

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

*Bureau of Primary Health Care  
Health Center Program*

***National Training and Technical Assistance Cooperative Agreements (NCAs)***

***Announcement Type: New and Competing Continuation– **modified 4-8-11**  
Announcement Number: HRSA-11-023***

**Catalog of Federal Domestic Assistance (CFDA) No. 93.129**

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2011

**Phase 1: Application Due Date on Grants.gov: April 25, 2011  
Phase 2: Supplemental Information Due Date on EHBs: May 23, 2011**

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

**Date of Release: March 18, 2011  
Date of Issuance: March 18, 2011**

**This announcement has been modified as follows:**  
**It was clarified that FY 2011 – 2013 funding levels are subject to the availability of appropriated funds for this program.**  
**Increased approximate award to Health Centers Serving Disadvantaged Populations to \$350,000.**  
**Eligibility information for the Capital Financing cooperative agreement was clarified.**

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Legislative Authority: Public Health Service Act as amended, Title III, Section 330(l), (42 U.S.C.  
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## Executive Summary

This funding opportunity announcement details the eligibility requirements, review criteria and awarding factors for organizations seeking a cooperative agreement for the Health Center Program's National Training and Technical Assistance Cooperative Agreements (NCAs) in Federal fiscal year (FY) 2011.

Section 330(l) of the Public Health Service Act, as amended, authorizes the Secretary to issue grants, cooperative agreements, and contracts to provide necessary technical and non-financial assistance to potential and existing health centers, including:

- Training and assistance in fiscal and program management (program requirements);
- Operational and administrative support (performance improvement); and
- Provision of information regarding resources available under section 330 and how they can be best used to meet the health needs of the communities served by potential and existing health centers (program development/analysis).

The Health Resources and Services Administration (HRSA) is seeking to establish national cooperative agreements with organizations to provide national training and technical assistance (T/TA) to potential and existing section 330 funded health centers with the goal of assisting them to meet program requirements, improve performance, and support program development and analysis activities. Subject to the availability of appropriated funds, HRSA anticipates awarding approximately \$15 million in Federal fiscal year (FY) 2011 to establish approximately 11 NCAs to provide training and technical assistance (T/TA) to potential and existing health centers, Primary Care Associations (PCAs), and Primary Care Offices (PCOs) in support of the Health Center Program.

HRSA intends to award at least one NCA for the provision of T/TA to each of the following targeted audiences:

### **1. Health Centers Serving Special Populations**

The purpose of the Special Populations cooperative agreement is to provide specialized T/TA to health centers serving migrant and seasonal farmworkers, homeless individuals, and residents of public housing. HRSA intends to select at least one applicant to provide T/TA in the following three areas:

- Health centers serving migrant and seasonal farmworker populations;
- Health centers serving homeless populations; and
- Health centers serving residents of public housing.

### **2. Health Centers Serving Children in Schools**

The purpose of the Children in Schools cooperative agreement is to provide specialized T/TA to health centers serving children in schools.

### **3. Health Centers Serving Disadvantaged Populations**

The purpose of the Disadvantaged Populations cooperative agreement is to provide specialized T/TA to health centers serving disadvantaged populations (e.g., rural populations) and health centers serving minority populations (e.g., Asian American/Pacific Islanders, Native Americans, African Americans, elderly).

#### **4. Health Centers Seeking Capital Financing**

The purpose of the Capital Financing cooperative agreement is to provide health centers with specialized T/TA regarding the development and financing of capital projects.

#### **5. Health Centers Serving Underserved Communities and Vulnerable Populations**

The purpose of the Underserved Communities and Vulnerable Population cooperative agreement is to provide T/TA to potential and all existing section 330 funded health centers.

While there is no limit on the number of targeted audiences for T/TA an applicant can propose to support, applicants must submit a separate NCA application for each targeted audience for T/TA.

