

**NCA FOA Applicant TA Call  
December 2, 2013**

Coordinator: Welcome and thank you for standing by.

At this time all participants will be able to listen only until the question and answer session of the conference. At that time, if you would like to ask a question, you may do so by pressing Star 1.

I would also like to remind participants that today's conference is being recorded. If anyone has any objections you may disconnect this time.

And now, I will turn the meeting over to Miss Maria Pena from the Office of Policy and Program Development. Ma'am, you may begin.

Maria Pena: Thank you and good afternoon.

For those of you on the call, I am filling in today for Beth Hartmayer, the Program Lead for the National Training and Technical Assistance Program or NCA. She is recovering from an illness, so she'll be able to answer your questions should you have any in the near future.

Before we begin, please welcome Jim Macrae for some opening remarks.

Jim Macrae: Great! Thanks Maria and thanks everybody for joining us, especially the day after a long Thanksgiving holiday. Hopefully you all had a nice holiday with family and friends.

We are very excited to be having today's call. I think many of you know the importance that we attach to our National Cooperative Agreement partners and for those who may be new, we find the support that our National Cooperative Agreements provide to our Health Center Program to be invaluable in terms of the kind of support around, both, technical assistance and training that they can offer.

For today's call we're going to go over several of the different requirements that are needed in terms of applying for this opportunity. As Maria said, we have a lot of resources here to help you through that process. I do want to highlight just a couple of things before I turn it back over to Maria, but most importantly, I just really want to encourage that if you do have questions, please feel free to contact the staff. We are here to help support you in terms of the application process itself.

I think most of you know that our National Cooperative Agreements that the Bureau funds every year to help provide support to health centers all cross the country. That support is for existing health centers as well as for potential health centers and, just to be clear, it also includes our look-alikes that we support here in the Bureau of Primary Health Care.

We do ask that our NCA partners -- as they're funded and as they work on their work plans going in to the future -- coordinate with other National Cooperative Agreement partners as well as State and Regional Primary Care Associations. One of the real key values of having a set of national partners -- our State and Regional Primary Care Associations -- is the ability to work both nationally and then across at our state and regional level and so, we just strongly encourage folks as they get funded to work collaboratively in terms of developing, training, and TA.

In addition, it's a very exciting time, of course, for our program with the roll out of the Affordable Care Act and to be honest, the significant growth that we've seen in our program. In fact, just in the last several months we've added a significant number of New Access Points to our family and the demand for resources and support to make sure that those organizations are successful continues to grow.

For this year's announcement, I did just want to acknowledge that the announcement actually did come out later. Many of you had asked the question, "When was this going to come out?" We do apologize that it took a little bit longer than we anticipated. That was really a factor of the government shutdown in terms of our ability to be able to get that out.

However, I did want you to know that we adjusted our due dates to give you ample time to be able to apply, both through the grants.gov process, as well as through our Electronic Handbook. Just to emphasize this -- because we don't want anybody to be upset -- please, please, please if you have not registered or even if you have registered for grants.gov, do that now because sometimes the process can take up to a month and Maria will go into the specifics in terms of being able to apply.

That initial grants.gov piece is fairly straightforward. What you are asked to do is provide a preliminary for that budget as well as your program abstract and narrative -- just in general terms -- and then the more substance of the application will be due on February 19 through our Electronic Handbook.

But please, we don't want anybody to be in any kind of situation where they cannot apply. We've had this with other announcements and so I always have to do my cautionary tale to tell people make sure you register and please, please, please don't wait till the last minute to do this.

Part of the incentive is to actually encourage you to do it before the holidays coming up so that you have that all in place and don't wait until January 8 to submit at least the grants.gov piece. The other piece, as I said, is due in February.

The last thing I wanted to highlight was just a couple of the big changes that we made from last year's -- not last year's -- our last National Cooperative Agreement funding opportunity announcement -- and Maria will talk more in depth about these changes -- but I just wanted to go over these quickly to make sure that folks were aware of them.

So, the first thing is that in terms of the ability to apply for these different funding opportunities, applicants can only submit one application to serve one target audience. There was a little lack of clarity around that the last time we did our NCA Funding Opportunity but we made it -- I think -- extremely clear this time -- that we are funding just one application for one target audience.

