HRSA

Health Resources & Services Administration

Bureau of Primary Health Care

Office of Policy and Program Development

Fiscal Year 2025 Health Center Controlled Network (HCCN) Cooperative Agreements.

Opportunity number: HRSA-25-018

Contents

Before you begin

If you believe you are a good candidate for this funding opportunity, secure your SAM.gov and Grants.gov registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Phase 1 (Grants.gov).

> To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

Step 1:
Review the Opportunity

In this step

Basic information

Health Resources and Services Administration (HRSA)

Bureau of Primary Health Care

Office of Policy and Program Development

Summary

The purpose of FY 2025 Health Center Controlled Networks (HCCNs) cooperative agreement funding is to support HCCNs, which are networks of participating health centers (PHCs) work collaboratively to leverage health information technology (IT) and data to enhance how they deliver affordable, accessible, and high-quality primary care, with a specific focus on:

- Data management and analytics,
- Interoperability of systems and digital health tools, and
- Uniform Data System Modernization (UDS+) implementation.

For this notice of funding opportunity (NOFO), the term health center refers to Health Center Program (H80) award recipients and organizations with look-alike (LAL) designation from HRSA. UDS+ implementation is the electronic submission of de-identified patient-level data from health centers to HRSA through automated reporting platforms.

Funding detail

Application Type: New and competing continuation

Expected total available funding: $48 million

Expected number and type of awards: 49 cooperative agreements

The funding range per award varies based on the number of PHCs in your network: $705,000 to $2,955 million per budget period. See Table 1: FY 2025 funding tier and maximum annual award amount.

The program and estimated awards depend on the future appropriation of funds and are subject to change based on the availability and amount of appropriations.

We plan to fund awards in three 12-month budget periods for a total 3-year period of performance from 8/1/2025 to 7/31/2028.

Key facts

Opportunity name: Fiscal Year 2025 Health Center Controlled Network (HCCN) Cooperative Agreements.

Opportunity number: HRSA-25-018

Announcement version: New

Federal assistance listing: 93.129

Statutory authority: 42 U.S.C. 254b(e)(1)(C) (Section 330(e)(1)(C) of the Public Health Service (PHS) Act)

Have questions? Visit the HCCN technical assistance (TA) webpage for resources to help you with your application. Go to Contacts and Support for our contact information.

Eligibility

Who can apply

You can apply if you are one of the following:

- A Health Center Controlled Network, or
- A current Health Center Program (H80) award recipient, funded for at least two consecutive preceding years, applying on behalf of an HCCN.
- To be an HCCN, you must meet the following criteria throughout the period of performance:
  - Have at least 10 PHCs,
  - Be majority-controlled and, as applicable, at least majority-owned by Health Center Program (H80) award recipients, and
  - Have your own governing body independent of the boards of your health center members.

Types of eligible organizations

- These types of domestic organizations may apply:
- Public institutions of higher education
- Private institutions of higher education
- Non-profits with or without having a 501(c)(3) IRS status
- For-profit organizations including small businesses
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and freely associated states
- Native American tribal governments
- Native American tribal organizations

"Domestic" means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

Your application will be deemed incomplete and not considered for funding under this notice if it does not contain all of the documents marked as "required for completeness" in the Attachments and Project Narrative sections.

Key dates

NOFO issue date: 10/3/2024

Phase 1 Application Deadline in Grants.gov: 12/2/2024

Phase 2 Supplemental Information Deadline in HRSA Electronic Handbooks (EHBs): 1/10/2025

Expected award date is by: 7/1/2025

Expected start date: 8/1/2025

Completeness and responsiveness criteria

We will review your application to make sure it meets these requirements.

These are the basic requirements you must meet to move forward in the competition. We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Requests funding above the award ceiling shown in the funding range.
- Does not meet both deadlines for Phase 1: Grants.gov and Phase 2: EHBs.
- Does not include a Project narrative.

You must maintain your H80 award status throughout the 3-year period of performance to maintain your funding.

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing

This program does not have a cost-sharing requirement.

Program description

Purpose

HCCNs support PHCs as they leverage health IT and data to enhance delivery of affordable, accessible, and high-quality primary health care, with a specific focus on:

- Data management and analytics,
- Interoperability of systems and digital health tools, and
- UDS+ implementation.

Background

HCCNs have provided health IT and data integration support to health centers for more than 20 years, with approximately 92 percent of health centers formally partnering with an HCCN. HCCNs provide specialized training and technical assistance (T/TA) to health centers in their network and leverage economies of scale, leading to:

- Greater sharing of resources and training, and
- Improved data analytics to support quality measurement and improvement.

The partnership between HCCNs and their network PHCs has improved access to care, enhanced quality of care, and supported practice redesign to integrate services and optimize patient outcomes.

FY 2025 HCCN award recipients will build upon the demonstrated success of previous HCCN awards. All HCCNs will support their PHCs with 3 required and 2 elective objectives as outlined in Table 4: FY 2025 HCCN Objectives. The 2 elective objectives will allow HCCNs to customize their project proposal to the needs of the PHCs in the network.

FY 2025 HCCN award recipients will also continue to support PHCs with electronic submission of de-identified patient level data (UDS+) as part of the UDS Modernization Initiative. UDS modernization is a continuous effort to improve UDS content, quality, and reporting procedures. These efforts focus on reducing reporting burden and improving data quality to better evaluate Health Center Program services and outcomes. The goal is to optimize the use and value of UDS data for health centers and HRSA while improving how health centers prepare and submit UDS data. De-identified patient-level data that will be submitted as part of UDS+ includes information that corresponds with existing UDS data elements, including health center patient demographics, health center services utilized, and some electronic Clinical Quality Measures (eCQMs). UDS+ data submissions will be automated and require more support and coordination with health center HIT vendors, and requirements for

submissions may change over time. HCCNs play a key role in assisting health centers with submitting patient-level data as required by HRSA and building on those minimum reporting requirements during the period of performance.

HCCNs will provide support to PHCs by partnering with local and state agencies, community-based organizations, and other HRSA-supported T/TA partners, such as State and Regional Primary Care Associations (PCAs) and National Training and Technical Assistance Partners (NTTAPs).

Program requirements and expectations

Your application must document an understanding of your PHCs' needs in the areas of data management and analytics; interoperability of systems and digital health tools; and UDS+ implementation. For the purpose of this funding opportunity:

- You must have a signed Memorandum of Agreement (MOA) with all PHCs in your network.

- You must have MOAs with at least 10 PHCs (as described in the Other Eligibility Criteria section) in your network throughout the period of performance.

- You must develop an individualized work plan with each PHC within 90 days of the period of performance start date and review and update that plan at least annually. HRSA may request work plans at any time during the period of performance and will review work plans during site visits.

- You must support PHCs based on each of their needs and capacity during the period of performance.

- You cannot require PHCs to become network members or pay to receive the services provided through this award.

- A health center may contract for, or otherwise receive services from multiple HCCNs, but may only be included on one HCCN's PHC List throughout the period of performance.

- You may, to a limited extent, use HCCN funding to support health centers that are included as PHCs in another HCCN's network. However, these organizations will not impact your funding tier and will not be included in objective reporting. HCCNs must have established guidelines and processes on how you will engage with these other PHCs.