Approximate award levels for each target audience are identified below:

- Health Centers Serving Special Populations – up to seven (7) awards for a total of approximately \$6 million
- Health Centers Serving Children in Schools – one (1) award for approximately \$500,000
- Health Centers Serving Disadvantaged Populations – one (1) award for approximately \$350,000
- Health Centers Seeking Capital Financing – one (1) award for approximately \$1 million
- Health Centers Serving Underserved Communities and Vulnerable Populations – one (1) award for approximately \$7.5 million

**Eligible Applicants:** Eligible applicants include public, non-profit, and for-profit entities that can provide T/TA on a national basis to community-based organizations, including tribal and faith-based organizations. Interested applicants must currently work with potential or existing health centers or other community-based providers with similar missions. Applications may be submitted from new organizations or organizations currently receiving funding under section 330(l).

**Project Period Start Date:** Organizations will have a start date on or around September 1, 2011.

**Application Submission:** HRSA will use a two-tier submission process for NCA applications via Grants.gov and the HRSA's Electronic Handbooks (EHBs). Please see the following chart for a summary of the two tier submission process and refer to section IV for detailed information on the application process.

**Phase 1 - Grants.gov:** must be completed and successfully submitted via Grants.gov by 8:00 PM ET on April 25, 2011.

**Phase 2 - HRSA's EHBs:** must be completed and successfully submitted by 5:00 PM ET on May 23, 2011.

**Please Note:** Applicants can only begin Phase 2 in HRSA's EHBs after Phase 1 in Grants.gov has been successfully completed by the assigned due date and HRSA has assigned the application a tracking number. Applicants will be notified by email when (1) the application has been successfully submitted in grants.gov and (2) is ready within HRSA's EHBs for the completion of Phase 2. Email notification to begin Phase 2 will be sent on or around March 31,

2011. It is imperative that applicants monitor their email and spam accounts for any email notification and/or error messages from Grants.gov and/or EHB. Refer to <http://www.hrsa.gov/grants/apply/userguide.pdf> (HRSA Electronic Submission Guide) for more details.

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

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

**Application Contact:** If you have questions regarding the FY 2011 NCA application and/or the review process described in this funding opportunity announcement, please call Denise Nguyen in the Bureau of Primary Health Care's (BPHC) Office of Policy and Program Development at 301-594-4300 or email at [bphcnca@hrsa.gov](mailto:bphcnca@hrsa.gov).

HRSA will hold a pre-application technical assistance call for applicants seeking funding through this opportunity. The pre-application technical assistance call will provide an overview and other information regarding this application funding opportunity announcement and will include a question and answer session. Please visit the program website at <http://bphc.hrsa.gov> for the date, time, dial-in, and other information for the call.

**TWO-TIERED APPLICATION SUBMISSION PROCESS**  
**Summary of NCA Submission Process**

Phase	Due Date	Helpful Hints
<p><b>Phase 1 (Grants.gov):</b>  <a href="http://www.grants.gov">http://www.grants.gov</a></p> <p><b>Complete and successfully submit the following by the Grants.gov deadline</b> (all forms are available in the Grants.gov application package):</p> <ul style="list-style-type: none"> <li>• SF 424 Application for Federal Assistance (Face Page)</li> <li>• Project Summary/Abstract (uploaded on line 15 of the SF 424 Face Page)</li> <li>• Additional Congressional District (if applicable)</li> <li>• Project/Performance Site Location Form</li> <li>• HHS Checklist Form HHS-5161-1</li> <li>• Grants.gov Lobbying Form</li> </ul>	<p>Due Date: April 25, 2011.            Submit by 8:00 P.M. ET on the due date.</p>	<ul style="list-style-type: none"> <li>- <b>Complete Phase 1 as soon as possible. Phase 2 (HRSA’s EHBs) may not begin until the successful completion of Phase 1.</b></li> <li>- Please refer to <a href="http://www.hrsa.gov/grants/apply/userguide.pdf">http://www.hrsa.gov/grants/apply/userguide.pdf</a> for detailed application and submission instructions.</li> <li>- Registration in Grants.gov is required. As registration may take up to a month, please start the process as soon as possible.</li> <li>- The Central Contractor Registry (CCR) registration is an annual process. Verify your organization’s CCR registration prior to Grants.gov submission well in advance of the application deadline.</li> <li>- The Grants.gov registration process involves three basic steps:               <ul style="list-style-type: none"> <li>A. Register your organization</li> <li>B. Register yourself as an Authorized Organization Representative (AOR)</li> <li>C. Get authorized as an AOR by your organization</li> </ul> </li> </ul> <p>Please visit Grants.gov website at <a href="http://www.grants.gov/applicants/get_registered.jsp">http://www.grants.gov/applicants/get_registered.jsp</a> or call the Grant.gov Contact Center at 1-800-518-4726 between 24 hours a day, 7 days a week (excluding Federal holidays) for additional technical assistance on the registration process.</p>