So please, when you review the FOA, look and determine what would be the best, or most appropriate, for you to apply under and apply just for that one application. Otherwise, I believe we accept the last application that you've submitted.

The second thing is in terms of -- for our current NCAs -- our National Cooperative Agreements -- we are going to ask you to report on your progress on your current work plan in EHB as part of this application, as well as to complete a new work plan for the first year of the new project period for which you are applying. New applicants, you will not see the progress report because you haven't been funded previously, but we will ask you for a complete work plan for the first year of your proposed project and specifically, what are you applying to do.

Then finally, the last thing is that the Project Work Plan itself will look significantly different than the last Project Work Plan, because we've created a standard set of numeric values and measures that will apply to almost all the sections of the work plan.

We also considered a lot of the feedback that we've received in terms of making this [process] a little bit more straightforward and a little bit

clearer, and to try to capture, in terms of at least on the performance measure side and the evaluation side, more of the expected impact of what it is that you all are going to do to have it be more connected, I guess a little bit closer - a little bit more directly - to the kind of TA and training that you provide, as opposed to those longer sort of more difficult to impact areas that we had previously.

The last thing -- and I mentioned it before -- is we do want folks to be successful. We do see this is as a critical part of what we do here in the Bureau of Primary Health Care. We do lean on our National Cooperative Agreement partners to provide that kind of support and assistance, both to our existing health centers, as well as our new health centers that are trying to come into the family.

I would just say in advance, good luck. This is a competitive opportunity and we are here to help address any of your questions that you may have and please don't hesitate.

There are going to be a series of email addresses that are going to be provided as well as telephone numbers. Don't hesitate to call us if you have a question but please, please remember the due dates. Please, please remember that the application is the only thing that the Objective Review Committee has to review -- your application -- so don't make assumptions and make sure you read very carefully the review criteria and address each aspect of it.

And with that I will turn it over to Maria and wish you much success. Thanks everybody.

Maria Pena: Thank you so much. As we begin today's call, I would like to direct you to the FAQs that are available for download. They're available at the following web site: <http://www.hrsa.gov/grants/apply/assistance/nca>.

The FOA is available in grants.gov and we encourage you to bookmark the TA web site and refer to it regularly throughout the application process.

On Slide 2, we will be covering the following topics.

On Slide 3, as far as the overview, the purpose of the funding opportunity is to establish cooperative agreements with national organizations to provide training and technical assistance to existing and potential health centers at a national level.

This funding opportunity is open to new and existing competing-continuation applicants. Applicants can only submit one application

and they must identify only one target audience to serve. Again, there may be new organizations that will apply, as well as those who are currently awarded funds for this cooperative agreement.

Approximately \$15 million is available to fund 12 to 14 cooperative agreements. The project period is from July 1, 2014 to June 30, 2017. Applications must be submitted on time in grants.gov by January 8, 2014 at 11:59 pm Eastern Time and by February 19, 2014 at 5:00 pm Eastern Time in the HRSA Electronic Handbook or EHB. Again, please be aware of these deadlines.

Please note that your submission in grants.gov includes limited components but is the first phase of the application process in order to submit your application in EHB. Any changes or revisions to your grants.gov application must be made by the deadline of January 8 in order to move forward with your submission in EHB, so please be mindful of the deadlines for each phase of the application submission.

Eligible applicants include public, non-profit, and for-profit entities including tribal and faith-based organizations that can provide training and technical assistance on a national level to existing and potential health center program grantees. Organizations must be able to provide the training and technical assistance at a national level and currently work with potential or existing health centers or other organizations with similar missions.

There are four target audiences to choose to serve, but only one target audience may be served by an organization through this funding opportunity. We will describe in detail each of the target audiences in the following slides.

The four options are Health Centers Serving Special Populations, Health Centers Serving Vulnerable Populations, Health Centers Seeking Capital Financing, and Health Centers Serving Underserved Communities and Populations.

Organizations proposing to serve Health Centers Serving Special Populations must provide specialized training and technical assistance to all health centers -- potential or existing -- but serve homeless individuals and families, migratory and seasonal agricultural workers and residents of public housing. These populations are legislatively determined, so we want to make sure you're focusing on these specific populations.

Approximately \$6.6 million is available to fund 7 to 8 NCAs. Current awardees may request the greater of their funding amount or \$450,000. New applicants may not request more than \$450,000.