- You must engage all PHCs in applicable HCCN activities detailed in the Project Work Plan (PWP).

- A single health center with multiple sites counts as one PHC. All sites may engage in applicable HCCN activities, based on PHC needs as noted below.

- You must inform HRSA of changes to the PHCs in your HCCN network within 30 days of the change.

- If you are a Health Center Program (H80) award recipient, you may apply on behalf of an HCCN and be a PHC within an HCCN.

- You must support all PHCs to implement and maintain formally defined, secure health information and technology policies and practices that protect individual privacy and organizational access, including protection from misuse, attack threats, fraud, or other forms of harm.

- You will work with PCAs and NTTAPs to provide needed support and technical assistance as appropriate.

- If you're also a HRSA-funded PCA, you must submit documentation that outlines the differences in scopes of service between your PCA project and HCCN project within 30 days of the period of performance start date.

- You may not change or remove any elective objectives during the period of performance, but you may add elective objectives throughout the period of performance.

- You are expected to continue to advance and make progress on the objectives, even if your objective target is met early in the period of performance.

- You and your PHCs must use health IT systems and products, including EHRs, certified to the 2024 Edition of the certification criteria found in the ONC Health IT Certification Program Overview, where available. See certification criteria in the 2024 Edition of the ONC Health IT Certification Program.

- Where certified health IT systems are not available, or where there are no relevant certification criteria for the use case, you must use health IT systems and products that meet standards and implementation specifications adopted under section 3004 of the PHSA (these standards are identified in 45 CFR Part 170).

- Where funded activities and/or a specific use case are not addressed by either certification criteria or standards in 45 CFR Part 170, you must consider use of additional standards identified in the ONC Interoperability Standards Advisory. See Interoperability Standards Platform.

- Publications you develop or purchase through this award must meet HRSA guidelines for data rights. As described in 45 CFR § 75.322(b), you own the copyright for materials that you develop through this award, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to allow others to do so. The Federal Government also can obtain, reproduce, publish, or use data produced through this award and can allow others to receive, reproduce, publish, or otherwise use such data for federal purposes. See 45 CFR § 75.322(d).

Award information

Cooperative agreement terms

Our responsibilities Aside from monitoring and technical assistance, we also get involved in these ways:

- Collaborate with you to revise and approve the approved application objectives and activities in your PWP according to our priorities and changes in the health care landscape, such as identifying and prioritizing health IT and data needs to be addressed using federal funds.

- Monitor and support implementation of your PWP through collaborative regular meetings and progress report reviews.

- Review and support the development of key deliverables, including approving your publication plan and specialized materials for general distribution prior to publication, distribution, and/or online posting.

- Attend and participate in HCCN-related meetings, as appropriate.

- Coordinate with other federally-funded cooperative agreements and award recipients to support the established objectives.

- Conduct a site visit during the 3-year period of performance to review and assess your activities, key accomplishments, and PHC individualized work plans, and to identify promising practices that support the health IT and data needs of health centers.

- Contact PHC(s) within a HCCN network at any time during the period of performance to solicit feedback on T/TA activities.

- Provide a data use agreement (to be signed by you) before sharing data that will assist you in achieving your approved objective targets.

Your responsibilities You must follow all relevant laws, regulations, and policies. Your other responsibilities will include:

- Collaborate with us on revising and implementing your PWP based on HRSA priorities and changes in the health care landscape.

- Submit a plan for publications and specialized materials to be created or disseminated with HCCN funds. The plan must include each publication's purpose, target audience, title, publication mode or type, summary description, expected impact/benefit, and projected publication date.

- Meet requirements to acknowledge Federal funding.

- Participate in HRSA and related stakeholder meetings, as appropriate.

- Coordinate with national, federal, state, and local organizations to strengthen PWP development and implementation.

- Engage all PHCs and their sites in HCCN activities, based on PHC needs.

- Participate in a HRSA-led HCCN site visit during the 3-year period of performance.

- Sign and adhere to all data use agreements that govern UDS and non-UDS data sources before you request data from us that is not publicly available (as applicable) to help you achieve your approved objective targets.

Funding policies and limitations

Policies

- We will only make awards if HRSA receives sufficient funding from Congress.

- Support beyond the first budget year will depend on:
  - Appropriation of funds,
  - Satisfactory progress in meeting the project's objectives, and
  - A decision that continued funding is in the government's best interest.

- All uses of funds must align with your scope of project.

- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list,
  - Extend the period of performance, and
  - Award supplemental funding.

- The maximum funding amount you may request is based on the number of PHCs in your network. Refer to *Table 1: FY 2025 funding tier and maximum annual award amount* below to find out how much you may request.

- Although an HCCN may use funding for services provided to health centers that are not on the HCCN's PHC List as discussed in the Program and Expectations section, these activities will not impact the maximum funding amount you can request.

Table 1: FY 2025 funding tier and maximum annual award amount

Number of PHCs	Maximum Annual Funding
10 - 19	$705,000
20 - 29	$955,000
30 - 39	$1,205,000
40 - 49	$1,455,000

Number of PHCs	Maximum Annual Funding
50 - 59	$1,705,000
60 - 69	$1,955,000
70 - 79	$2,205,000
80 - 89	$2,455,000
90 - 99	$2,705,000
100+	$2,955,000

Additional funding information:

- HCCNs with MOAs with 100 or more PHCs may only request a maximum of $2,955,000.

- If you do not maintain MOAs with the number of PHCs required for your funding tier for more than 90 days, we may reduce your funding to the amount listed in *Table 1: FY 2025 funding tier and maximum annual award amount.*

- If you have MOAs with fewer than 10 PHCs for more than 90 days, we may discontinue funding.

- As an HCCN award recipient, you may request supplemental funding, after the first 5 months of the period of performance, to address unique or emerging health IT and data needs of your PHCs. The proposed work must be aligned with, but not the same as the funded scope of work. We may support such supplemental projects if:

- Funding is available and allocable.

- The request is allowable and sufficient time remains in the budget period to complete the activities.

- The activities are aligned with our priorities, but not the same as the work performed by us or our other funding recipients.

General limitations

- For guidance on some costs we do not allow or restrict, see Budget in section 5.1.iv of the Two-Tier Application Guide. You can also see 45 CFR part 75, or any superseding regulation, General Provisions for Selected Items of Cost.

- For-profit organizations cannot earn profit from the federal award. See 45 CFR 75.216(b).

- The salary rate limitation imposed by the current appropriations act applies to this program. As of January 2024, the salary rate limitation is $221,900. Note this limitation may apply in future years and will be updated.

Program-specific limitations

- You may not spend funds for:
  - Costs already paid for by other federal awards.
  - Costs not aligned with the HCCN Purpose
  - Equipment, supplies, or staffing for use at the health center level or any other individual health center operational costs.
  - Costs for construction or renovations
  - Purchase or upgrade of an electronic health record (EHR) that is not certified to the latest standards of the Office of the National Coordinator for Health Information Technology Certification Program
  - Facility or land purchases
  - Purchase of vehicles
  - Direct patient care
  - PHC recruiting or member incentives.
  - Conferences

- Under existing law, and consistent with Executive Order 13535 (75 FR 15599), you must not use federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed. This includes all funds awarded under this notice and is consistent with past practice and long-standing requirements.