**TWO-TIERED APPLICATION SUBMISSION PROCESS**  
**Summary of NCA Submission Process**

Phase	Due Date	Helpful Hints
<p><b>Phase 2 (HRSA EHBs):</b>  <a href="https://grants.hrsa.gov/webexternal/home.asp">https://grants.hrsa.gov/webexternal/home.asp</a></p> <p><b>Complete and successfully submit the following by the HRSA EHB deadline.</b> Instructions for all referenced EHB application forms are available in the <a href="#">Content and Form of Application Submission</a> of this funding opportunity announcement.</p> <ul style="list-style-type: none"> <li>• SF-424A - Budget Information for Non-Construction Programs</li> <li>• Program Narrative</li> <li>• Budget Justification</li> <li>• SF-424B Assurances for Non-Construction Programs</li> <li>• SF-LLL Disclosure of Lobbying Activities (as applicable)</li> <li>• Program Specific Forms—(Please note: All forms are structured and will be filled out electronically online). For more information and technical assistance with the new electronic version of these forms please visit: <a href="http://www.hrsa.gov/grants/apply/assistance/nca">http://www.hrsa.gov/grants/apply/assistance/nca</a></li> <li>• All required Attachments.</li> </ul>	<p>Due Date: May 23, 2011.            Submit by 5:00 P.M. ET on the due date.</p>	<ul style="list-style-type: none"> <li>- <b>Phase 1 (Grants.gov) must be successfully completed prior to starting phase 2.</b></li> <li>- Registration in HRSA’s EHB is required.</li> <li>- Email notification to begin Phase 2 will be sent on or around March 31, 2011.</li> <li>- The Authorizing Official (AO) must complete submission of the application in Phase 2.</li> </ul> <p>Please refer to <a href="http://www.hrsa.gov/grants/apply/userguide.pdf">http://www.hrsa.gov/grants/apply/userguide.pdf</a> for information on registering in EHBs or call the HRSA Call Center at 1-877-464-4772.</p>

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## I. Funding Opportunity Description

### 1. Purpose

This funding opportunity announcement details the eligibility requirements, review criteria and awarding factors for organizations seeking a cooperative agreement for National Training and Technical Assistance Cooperative Agreements (NCA) in Federal fiscal year (FY) 2011.

Section 330(l) of the Public Health Service (PHS) Act, as amended, authorizes the Secretary to issue grants, cooperative agreements, and contracts to provide necessary technical and non-financial assistance to potential and existing health centers, including:

- Training and assistance in fiscal and program management (program requirements);
- Operational and administrative support (performance improvement); and
- Provision of information regarding resources available under section 330 and how they can be best used to meet the health needs of the communities served by potential and existing health centers (program development/analysis).

The Health Resources and Services Administration is seeking to establish national cooperative agreements with organizations to provide national training and technical assistance (T/TA) to potential and existing section 330 funded health centers with the goal of assisting them to meet program requirements, improve performance, and support program development and analysis activities. Subject to the availability of appropriated funds, HRSA anticipates awarding approximately \$15 million in Federal fiscal year (FY) 2011 to establish approximately 11 NCAs to provide training and technical assistance (T/TA) to potential and existing health centers, Primary Care Associations (PCAs), and Primary Care Offices (PCOs) in support of the Health Center Program.