Organizations proposing to serve Health Centers Serving Vulnerable Populations must provide specialized training and technical assistance to health centers serving populations considered vulnerable such as school-aged children; minority populations; low income populations; or the lesbian, gay, bisexual and transgender community. Please note that the populations described here are examples of Vulnerable Populations and organizations are not limited to these current examples. Approximately \$1.35 million is available to fund 3 to 4 cooperative agreements. All applicants proposing to serve this target audience may not request more than \$450,000.

Organizations proposing to Serve Health Centers Seeking Capital Financing must provide training and technical assistance to all potential and existing health centers regarding the development and financing of capital or construction projects. Approximately \$850,000 is available to fund one cooperative agreement. Applicants proposing to serve this target audience may not request more than \$850,000.

Organizations proposing to serve Health Centers Serving Underserved Communities and Populations must provide training and technical assistance to potential and existing health center program grantees. The training and technical assistance provided would encompass a broad range of issues in meeting program requirements and improving the performance of health center program grantees. Applicants may not request more than \$6.375 million that is available to fund one cooperative agreement proposing to serve this target audience.

Now, the electronic submission process will start with grants.gov. The SF-424 Application for Federal Assistance must be completed in grants.gov where the abstract will be uploaded as a document on Line 15. The grants.gov Lobbying Form is required to be completed by all applicants, whereas the Disclosure of Lobbying Activity Form will only be completed if the applicant identifies that they participate in lobbying activities.

This form must be submitted in grants.gov by January 8 in order for applicants to proceed to the EHB portion of the application. Please keep in mind that the earlier you submit your application in grants.gov the sooner you can access the EHB to submit your application. Anything you upload in the grants.gov process can be revised within EHB.

Again, please make sure that you are registered through grants.gov as early as possible. 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 -- or AOR -- through grants.gov and has been validated by grants.gov on or before the deadline date and time; and 2, the AOR -- Authorized Organization Representative -- has submitted the additional information in the HRSA EHB on or before the deadline date and time.

You will receive notifications and confirmation via email throughout the application process. Please monitor your email for these notifications or confirmations so that you are fully aware of your submissions throughout the application process.

The next step will be the Electronic Handbook submission process. The Program Narrative and the Budget Narrative are documents that must be uploaded in EHB. The SF424-A: Budget Information Non-Construction Program Form, Form 1A: General Information Worksheet, and FY 2014 Project Work Plan are all structured forms that must be completed in EHB.

The Fiscal Year 2013 Project Work Plan Progress Report must be completed if the applicant is re-competing for funding.

The Program Narrative provides a comprehensive description of all aspects of the proposed project. The Program Narrative consists of six sections that correspond with the Review Criteria identified on this slide. The Objective Review Committee will score the application in its entirety against the Review Criteria.

Although the review criteria and Program Narrative have parallel sections, information addressing factors under each Review Criteria may be contained in other parts of the application, the Budget Narrative or Project Work Plan, for example.

The Attachments -- Attachment 1, Staffing Plan; 2, the Position Descriptions for Key Personnel; Attachment 3, Biographical Sketches for Key Personnel; and 4, Letters of Support are required attachments that will be uploaded as documents in EHB.

The Staffing Plan should list staff that are required to execute the proposed project in the Staffing Plan, including staff whose salaries are paid through an Indirect Cost Rate. The Staffing Plan -- Attachment 1 is a presentation and justification of all staff required to execute the project as opposed to the position descriptions -- which is Attachment

2 -- and Biographical Sketches, Attachment 3, that are limited to key personnel.

A copy or a sample of a Staffing Plan is located on the TA web site for your reference.

Key personnel include any individual who will oversee the activities proposed under the Cooperative Agreement. Key personnel may include the Chief Executive Officer, CEO, the Chief Financial Officer, CFO, the Chief Operating Officer, COO and program leads -- among others -- that's determined by the organization.

A position description outline to key aspects of a position, for example, position title, description of duties and responsibilities, position qualifications, supervising relationships, skills, knowledge and experience requirements, salary range, work hours -- the biographic sketch describes the key qualifications of an individual that make him or her qualified for a position.

For example, their past work experience, education training, language fluency, experience working with the cultural and linguistic leads as diverse populations to be served.