See Manage Your Grant for other information on costs and financial management.

Indirect costs

Indirect costs are those incurred for a common or joint purpose across more than one project and that cannot be easily separated by project (like utilities for a building that supports multiple projects). Learn more at 45 CFR 75.414, Indirect Costs.

You determine indirect costs using one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at time of award. If you have an approved rate, include it as Attachment 9: Indirect Cost Rate Agreement.

Method 2 – *De minimis* rate. Per 2 CFR 200.414(f) if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See 2 CFR 200.1 for the definition of MTDC. You can use this rate indefinitely. If you use this rate, you must use it for all federal awards unless you negotiate a rate.

Program Income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded use those funds for approved project activities. Find more about program income at 45 CFR 75.307.

The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments you generate from the delivery of services, and from other revenue sources such as:

- State, local, or other federal grants or contracts,
- Private support, and
- Income generated from fundraising, and donations or contributions.

In accordance with 45 CFR § 75.307 (e)(2) relating to the use of non-cooperative agreement funds, HCCNs must use these funds, including funds in excess of those originally expected, "for the purpose and under the conditions of the Federal award."

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to SAM.gov Entity Registration and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register. If you already registered in SAM.gov, make sure your account is active. You must renew each year.

When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations. You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with Grants.gov. You can see step-by-step instructions at the Grants.gov Quick Start Guide for Applicants.

If you already registered on Grants.gov, make sure your account is active and your Authorized Organization Representative (AOR) is approved.

> **Need Help? See Contacts and Support.**

HRSA Electronic Handbooks (EHBs)

You must also have a user account in EHBs. See the Knowledge Base for how to get started.

Find the application package

The application package has all the forms you need for phase 1 of the application process. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number HRSA-25-018.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit HHS Tips for Preparing Grant Proposals.

Visit HRSA's How to Prepare Your Application page for more guidance.

The HCCN technical assistance (TA) webpage includes:

- Application resources, such as example forms and documents
- Answers to frequently asked questions
- Our recorded pre-application TA webinar
- Information to join the QandA session
- Contact information for questions

Join the webinar

HRSA will hold a pre-application TA webinar for applicants seeking funding through this opportunity. Visit the HCCN technical assistance (TA) webpage for more details.

Need Help? See Contacts & Support.

Step 3:
Prepare Your Application

In this step

Application contents and format

This program has a 2-phase submission process. You will submit Phase 1 information through Grants.gov then submit Phase 2 information in the EHBs.

There is an 80-page limit. Instructions below will specify what counts in this limit. The Application Checklist specifies what counts in this limit.

Submit your information in English and express budget figures using U.S. dollars.

> ## Required format
>
> You must format your narratives and attachments using our required formatting guidelines for fonts, size, color, format, and margins. See formatting guides in section 3.2 of the Two Tier Application Guide.

Phase 1: Grants.gov

You must submit the following by the Grants.gov deadline. Refer to section 5.3 of the Two-Tier Application Guide to learn more about what is required for each section:

Table 2: Grants.gov application

Section	Submission Format	Included in page limit?	Can be edited in the EHBs?
Application for Federal Assistance (SF-424)	Form	No	No
Project Abstract Summary Form	Form	No	Yes
Project/Performance Site Locations Form (List only your administrative sites)	Form	No	Yes
Grants.gov Lobbying Form	Form	No	Yes
Disclosure of Lobbying Activities (SF-LLL)	Form	No	NA
Key Contacts Form	Form	No	Yes

Section	Submission Format	Included in page limit?	Can be edited in the EHBs?
Project Narrative Attachment Form	Form	No	NA
Project Narrative	Attachment included with Project Narrative Attachment form	Yes	Yes
Budget Information for Non-Construction Programs (SF-424A)	Form	No	Yes
Budget Narrative Attachment	Attachment	Yes	Yes
Attachments (up to 15)	Attachments included with Attachment form	Yes, unless otherwise marked	Yes

Project abstract

Complete the Project Abstract Summary Form. Include a short description of your proposed project. See Section 5.1.ix of the Two-Tier Application Guide for what to include in your abstract.

SF-424 application for federal assistance

This is your application for federal assistance. Follow the instructions in section 3.1.2 of the Two-Tier Application Guide and the form instructions in Grants.gov Forms

Project/Performance site locations(s)

Follow the form instructions in Grants.gov Forms. Use the "Next Site" option rather than "Additional Location(s)" to add more than one project/performance site location.

Key contacts

Follow the Key contacts form instructions in Grants.gov

Grants.gov lobbying form

Follow the form instructions in Grants.gov Forms.

Phase 2: EHBs

You must submit or update the following components in the EHBs by the Phase 2 deadline.

Table 3: EHBs application sections

Components	Submission Format	Included in page limit?
Project Abstract Summary	Form	No
Project/Performance Site Locations (List only your administrative sites)	Form	No
Grants.gov Lobbying	Form	No
Key Contacts	Form	No
Project Narrative	Attachment	Yes
Budget Information for Non-Construction Programs (SF-424A)	Form	No
Budget Narrative and Personnel Justification Table	Attachment	Yes
Attachments	Attachment	Yes, unless otherwise marked
Project Work Plan (PWP)	Form	No
Participating Health Center List	Form	No

FY 2025 HCCN Objectives

Below are the objectives that you will work on during the period of performance.

For the 3-year period of performance, you will work on 5 objectives: 3 required objectives and 2 elective objectives. You must support your elective objectives for the entire period of performance. You are expected to continue to advance and make progress on the objectives, even if your objective target is met in years one or two of the period of performance. The Numerator will be entered in the Project Work Plan (PWP) (Form) and is the number of PHCs that meet each objective at the time of application.

Table 4: FY 2025 HCCN Objectives

Required Objectives – All HCCNs must work on these Objectives	
Objectives	**Numerator**
1 **Data Management and Analytics** – Increase the percentage of PHCs that advance and optimize clinical, financial, and operations data to improve clinical quality, health outcomes, and operations.	Number of PHCs that advance and improve clinical, financial, and operations data to improve clinical quality, health outcomes, and operations.
2 **Interoperability and Data Sharing** – Increase the percentage of PHCs that improve bidirectional interoperability with health care providers and community-based organizations by strengthening care coordination, reducing unnecessary medical testing and data duplication, and implementing more efficient and effective referral and information sharing processes to improve health outcomes and reduce provider burden.	Number of PHCs that improve bidirectional interoperability with health care providers and community-based organizations by integrating data from at least two external clinical or non-clinical sources into structured EHR fields to improve health outcomes and reduce provider burden.
3 **UDS+ Implementation** – Increase the percentage of PHCs that submit some or all disaggregated patient level data in their UDS+ reports in each calendar year as required by HRSA.	Number of PHCs that successfully submit some or all disaggregated patient level data in UDS+ reports in each calendar year as required by HRSA.

