many formal training/technical assistance sessions are planned (e.g., planned and structured training/technical assistance sessions with specific objectives and outcomes to include virtual and on-site sessions)?
- How many health center representatives will be trained via the planned formal training/technical assistance sessions?
- How well will the training/technical assistance meet the stated objectives?
- How likely will training recipients be to apply information from the training/technical assistance in their Health Center Programs/organizations?

For questions 3 and 4 above, the following questions must be asked of each training participant, with responses from participants based on the following scales:

- Question 3: How well did the training/technical assistance meet the stated objectives?
 - 1 = the T/TA did not meet the stated objectives
 - 2 = the T/TA somewhat met the stated objectives
 - 3 = the T/TA mostly met the stated objectives
 - 4 = the T/TA met all stated objectives
- Question 4: How likely are you to apply information from the training/technical assistance in your organization?
 - 1 = not at all likely
 - 2 = unlikely
 - 3 = likely
 - 4 = extremely likely

These Evaluative Measures also apply to the Information on Available Resources and Newly Funded Health Centers Focus Areas in Section C – Program Assistance. The Section C Focus Areas of T/TA Needs Assessment, Collaboration, and National Surveillance Analysis Focus Areas do not have Evaluative Measures.