Applicants must provide evidence of proposed collaboration by submitting letters of support. Include only signed and dated letters of support that specifically indicate a commitment to the program or project, for example, in-kind services, dollars, staff, base, equipment. Letters of support should be addressed to the appropriate applicant organization contact person, for example, the Board or the CEO.

These should not be addressed to HRSA or mailed separately from the application. Letters of Support must be included with the application, as Attachment 4 or they will not be considered by reviewers.

Applicants may upload additional relevant material in Attachment 6.

The SF-424A must be completed for each budget year of the three-year project period. In Section A, budget amounts for years 1, 2 and 3 must be entered. Section B provides a breakdown of costs by category that will total the amount in Section A. Other sources of funding should not be identified.

Section F only applies to Year 1 of the project period and should be completed, as applicable.

The Budget Narrative provides a detailed line item budget narrative that explains each cost element in the upcoming project period. A Budget Narrative must include details for each year of the three-year project period. Details for each line item should match the line item amounts in Section B of the SF-424A.

A sample of a Budget Narrative is also available on the TA web site.

Fiscal Year 2013 Project Work Plan Progress Report -- applicants that currently have a cooperative agreement under the NCA Program with HRSA will report progress since July 1, 2013 in the FY 2013 Project Work Plan Progress Report. All fields will be prepopulated with information in the Fiscal Year 2013 Non-Competing Continuation Progress Report, but is not editable.

Progress will be reported in the Progress Field on Activities for the FY 2013 budget period only. Again, this information is locked based on last year's Progress Report submission. New applicants will not see this form in their EHB application. Only current awardees will have the Fiscal Year 2013 Project Work Plan as part of their application.

For competing continuation applicants, please make sure that you complete your grants.gov submission correctly in terms of identifying yourself as a new or competing continuation application to ensure that your FY 2013 Project Work Plan is part of your application.

Now the Fiscal Year 2014 Project Work Plan -- all applicants will complete the 2014 Project Work Plan by entering Activities for the first year of the 2-year project period. A list of definitions for each of the Work Plan fields is located in the FOA on Page 40.

The Project Work Plan includes three core functions -- Program Requirements, Performance Improvement and Special Initiatives, and Program Assistance. We have here a list of the core functions. Here you will see under the Program Requirements, entities are expected to assist health centers in these focus areas -- Needs, Services, Finance, Management and Governance.

Under Performance Improvement and Special Initiatives -- entities are expected to support the provision of high quality patient care by enhancing these specific performance improvement areas, as well as special initiative -- specifically PCMH.

Under Program Assistance, the focus areas include Information On Available Resources, Training and Technical Assistance, Needs Assessment, Collaboration, National Surveillance Analysis, and Newly

Funded Health Centers. All this information is also located in the FOA, so please refer to that area as you complete your work plan.

Each core function consists of set focus areas based on the target audience proposed to be served. Applicants must identify at least one contributing and one restricting key factor impacting the selection of activities outlined under each required focus area. The following details must be identified for each activity -- person or area responsible, time frame, and expected outcome.

The Evaluative Measures are defined for each focus area. Applicants must project quantifiable goals for each Evaluative Measure to be obtained by the end of the 3-year project period. Applicants may propose additional focus areas under each core function; however, additional focus areas may not be substituted for those that are required.

Applicants must assess each focus area with the defined Evaluative Measures detailed in Appendix C of the NCA FOA and may not alter existing measures or propose additional and new measures.

Under Expected Impact, your activities may be broad and may include activities that may not directly drive the Performance Measures defined for each focus area, but are integral to the health center's success. In this section, you can describe those activities and the impact you expect to see within your narrative.

We have a sample Project Work Plan that's available on the TA web site. As you can see, the form has changed. The items in red are the items that you, as an applicant organization, would enter into the Project Work Plan, so you'll see that we request at least one restricting and one contributing factor. You can add additional ones but that is the minimum.

Under Activities, we do request that you - you can put in your - a broad activity. For example, under Activity 1 - let me scroll down.

As a sample, we have, "Develop and conduct of comprehensive needs assessment. You don't have to outline each individual component of that activity. You can group them together so that you can count that, or include that, as one complete activity but please also make sure that you fill in the person area responsible, the timeframe, and the expected outcome.