Elective Objectives – You must choose two objectives from the list below. You may not change your selection during the period of performance.	
Objectives	**Numerator**
1 **Additional value-based care (VBC)** – Increase the percentage of PHCs that use data to update operational, financial, and clinical processes in health IT systems to prepare for, deliver, participate in, or update value-based care that enhances the patient and provider experience, improves health outcomes, and reduces health disparities, including those who are uninsured. Note: If you select this objective, your activities must augment and complement activities developed for Objective 1: Data management and analytics.	Number of PHCs that use data to update operational, financial, and clinical processes in health IT systems to deliver, participate in, or update VBC arrangements to achieve improved health outcomes, provider experience, or to address cost. Examples of data use include but are not limited to: • Regularly using data analytics to inform and update their operational workflows

		- Utilizing data-driven insights to enhance financial management and reporting - Implementing clinical process improvements based on data analysis. - Preparing or adjusting VBC delivery plans based on insights gained from data analytics
2	**Digital Health Tools** – Increase the percentage of PHCs that adopt and expand use of digital health tools to improve health outcomes.	Number of PHCs that document an increase in patient usage of digital health tools to improve health outcomes. Tools include but are not limited to: - Electronic messaging through patient portal - Telehealth provider consultation - Remote monitoring devices
3	**Strengthening Cybersecurity Support** – Increase the percentage of PHCs that develop or implement assessments and advanced techniques to protect against threats to health center data. Note: If you select this objective, your activities must enhance and provide additional cybersecurity support than what is detailed in the [Program Requirements](#) section of this NOFO.	Number of PHCs that develop or implement assessments and advanced techniques to protect health center data. Techniques include, but are not limited to: - Multi-factor authentication (MFA) - Encryption - Intrusion detection systems (IDS) - Regular security audits - Staff training programs on cybersecurity awareness - Table top exercises
4	**Artificial Intelligence (Applicant Choice)** – Develop one objective and associated outcome measure that will increase percentage of PHCs that use safe, fair, equitable, and informed artificial intelligence practices to reduce health disparities and improve health outcomes.	Developed by the applicant. *Note: The description you include with your PWP should begin with "the number of PHCs…" similar to the Numerators defined for the other objectives.*

| 5 | **Social Risk Factors – (Applicant Choice)** Develop one objective and associated outcome measure that will increase the percentage of PHCs that identify social risk factors and develop and implement care coordination plans to address patient needs. | Developed by the applicant.

Note: The description you include with your PWP should begin with "the number of PHCs…" similar to the Numerators defined for the other objectives. |

Project narrative

The Project Narrative is required for completeness.

Need

See merit review criterion 1: Need

For each required and chosen elective objective in the PWP, you must:

1. Describe the health IT and data needs of your PHCs.
2. Describe the health IT and data system limitations experienced by your PHCs.
3. Describe how these needs vary across your network, include the need for peer-to-peer learning and mentorship.

Use and cite relevant data whenever possible. Include Attachment 10: Participating Health Center Needs Assessment Summary.

Response

See merit review criterion 2: Response

This section has two parts.

Part 1: You must complete the PWP in the EHBs. In the PWP:

1. Select three required and two elective objectives that you will support throughout the 3-year period of performance.
2. Set realistic and achievable objective targets that will be reached by the end of the 3-year period of performance.
3. Detail 2-4 activities for each objective, which will be completed by the end of the first budget year.

Part 2: In the Project Narrative:

1. Describe how you will engage all the PHCs in applicable activities, while addressing their individual needs.
2. Describe how you will encourage knowledge sharing among PHCs in your network through peer-to-peer learning, mentorship, and other formats.

3. Summarize how year 2 and 3 activities will build upon the activities detailed in the PWP.

4. Describe how you will address health IT and data system limitations for your PHCs.

5. Summarize how you will develop an individual work plan with each PHC within 90 days of award and will update them annually.

Collaboration

See merit review criterion 3: [Collaboration](#)

The collaboration section has two parts.

Part 1: Document the health centers that have committed to be PHCs in your network:

Complete the [Participating Health Center List](#) in EHBs. Include at least 10 health centers, with at least 51% being Health Center Program (H80) award recipients.

Submit your MOA template and signatures that correspond with the Participating Health Center List, as instructed in [Attachment 1: PHC MOA Template and Signatures](#).

Part 2: In your Project Narrative describe your collaborations and partnerships. At a minimum, you must partner with the health IT NTTAP (currently HITEQ), and a PCA.

Consider partnerships with other organizations that support data sharing, interoperability, and cybersecurity. Examples include other PCAs and NTTAPs, health departments, state or local health agencies, professional and community organizations, institutions of higher learning, and academic medical centers.

For each collaboration and partnership, you must include:

- The name and organization type of the partner (for example, if it is a NTTAP).
- If your partnership is current or planned.
- A description of the partnership and how it will support your project.
- A letter of support that details their commitment to help you address your PHCs' health IT and data needs and reach your objective targets. Include these letters as [Attachment 7: Letters of Support](#).
- A description of how you will ensure the security of patient data.

Resources and capabilities

See merit review criterion 4: [Resources and Capabilities](#)

1. Describe your experience providing health IT and data support to health centers.

2. Describe how your organizational structure and staffing plan presented in [Attachment 2: Project Organizational Chart](#) and [Attachment 5: Staffing Plan](#) are appropriate for the successful oversight and implementation your project.

3. Describe how you will recruit and retain staff.

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4. Describe how the written agreements you summarize in Attachment 6: Summary of Contracts and Agreements support the proposed activities.

5. Describe how your financial management and internal controls and policies and procedures will reflect Generally Accepted Accounting Principles (also known as GAAP) and how you will use them to safeguard and optimize the use of federal funds.

6. Describe your organization's timekeeping process. This ensures that you'll comply with federal standards related to recording personnel costs.

Evaluative measures

See merit review criteria 5: Evaluation Measures

1. Include an evaluation plan to ensure that your proposed activities are effective. The plan must:

2. Describe how you will use qualitative and quantitative data to monitor progress and measure outcomes.

3. Describe your timeline for evaluating activities and progress.

4. Describe how you will use data and evaluation information, including feedback from the PHCs, to inform changes and improvements to your activities within and across budget periods.

5. Describe how you will collect data from your PHCs for your annual NCC progress report.

6. Describe your plans to disseminate results, successful strategies, and lessons learned to PHCs, PCAs, NTTAPs, other HCCNs, HRSA, and other key stakeholders.

Governance

See merit review criterion 6: Governance

1. Reference where in Attachment 8: Network Bylaws (or Attachment 11: Other Documents) it documents (for example, section, page number, paragraph) that you are majority controlled and, as applicable, majority owned by Health Center Program (H80) award recipients.

2. Describe your governance structure, including how you maintain your independence from your PHC boards. Reference Attachment 2: Project Organizational Chart and Attachment 8: Network Bylaws, as appropriate.

3. Explain your governing board's role in monitoring the project. Reference Attachment 8: Network Bylaws, as appropriate.

Support requested

See merit review criterion 7: Support Requested: Budget and Budget Narrative

This section has two parts.

Part 1: In your Project Narrative, describe how your budget submission will support your project.

Part 2: Make sure your budget submission (the Budget Information for Non-Construction Programs (SF-424A) and the Budget Narrative with Personnel Justification Table) is consistent and aligns with your PWP.

Budget instructions

Your budget should show a well-organized plan. It should follow the instructions in Two-Tier Application Guide, Standard Forms, and any specific instructions listed in this section.

HHS now uses the definitions for equipment and supplies in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or $10,000 and the threshold for supplies to below that amount.

Reminders:

- Make sure that the total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project.
- Your total budget must only include the amount of funds requested under this program.
- As you develop your budget, consider:
- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See Program-specific Limitations.

You can decide how to allocate the total budget between federal funds under this program and other funding that supports the project as long as you follow policies and federal requirements.

Budget information for non-construction programs (SF-424A)

Complete the SF-424A Budget Information Form in EHBs. The budget information in these sections must correspond to the total cost of your project for years 1 through 3, except Section E, which records year 2. Use the instructions here if they contradict with the Two-Tier Application Guide.

- **Section A – Budget Summary:** Under New or Revised Budget, in the Federal column, enter the federal funding requested for each budget year (up to the maximum allowable based on the number of PHCs in your network, see *Table 1: FY 2025 funding tier and maximum annual award amount*).

- The federal amount refers only to requested HCCN funding, not all federal funding that you receive. Leave the Estimated Obligated Funds Column blank.
- **Section B – Budget Categories:** Enter an object class category (line item) budget for each budget year in the period of performance. Include only federal funding. The amounts for each category as well as the totals, should align with the Budget Narrative.
- **Section C – Non-Federal Resources:** This section should be left blank as we do not include non-federal funds for this funding opportunity. Do not include projected program income.
- **Section D – Forecasted Cash Needs:** Enter the forecasted cash needs from federal funding for each quarter of year 1.
- **Section E – Budget Estimates of Federal Funds Needed for Balance of the Project:** Complete line 16 of the Future Funding Periods. For column (b) enter the amount requested for the second budget year and for column (c) enter the amount requested for the third budget year. Leave the other columns blank.
- **Section F – Other Budget Information**: If applicable, explain amounts for individual object class categories that may appear to be out of the ordinary in Direct Charges.
- Enter the type of indirect rate (provisional, predetermined, final, fixed, or de minimis) that will be in effect during the period of performance.

Budget narrative with personnel justification table

The Budget Narrative includes added detail and supports the information you provide in Section B: Object Class Categories of the [Budget Information for Non-Construction Programs (SF-424A)](). It includes an itemized breakdown and a clear justification of the costs you request.

Submit a detailed Budget Narrative that outlines federal costs by object class category for each requested 12-month period (budget year) of the 3-year period of performance. For years 2 and 3, highlight the changes from the previous budget year, or clearly indicate that there are no substantive changes.

The sum of line-item costs for each category must align with those in your Budget Information for Non-Construction Programs (SF-424A). See Section 5.1.v. of the [Two-Tier Application Guide]().

Your Budget Narrative must:

- Demonstrate that you will use awarded funds to meet the program objectives.
- Clearly detail proposed costs for each line item on your Budget Information for Non-Construction Programs (SF-424A), section B, with calculations for how you estimated each cost.

- Not exceed $10,000/unit in movable equipment costs that will last more than one year. Note: HCCNs may not purchase equipment for use at an individual PHC.
- Clearly detail how you will use awarded funds separately and distinctly from other federal support (for example, PCA awards).
- Include any contractors and subawards, including how you estimated the costs. Ensure that all contractual arrangements are appropriate for the proposed project.
- Do not include ineligible costs or non-federal funding.
- Include a personnel justification table that includes the following information for all staff you propose to support with the award:
- Name,
- Position,
- Percentage of full-time equivalent (FTE),
- Full-time base salary,
- Adjusted annual salary based on salary limitation requirements, and
- Amount of federal funding requested for the position.

Follow the instructions as shown in the example in the Two-Tier Application Guide. See the FY 2025 HCCN NOFO TA webpage for a sample Budget Narrative with Personnel Justification Table.

Attachments

Upload your attachments in the EHBs in order that we list them, and clearly label each attachment.

Attachment 1: PHC MOA template and signatures

Required for completeness. Does not count toward page limit. 1. Upload the PHC MOA template that you used to create the individual MOAs with each of your PHCs. See Program Requirements for important PHC considerations.

The MOA template must address:

1. The PHC's commitment for the entire 3-year period of performance, subject to the funding of the application.

2. Based on individual PHC needs, all service sites included in a PHC's scope of project will participate in HCCN activities as appropriate. (Refer to the Health Center Program Compliance Manual for a definition of service site.)

3. The PHC's commitment to address all of the objectives (including elective objectives) and to designate a "champion" who will be dedicated to implementing the project in the health center.

4. Confirmation from the PHC that they will provide data and information at least annually for your noncompeting continuation progress report.

5. The HCCN's commitment to develop individualized work plans with the PHC within 90 days of award.

6. Certification by the PHC that participation in the project will not reduce the amount or quality of health services they currently provide to PHC patients.

7. Assurance by the PHC of use of Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator for Health Information Technology (ONC)-certified health IT products, including but not limited to EHR systems.

8. Commitment of HCCN and PHC to address artificial intelligence (AI) oversight and evaluation and to develop a framework to increase transparency aligned with fair, appropriate, valid, effective, and safe (FAVES) principles set forth by the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC).

9. Commitment of the PHC to maintain continued use of national standards as specified in the ONC Interoperability Standards Advisory when there are no applicable certified health IT products, or if there are no health IT products that meet the applicable standards in 45 CFR Part 170 for activities proposed in this application, including but not limited to AI/algorithmic technologies. (For more information, see https://www.healthit.gov/isa.)

10. Responsibilities of the HCCN to PHC as identified in the Program Requirements section.

11. For each of your PHCs, submit the MOA signature page or the signature block containing the following information:

12. PHC organization name (your MOA must be with the health center entity, not an individual health center site and must match what is listed in EHBs),

13. Health Center Program (H80) award number or LAL number,

14. Number of sites,

15. An effective date range to cover the expected period of performance of the award (August 1, 2025, to July 31, 2028),

16. Printed name AND signature for both the appropriate applicant organization representative and the PHC's Chief Executive Officer (CEO) or designee, and

17. Date(s) of signature(s).

PHCs with incomplete or missing signature information or signature information for PHCs that are not included in the Participating Health Center List will not count as PHCs when HRSA assesses: (1) whether your application meets the eligibility criterion of having 10 PHCs, and (2) your funding level.

Attachment 2: Project Organizational Chart

Counts toward page limit. Upload a one-page document that graphically depicts the HCCN's organizational structure, network governing board, key personnel, staffing, and any subawards and/or affiliated organizations.

Attachment 3: Position Descriptions for Key Project Staff

Counts toward page limit. See Section 5.1.vi of the Application GuideTwo-Tier Application Guide.

For key personnel, attach a one-page job description. It must include the role, responsibilities, and qualifications.

- Position title,
- Description of duties and responsibilities,
- Position qualifications,
- Supervisory relationships,
- Salary range, and
- Work hours.