If you scroll down under Evaluative Measures, you'll see that we're asking for a numerical goal here. Again, these are the defined

Evaluative Measures that we're asking you to collect data for and you'll see that there are - the fields that will be open to you are under the goals.

We have defined these Evaluative Measures and, again, request that your numbers are both realistic and attainable. They should be based on organizational capacity and experience working with the target population. If awarded, progress towards the goals will be monitored by HRSA staff.

Under Evaluative Measures, these are the four measures that we are asking you to enter goals for and will be monitored, "How many formal training/technical assistance sessions are planned? How many health center representatives will be trained via the planned formal training and technical assistance sessions? How well will the training/technical assistance meet the stated objective? How likely will training recipients be able to apply information from the training and technical assistance in their health center programs organization?"

When training and technical assistance recipients are asked the question, their responses will be values of 1, 2, 3 or 4. When multiple responses are averaged, the average will be reported to two decimal places. For example, if 10 training and technical assistance recipients responded with a 3 and 10 responded with a 4, the average of those responses would be 3.5.

Again, you can look at the sample that is located on the TA web site.

Okay so here again, these are resources that are available to you. I mentioned the NCA TA web page. Please bookmark that so that you can use and refer to them throughout the application process. Health Center Program requirements are listed at that web site, as well. We also encourage you to use the HHS Grants Policy Statement. Look at that for a reference, as well the other resources listed here on this slide.

Your technical assistance contacts for this FOA will be Beth Hartmayer. Please send any emails, questions, or comments to the email [bphcnca@hrsa.gov](mailto:bphcnca@hrsa.gov) or please call our main line at 301-594-4300. Any budget-related questions can be referred to Brian Feldman, a Grants Management Specialist, at his email address and his phone number listed.

We also have the BPHC Help Line. If you have any concerns or issues in regards to your EHB submission, there may be a pop-up box that tells you to contact the EHB Help Desk. We do suggest, instead, that

you contact the BPHC Help Line at [bphchelp@hrsa.gov](mailto:bphchelp@hrsa.gov) or at 877-974-2742 to get more detailed information, as you go through the application process.

At this time, that ends the presentation. We can assess any questions at this time.

Coordinator: Thank you. At this time if you would like to ask a question, please press \*1. To withdraw your request it's \*2. Once again to ask a question it is \*1. One moment please.

Once again if you would like to ask a question, please press \*1. One moment.

Maria Pena: And Operator while questions are queuing up over the phone, I do want to say that we'll be posting a replay of today's presentation on the NCA Technical Assistance web site that was referenced multiple times during today's call and you should see that available within about a week.

Coordinator: One moment please for your first question. Your first question comes from Christian Steimenoff. Your line is open.

(Christian Steimenoff): Hi thanks. Going back to - you were talking about the target audiences on Slide 7 and for the target audience of Health Centers Serving Special Populations. I just want to clarify the first bullet says that the NCA will provide specialized training in TA to all potential and existing health centers serving homeless, migrants and seasonal agricultural workers, and residents of public housing. Is it your intention that NCAs serve all three? In the past I know you've had NCAs choose which Special Population of populations they would serve.

Maria Pena: You're right. That should read and/or.

(Christian Steimenoff): Oh okay.

Maria Pena: NCAs can select to target one or more of those Special Population groups.

(Christian Steimenoff): Thanks.

Maria Pena: And we'll make that change in the slides as well.

(Christian Steimenoff): Okay.

Coordinator: Once again to ask a question, please press \*1. One moment please.

Maria Pena: And while the next call queues up, I do want to answer another question that came in over the chat room for the webinar. What is a potential health center?

Potential health centers are organizations that are seeking to become part of the health center family that are either looking to apply for a localized status or considering applying as the New Access Point or through a Service Area Competition. So, it could really be any organization that targets primary - all kinds of primary health care services - that's considering joining the Health Center Program in some way.

Coordinator: Your next question comes from Darnell Armstrong.

Darnell Armstrong: Okay, yes, regarding Vulnerable Populations, are those examples that are listed? Those are also and/or.

Maria Pena: Yes that's correct.

Darnell Armstrong: Okay I have another question. When it comes to the page limitation for the narrative, could not find what page limitation you had except for 80 pages.

Maria Pena: That's correct. It's 80 pages and there's a couple of tables toward the beginning of the FOA that specify which documents count in the page limit and which do not, so please take a look at those and, as you start to prep your application, please feel free to contact us if you have specific questions as you prepare your different components.