Attachment 4: Biographical Sketches for Key Project Staff

Counts toward the page limit. Include biographical sketches for people who will hold the key positions you describe in Attachment 3: Position Descriptions for Key Project Staff.

Biographical sketches should be less than two-pages. Do not include personally identifiable information. If you include someone you have not hired yet, include a letter of commitment from that person with the biographical sketch.

Attachment 5: Staffing Plan

Counts towards the page limit.

Include a staffing plan that shows the staff positions that will support the project and key information about each.

Upload a table that includes all staff required to execute the project, including the amount of time requested. For each position, the table must include:

- Position Title (for example, Chief Executive Officer),
- Staff Name (If the individual is not yet identified for this position, indicate "To Be Determined"),
- Education/Experience Qualifications,
- General Project Responsibilities,

- Percentage of Full Time Equivalent (FTE) dedicated to the HCCN project, and
- Annual Base Salary (for 1.0 FTE).

Note: Combined time and effort percentages of staff across all federal awards may not exceed 1.0 FTE. You should also document applicable staffing changes in the Personnel Justification Table of your Budget Narrative and other relevant attachments.

Attachment 6: Summary of Contracts and Agreements (as applicable)

Counts toward page limit. Provide a summary describing any proposed contracts and/or agreements. The summary must also align with your Budget Narrative, and must address the following items for each contract and/or agreement:

- Name and contact information,
- Type of agreement (for example, contract, memorandum of understanding),
- Brief description of the purpose and scope of the contract or agreement, including how and where services are provided, and
- Timeframe for each contract or agreement (for example, ongoing, specific duration).

Only include a contract or agreement with a PHC if: 1) the organization will support the HCCN project in a capacity beyond its role as a PHC, and 2) the proposed activities are not included in the PHC MOA submitted with your application.

NOTE: You must exercise appropriate oversight and authority over all contracts. All procurements, including contracts, must comply with 45 CFR part 75.

Attachment 7: Letters of Support

Counts towards page limit Upload current, dated, and signed letters of support to provide evidence of commitment to the project from partnering providers or other organizations that will play a significant role in implementing your project.

Attachment 8: Network Bylaws (required for completeness)

Does not count toward page limit. Upload your most recent HCCN bylaws that demonstrate that the HCCN is majority controlled by Health Center Program (H80) award recipients and is independent from the boards of its health center members. Bylaws must be signed and dated by the appropriate individual indicating review and approval by the governing board.

Attachment 9: Indirect Cost Rate Agreement (as applicable)

Does not count towards page limit. If indirect costs are requested, provide your Indirect Cost Rate Agreement. You do not need to attach anything if you indicated in

your Budget Narrative on the Indirect Cost Rate line that you are using the *de minimus* rate of 10%.

Attachment 10: PHC Needs Assessment Summary (as applicable)

Counts toward page limit.

If applicable, upload a summary of key findings of your PHC health IT and data needs assessment completed within the last 12 months.

Attachment 11: Other Documents (as applicable)

Counts toward page limit.

Include other relevant documents to support the proposed project plan (for example, survey instruments, attestations). If applicable, include relevant documents demonstrating that the HCCN is majority-owned by H80 award recipients (for example, a list of shareholders).

Program-specific forms

You will need to complete some program-specific forms. Complete the forms in EHBs.

Participating Health Center List (Form)

The Participating Health Center List is where you add health centers to your network. You must complete this form before you complete your PWP.

To add PHCs, click on the Add Grantee Health Center button or Add Look Alike(s) button as appropriate, and search for each PHC in your proposed network using the H80/LAL number, health center name, or city/state. Add selected PHCs by clicking Add to Application. To delete a PHC, click on the Delete link for the organization you wish to delete.

If you are a competing continuation applicant, the list of your current approved PHCs will pre-populate into EHBs if you entered your U86 cooperative agreement number in the EHBs. Verify the PHCs on your list and add or remove PHCs as necessary.

Although you may use HCCN funding to support a health center that is in another HCCN's network, these organizations should not be included in your PHC List.

Project Work Plan (PWP) (Form)

The PWP is where you include details of proposed activities to be conducted in the first 12 months of the period of performance, from 8/1/2025 to 7/31/2026. The PWP is where you will also provide data that supports the achievement of the objectives by the end of the 3-year period of performance (by 7/31/2028).

Enter the PWP content directly into EHBs. Follow the instructions provided in Table 5: PWP Instructions below to ensure that all fields are properly completed for each objective. If you provide an incomplete or incorrect PWP, it may negatively impact your application's objective review score.

As applicable, your PHCs must engage in the listed activities. You must complete all fields in the table below for each objective that you will support, except for the Supporting Organization(s) field, which should be completed only if applicable.

All proposed activities must align with the objectives. A sample PWP is available on the HCCN technical assistance (TA) webpage.

Table 5: PWP Instructions

Field	Instructions
Objective Title	The EHBs will automatically populate this field for all objectives, including the applicant choice objectives.
Objective Description	The EHBs will automatically pre-populate this field, except for the Applicant Choice objectives. For the Applicant Choice objectives, you will establish an objective that you will work on through the 3-year period of performance. Maximum 300 characters.
Objective Numerator Description	The EHBs will automatically pre-populate this field, except for the Applicant Choice objectives. For Applicant Choice Objectives, the Numerator you establish will be used to determine if a PHC has met the objective. The description should begin with "The number of PHCs…", similar to the Numerators defined in Table 4: FY 2025 HCCN Objectives. Maximum 1000 characters.
Objective Impact Narrative	You must describe how the planned activities will help you achieve the objective target by the end of the period of performance (July 31, 2028). Your description should include the quantitative and qualitative data that will be used to evaluate the overall impact of activities to achieve the objective target. Maximum 2500 characters.
Baseline Numerator	You must enter the number of PHCs that meet the objective at the time of application. See Table 4: FY 2025 HCCN Objectives.
Baseline Denominator	The EHBs will pre-populate this field based on the total number of PHCs added on the Participating Health Center List form. Denominator refers to the total number of PHCs in your network. Reminder: If any changes are made to the Participating Health Center List form after completing the PWP, the PWP form will reset to "Not Complete" status.

Field	Instructions
Baseline Percentage	The EHBs will automatically calculate this percentage based on Baseline Numerator and Baseline Denominator fields. This number represents the percentage of PHCs in your network that meet the objective at the time of your application.
Objective Target	You must set your objective target by providing the number of PHCs that will meet the objective by the end of the period of performance (7/31/2028). Ensure that this target is realistic and achievable given the baseline data and key factors. This number must be greater than the number of PHCs listed in Baseline Numerator field.
Target Percentage	The EHBs will automatically calculate the target percentage based on Objective Target and Denominator fields. This number represents the percentage of PHCs in your network that will meet the objective by the end of the period of performance (7/31/2028).
Baseline Data Source	You must list the data sources used to calculate your Baseline Numerator. Maximum 500 characters.
Key Factor Type	You must identify whether the key factor will contribute or restrict your ability to achieve your objective target.
Key Factor Description	Describe how the key factor will contribute or restrict your ability to achieve your objective target. Cite supporting data sources. Maximum 500 characters.
Supporting Organization(s)	You will provide the names of organizations that will actively support the objective, if applicable. The organizations listed must align with the Letters of Support provided in your application. Maximum 1000 characters. This field is optional.
Activity Name	You must provide a unique name to identify the activity. Maximum 200 characters.
Activity Description	You must describe a minimum of 2 and a maximum of 4 activities for each objective. Maximum 2500 characters.
Need the activity addresses	You must list the need(s) that the activity will address, and they must align with the needs listed in the Need section of your Project Narrative. Maximum 1000 characters.
Responsible Person or Group	You must identify the person(s)/position(s) or group responsible for conducting the activity. Maximum 200 characters.
Start Date	Must be a date after 8/1/2025 and before 7/31/2026.
End Date	Must be a date before 7/31/2026.

Step 4: Learn About Review and Award

In this step

Application review

Initial review

We review each application to make sure it meets the completeness criteria and the responsiveness criteria. If your application does not meet these criteria, we will not move it to the merit review phase.

We will not review any pages over the page limit.

Merit review

A panel reviews all applications that pass the initial review. The members use the criteria below.

Criterion	Total number of points = 100
1. Need	15 points
2. Response	30 points
3. Collaboration	10 points
4. Resources and Capabilities	15 points
5. Impact/Evaluative Measures	15 points
6. Governance	5 points
7. Support Requested	10 points

Criterion 1: need

15 points

See Project Narrative Need section.

The panel will review your application for:

The strength and clarity of the description for each of the required and chosen elective objectives, including:

- The health IT and data needs of their PHCs.
- The specific health IT and data system limitations experienced by their PHCs.
- How these needs vary across their network, including the need for peer-to-peer learning and mentorship.

Criterion 2: Response

30 points total (15 points each for the PWP and Project Narrative)

See Project Narrative [Response](#) section and [PWP](#).

The panel will review your application for:

In the PWP, the strength and appropriateness of the applicant's plan to:

- Set realistic and achievable targets that will be reached by the end of the 3-year period of performance for each of the 3 required objectives.
- Set realistic and achievable objective targets that will be reached by the end of the 3-year period of performance for each of the 2 elective objectives.
- Detail2-4 activities for each objective, which will be completed by the end of the first budget year.
- Clearly link activities to the identified PHCs health IT and data needs.

In the project narrative, the strength and appropriateness of the applicant's plan to:

- Engage all the PHCs in applicable activities, while addressing their individual needs.
- Encourage knowledge sharing among PHCs through peer-to-peer learning, mentorship, and other formats.
- Build upon the first year's activities detailed in the PWP in years 2 and 3 to achieve the 3-year target for each activity.
- Address anticipated barriers to meeting the health IT and data needs of their PHCs.
- Ensure development of an individual work plan with each PHC within 90 days of award and a process to annually update these plans.

Criterion 3: Collaboration

10 points

See Project Narrative [Collaboration](#) section, [Attachment 1: PHC MOA Template and Signatures](#), [PHC List](#) and [Attachment 7: Letters of Support.](#)

The applicant's response has two parts: the completion of the Participating Health Center List form in the EHBs, and their response in the Project Narrative.

The panel will review your application for:

Part 1: Documents the health centers that have committed to be PHCs in your network:

- Complete the [PHC List](#) in EHBs. Include at least 10 health centers, with at least 51% being Health Center Program (H80) award recipients.

- Submit your MOA template and signatures that correspond with the PHC List, as instructed in Attachment 1: PHC MOA Template and Signatures.

Part 2: The strength of the applicant's plans for collaborations and partnerships in both the Project Narrative and Attachments.

Each collaboration and partnership must include:

- The name and organization type of the partner entity, (for example, if it is a NTTAP).
- If the partnership is current or planned.
- A description of the partnership and how it will support their project.
- A letter of support that details how their commitment to help the applicant address their PHCs' health IT and data needs and reach their objective targets.

At a minimum, they must partner with the health IT NTTAP (currently HITEQ), and a PCA. The applicant may partner with other organizations that support data sharing, interoperability, and security.

Criterion 4: Resources and Capabilities

15 points

See Project Narrative Resources and Capabilities section, Attachment 2 : Project Organizational Chart, Attachment 5: Staffing Plan, and Attachment 6: Summary of Contracts and Agreements.

The panel will review your application for:

- The extent of the applicant's expertise and experience providing health IT and data support to health centers.
- The appropriateness of the organizational structure and staffing plan for successful project oversight and implementation.
- The strength of the plan to recruit and retain staff.
- The reasonableness of the contracts and agreements in place that will support the proposed activities.
- The strength of the financial management internal controls and policies and procedures, including Generally Accepted Accounting Principles (also known as GAAP) to safeguard and optimize the use of federal funds.
- The appropriateness of the timekeeping process to ensure compliance with federal standards related to recording personnel costs.

Criterion 5: Evaluative Measures

15 points

See Project Narrative Evaluative Measures section.

The panel will review your application for:

- The extent to which the evaluation plan demonstrates the applicant will ensure that proposed activities will meet the needs of PHCs, including:
- How qualitative and quantitative data will be collected and used to monitor progress and measure outcomes.
- How often they will evaluate activities and progress, and
- How they will use data and evaluation information, including feedback from the PHCs, to inform changes and improvements to their activities in subsequent budget periods.
- The reasonableness of the applicant's methods for collecting data from PHCs for the required annual non-competing continuation progress report.
- The strength of the applicant's plans to disseminate results, successful strategies, and lessons learned to PHCs, PCAs, NTTAPs, HRSA, and other key stakeholders.

Criterion 6: Governance

5 points

See the Project Narrative Governance section, Attachment 2: Project Organizational Chart, Attachment 8: Network Bylaws or Attachment 11: Other Documents.

The panel will review your application for:

- Confirm that the applicant is majority controlled and, as applicable, majority owned by Health Center Program (H80) award recipients.
- The extent to which the applicant describes their governance structure, including how they maintain independence from their PHC boards.
- The extent to which the applicant describes their governing board's role in monitoring the project.

Criterion 7: Support Requested

10 points

See the Project Narrative Support Requested section, SF 424A: Budget Information Form, and Budget Narrative.

The panel will review your application for:

The extent to which the applicant clearly and consistently describes a budget that is reasonable and consistent to support the project activities that are described in their PWP.

Risk Review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information Responsibility / Qualification to check your history for all awards likely to be over $250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see 45 CFR 75.205.

Selection process

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- The amount of available funds.
- Assessed risk.

We may:

- Consider the larger portfolio of agency-funded projects, including the diversity of project types and geographic distribution.
- The funding priorities, funding preferences, and special considerations listed below.
- Fund out of rank order.

- Fund applications in whole or in part.

- Fund applications at a lower amount than requested.

- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.

- Choose to fund no applications under this NOFO.

- Adjust the final award amounts or number of awards based on the number of fundable applications and final available funding in FY 2025.

Award notices

We will issue Notices of Award (NOA) on or around the start date listed in this NOFO. See Section 6.4 of the HRSA Two-Tier Application Guide for more information.