Darnell Armstrong: Okay thank you.

Maria Pena: You're welcome.

Coordinator: Your next question comes from Christian Steimenoff. Your line is open.

Christian Steimenoff: Hi thank you again. I also wanted to clarify on Slide 14: Attachments. In reading the guidance and listening to the call, it sounded to me like you're wanting Letters of Support to be pretty specifically focused on planned activities together. Is that a fair assessment or it sounded different from general prep Letters of Support?

Maria Pena: Ideally, based on the way this FOA is written, Letters of Support should be specific to the planned project over the course of the three years so - and we've seen Objective Review Committees really consider

general Letters of Support versus specific Letters of Support very differently, as they review applications.

(Christian Steimenoff): Okay.

Maria Pena: So, to the greatest extent possible, we ask all applicants to pursue specific Letters of Support that detail how organizations are going to work together and support each other throughout the course of the three-year period.

Christian Steimenoff: Thank you.

Coordinator: At this time there are no further questions.

Maria Pena: Okay we're taking a look at some of the other questions that have come in over the webinar and one of them is asking us to talk a little bit more about scope of work for the Underserved Populations target audience. If you could please queue in to ask your question over the phone I'd like to get more details on your exact question, so that we can ensure that we answer it appropriately.

And while other callers queue up, I do want to clarify a few points that were discussed today. When Jim described registering early and ensuring that your registration is complete for grants.gov, I want to stress that that includes your SAM registration.

If you have been part of any of our federal grants in the past, you registered with CCR -- Central Contractor Registration -- or Central Contract Registration. That is no more. It is now SAM.

All old accounts for CCR were migrated to SAM. They expire on a rotating basis, so even if you think you are okay with your SAM registration, please check it and ensure that it will be valid for the duration of this application period. If it expires at some point during the application process, please renew it, so that it's valid from the entire time that you start your application to the time of award and, technically, it needs to be valid ongoing as you continue the award period.

The SAM registration is required for grants.gov so please check both of those in addition to making sure that you have all of the EHB accounts that you need to have active.

The primary questions that were asked were about are being able to switch out the abstract if your plans change between the time that you submit the grants.gov component and the time that you complete your

EHB component. Please know that you can -- within EHB -- move the abstract that you attached in grants.gov and upload a new one.

And has anyone else queued up for questions?

Coordinator: Your next question comes from Jennifer Lorenza.

Jennifer Lorenza: Hi, yes, I just wanted to clarify the potential health center question that someone asked earlier. I think I'm understanding correctly that we would not just be providing training and TA of Federally Qualified Health Centers and look-alikes, but also to potential health centers as well. Is that right?

Maria Pena: That's true. There's the possibility that organizations that are seeking to become part of the health center family, either as a grantee or a look-alike would reach out to NCAs, as they start to develop plans for applications and you would be expected to provide assistance to those organizations, as well.

Jennifer Lorenza: Okay just seems broader than previous years so I just wanted to make sure that I was understanding that correctly.

Maria Pena: Yes.

(Jennifer Lorenza): Okay, thank you.

Coordinator: Your next question comes from Elaina DeBartolo. Your line is open.

Elaina DeBartolo: Hi I was just unable to get onto the webinar. I just wanted to know if the slides would be up at some point.

Maria Pena: The slide deck is already posted on the NCA Technical Assistance web site and we will posting a replay of the call including the slight slide revision for and/or under the Special Populations slide within the next week.

Elaina DeBartolo: Perfect, thank you.

Maria Pena: Thank you.

Coordinator: Your next question comes from Sheman Bupara. Your line is open.

Sheman Bupara: Hi my question was about Underserved Populations. So, if we work with community health centers that are not current grantees, do we apply under those Special Populations?

Maria Pena: I'm not sure I completely understood your question. Can you ask it again?

(Sheman Bupara): So if we work with health centers that - with Minority Populations, Underserved Populations, ethnic-based minority, as well as LGBT, but they are not current grantees, then do we apply as a Special Population?

Maria Pena: I think the distinction between grantees and non-grantees is getting a little bit confused with the target audience so if you are applying to serve health centers that fall under categories that are not any of the other three categories - so they're not one of our legislatively-mandated Special Populations groups. They're not capital financing. They're not a broad general category of all health centers.

Then those applications would likely fall under the Vulnerable Populations category, but I'm going to ask you send your specific question into our inbox -- [bphcnca@hrsa.gov](mailto:bphcnca@hrsa.gov). That's [bphcnca@hrsa.gov](mailto:bphcnca@hrsa.gov), so that we can address your question specifically.

Sheman Bupara: Okay thank you.

Maria Pena: Thank you.

Coordinator: Your next question is from Heidi Hollon.

Heidi Hollon: Hi, could you elaborate more on the - what you mean by national surveillance analysis?

Maria Pena: So national surveillance analysis is really about the way the NCA organizations are going to track the emerging needs for our health centers and the types of things that they are going to need assistance with over time. If you have specific questions about that category, please feel free to send an email to [bphcnca@hrsa.gov](mailto:bphcnca@hrsa.gov) and we can try to answer your specific question.

Coordinator: Your next question comes from Shalaywa Noel Thomas.

Shalaywa Noel Thomas: Yes hi. Am I correct that the NCA organizations should all have a national focus? So, that if we were applying under the Special Populations or Vulnerable Populations mechanism we would need to focus our training and technical assistance nationally? Is that correct?

Maria Pena: Yes that's correct. So grantees across the nation focus on Special Population issues, Vulnerable Populations issues. So if you're applying under this mechanism, it has a national focus.

We do offer State And Regional Primary Care Association Cooperative Agreement awards and those are state and regionally focused but the competitive opportunity for that was limited to specific areas this year and has already closed. We expect to be competing all of those state and regional awards again in three years.

Shalaywa Noel Thomas: Okay thank you.

Coordinator: Once again to ask a question, please press \*1. One moment please for your next question.

Maria Pena: And while the next question queues up, I can answer Bob Byrne's question over the web meeting. The question is, "Is the work plan completed online or submitted as an attachment?"

We provided Word documents on our web site just as resource tools for you. Please do not plan to complete that and submit it as an attachment. The work plans, the progress report for FY '13 and the work plan for FY '14 are completed within the EHB system, but we do want you to be able to think through the kinds of things that you're going to put into that system in advance.

So, that's why we provided you with some handouts to help you think through that process. Please do allow enough time in EHB to enter all of the fields for your entire Work Plan.

Coordinator: Your next question comes from Mary Hawbecker. Your line is open.

(Mary Hawbecker): Thank you. I was wondering. I don't know if I misheard this but did you say that the Staffing Plan should include both staff that work direct and indirect and would that include people that are in your indirect rate?

Maria Pena: Yes, so people that are supported through your Indirect Cost Rate Agreement that are going to be supporting this project should be included on that Staffing Plan and the reason that we want detailed information on the Staffing Plan for salaries is to ensure that the salary limitation is followed for all staff that are supported under the project.

Coordinator: At this time there are no further questions.

Maria Pena: Okay we have one more question that we can answer from the web meeting and that's, "Can we give some examples of collaboration between NCAs?"

Some potential opportunities for collaboration between NCAs would be for organizations that are serving similar Special Populations or Vulnerable Populations. We could have some collaboration between an applicant that's applying to serve the entire spectrum of health centers -- both potential and existing -- as well as organizations that are applying to serve just special parts of that family of health centers through either the Vulnerable or Special Populations categories.

So those would be NCA to NCA collaborations and we certainly think that there are multiple opportunities for NCAs to collaborate with PCAs, PCOs, and various other organizations that have a national focus.

If there are no other questions, we can go ahead and wrap up. Operator, has anyone else queued up for questions?

Coordinator: At this time, there are no further questions.

Maria Pena: Okay, well we want to thank you for your time and attention to this matter. Please do be reminded about the two-part application process. Please check your registration.

If you would like to have more time in the EHB component of your application -- which includes many system-based forms -- please do submit early in grants.gov to give yourself the maximum time in EHB and please email questions to [bphcnca@hersa.gov](mailto:bphcnca@hersa.gov). That inbox is checked periodically throughout every business day and our goal is to respond to you within 24 to 48 hours if not that same day.

So we look forward to providing you all the technical assistance you need in support of your application process. Thank you.

Coordinator: This does conclude today's conference. Thank you for attending. You may disconnect at this time.

END