By drawing down funds, you accept the terms and conditions of the award.

If funded, we will award funding as a new cooperative agreement award. Under 45 CFR 75.302, you must document use of funds under this program separately and distinctly from other federal award funds. You must have 10 PHCs throughout the 3-year period of performance to maintain your funding.

Step 5:
Submit Your Application

In this step

Application submission and deadlines

See Find the Application Package to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations, and specifically with regard to grants.

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. See Get Registered. You will have to maintain your registration throughout the life of any award.

Deadlines

This program has a two-phase submission process:

- **Phase 1:** You must submit your application in Grants.gov by 12/2/2024 at 11:59 p.m. ET.
- **Phase 2:** You must submit your application in EHBs by 1/10/2025 at 5:00 p.m. ET

If you wish to change information submitted in Grants.gov, you may do so in EHBs (Phase 2).

Submission method

You will submit your Phase 1 required components in Grants.gov and Phase 2 components in the EHBs. See the Application Checklist for what components are required in each phase.

Grants.gov

You must submit Phase 1 of your application through Grants.gov.

For instructions on how to submit in Grants.gov, see Quick Start Guide for Applicants. Make sure that you click the "Check for Errors" button, or we may not get it. Do not encrypt, zip, or password protect any files.

We will only review your first validated application submitted in Grants.gov.

If you wish to change attachments submitted in your Grants.gov application, you may do so in the HRSA Electronic Handbooks application phase.

See Contacts and Support if you need help.

EHBs

After submitting in Grants.gov, you must complete Phase 2 of your application in EHBs. After submitting in EHBs, you can reopen your application to revise it if needed. You must resubmit before the EHBs deadline. For additional details and step-by-step instructions with screenshots, refer to the Reopen Submitted Applications webpage.

See Contacts and Support if you need help.

Other submissions

Intergovernmental review

This NOFO is subject to Executive Order 12372, Intergovernmental Review of Federal Programs.

If your state has a process, you will need to submit application information for intergovernmental review under Executive Order 12372. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the list of state single points of contact. If you find a contact If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

Application checklist

Make sure that you have everything you need to apply:

Phase 1: Grants.gov

Component	Included in page limit?
☐ Application for Federal Assistance (SF-424)	No
☐ Project Abstract Summary Form	No
☐ Project/Performance Site Locations(s) Form	No
☐ Grants.gov Lobbying Form	No
☐ Disclosure of Lobbying Activities (SF-LLL)	No
☐ Key Contacts Form	No
☐ Project Narrative Attachment Form	No
☐ Project Narrative	Yes
☐ Budget Information for Non-Construction Programs (SF-424A)	No
☐ Budget Narrative Attachment	Yes
☐ Attachments (up to 15)	Yes (unless otherwise marked)

Phase 2: EHBs

Component	Included in page limit?
☐ Project Narrative	Yes
☐ Budget Narrative	Yes
Attachments	
☐ Attachment 1: PHC MOA Template and Signatures	No
☐ Attachment 2: Project Organizational Chart	Yes
☐ Attachment 3: Position Descriptions for Key Project Staff	Yes

Component	Included in page limit?
☐ Attachment 4: Biographical Sketches for Key Project Staff	Yes
☐ Attachment 5: Staffing Plan	Yes
☐ Attachment 6: Summary of Contracts and Agreements (as applicable)	Yes
☐ Attachment 7: Letters of Support	Yes
☐ Attachment 8: Network Bylaws	No
☐ Attachment 9: Indirect Cost Rate Agreement (as applicable)	No
☐ Attachment 10: PHC Needs Assessment Summary (as applicable)	Yes
☐ Attachment 11: Other Documents	Yes
Standard and Program Specific Forms (3 total)	
☐ Budget Information for Non-Construction Programs (SF-424A)	No
☐ PWP	No
☐ Participating Health Center List	No

Step 6:
Learn What Happens After Award

In this step

Post-award requirements and administration   50

Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA).

- The regulations at 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, or any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:

- 2 CFR 200.1, Definitions, Modified Total Direct Cost.

- 2 CFR 200.1, Definitions, Equipment.

- 2 CFR 200.1, Definitions, Supplies.

- 2 CFR 200.313(e), Equipment, Disposition.

- 2 CFR 200.314(a), Supplies.

- 2 CFR 200.320, Methods of procurement to be followed.

- 2 CFR 200.333, Fixed amount subawards.

- 2 CFR 200.344, Closeout.

- 2 CFR 200.414(f), Indirect (FandA) costs.

- 2 CFR 200.501, Audit requirements.

- The HHS Grants Policy Statement (GPS). This document is incorporated by reference in your NOA. If there are any exceptions to the GPS, they'll be listed in your NOA.

- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.

- The requirements for performance management in 2 CFR 200.301.

- All requirements listed in the Program Requirements section.

Subawards

If you receive an award, you'll be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements that apply to you. You must make sure your subrecipients comply with these requirements. See [45 CFR § 75.101 Applicability](#) for details.

If you make subawards, you must document that the subrecipient meets all of the HCCN program requirements. This includes, but is not limited to:

- The policy requirements listed above,
- Requirements in Section 330 of the PHS Act ([42 U.S.C. § 254b](#)(e)(1)(c)).

Non-discrimination and assurance

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

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

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

Executive order on worker organizing and empowerment

[Executive Order on Worker Organizing and Empowerment (E.O. 14025)](#) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan on the NIST Cybersecurity Framework. Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

Protect:

- Limit access to only those who need it for award activities.
- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): Knowledge on Demand (hhs.gov).
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. See Incident-Response-Plan-Basics_508c.pdf (cisa.gov) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
- Any unplanned interruption or reduction of quality, or
- An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Reporting

If you receive an award, you will have to follow the reporting requirements Section 7 of the Two-Tier Application Guide. The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- NCC Progress Reports – You must submit, and we must approve, an NCC progress report to release year 2 and year 3 funding. Your completed progress reports will include data from individual PHCs and updates on your HCCN activities since your application submission.
- Final Report. The recipient must submit a final report within 60 days of the end of the 3-year period of performance. The final report should include data relative to the attainment of each Objective Target by the end of the period of performance.

Contacts and Support

In this step

Agency contacts

Program and eligibility

Thomas Long

Public Health Analyst, Office of Policy and Program Development

Bureau of Primary Health Care

Health Resources and Services Administration

Phone: (301) 594-4300

Contact: BPHC Contact Form

Under Funding, select *Applications for Notice of Funding Opportunities (NOFOs)*, and then *Health Center Controlled Network*

Financial and budget

Mona Thompson

Office of Financial Assistance and Management

Division of Grant Management Operations

Health Center Branch

301-443-3429

mthompson@hrsa.gov

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910

Grants.gov

Grants.gov provides 24/7 support, excluding federal holidays.

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

Email: support@grants.gov

Search the Grants.gov Knowledge Base

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the Federal Service Desk.

EHBs

Health Center Program Support provides support Monday-Friday, 8 a.m. – 8 p.m. ET, excluding federal holidays.

Call: 877-464-4772

Contact: BPHC Contact Form

Search the HRSA Electronic Handbooks and Knowledge Base