### 2. Target Audiences

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

#### 1) **Health Centers Serving Special Populations**

The purpose of the Special Populations cooperative agreement is to provide specialized T/TA to health centers serving migrant and seasonal farmworkers, homeless individuals, and residents of public housing. HRSA intends to select at least one applicant to provide T/TA in the following three areas:

- Health centers serving migrant and seasonal farmworker populations;
- Health centers serving homeless populations; and
- Health centers serving residents of public housing.

#### 2) **Health Centers Serving Children in Schools**

The purpose of the Children in Schools cooperative agreement is to provide specialized T/TA to health centers serving children in schools.

#### 3) **Health Centers Serving Disadvantaged Populations**

The purpose of the Disadvantaged Populations cooperative agreement is to provide specialized T/TA to health centers serving disadvantaged populations (e.g., rural

populations) and health centers serving minority populations (e.g., Asian American/Pacific Islanders, Native Americans, African Americans, elderly, etc.).

**4) Health Centers Seeking Capital Financing**

The purpose of the Capital Financing cooperative agreement is to provide health centers with specialized T/TA regarding the development and financing of capital projects.

**5) Health Centers Serving Underserved Communities and Vulnerable Populations**

The purpose of the Underserved Communities and Vulnerable Populations cooperative agreement is to provide T/TA to potential and all existing section 330 funded health centers.

An applicant may propose to provide T/TA to more than one target audience; however, the organization must submit a separate NCA application for each target audience.

**3. Program Expectations**

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

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

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

**Organizational Attributes and Capabilities**

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

- Mission Oriented - Is interested in the viability of the health care safety net and health centers across the Nation, and has a long-term mission and commitment to assuring access to comprehensive, culturally competent, quality primary health care services for underserved vulnerable populations.

- Maintain an Effective Infrastructure - Has adequate, appropriate and effective infrastructure and capacity (i.e., systems, leadership, resources) to carry out cooperative agreement activities.
- Foster Collaboration – Is successful in forming collaborative linkages and developing relationships that strengthen the safety net within the Nation. The organization fosters collaboration among a diverse membership as well as other national safety net providers with similar missions in order to strengthen and expand the safety net.
- Capable of Assessing Need and Planning Accordingly - Has a demonstrated ability to assess needs/priorities and plan activities to address these issues effectively. As appropriate, these activities are undertaken collaboratively with other organizations.

### **NCA Core Functions**

As described in section 330(l), all NCA recipient organizations are expected to use NCA funds for the following core functions related to supporting the training and technical assistance needs of potential and existing health centers, as appropriate:

- Fiscal and Program Management (Program Requirements)
- Operational and Administrative Support (Performance Improvement)
- Program Development/Analysis

Applicants must outline specific activities under each core function area focused on assisting, as appropriate, potential and existing health centers, Primary Care Associations (PCAs), and Primary Care Offices (PCOs) in support of the Health Center Program to meet program requirements, improve performance, and support program development and analysis activities. The extent and type of activities under each core function should depend on demonstrated national health center needs and HRSA priorities (see Appendix D for required NCA T/TA activities by target audience).

#### **4. Background**

HRSA's Bureau of Primary Health Care (BPHC) administers the Health Center Program, as authorized by section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b). Health centers improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services. The Health Center Program targets the nation's neediest populations and geographic areas and currently funds over 1,100 health center grantees that operate more than 8,000 service delivery sites in every state, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin. In 2009, almost 19 million medically underserved and uninsured patients received comprehensive, culturally competent, quality primary health care services through the Health Center Program.

Effective linkages with national organizations are an essential part of HRSA's strategy to promote increased access to primary health care services and to foster partnership between Federal, State, and local organizations. Because they work with safety net providers throughout the country, national organizations are uniquely positioned to collaborate with other organizations to advance the goals of improving the health of underserved communities and vulnerable populations. The cooperative agreements established under this funding opportunity are designed to directly support existing and potential health centers in several core function areas, including T/TA in program requirements, performance improvement, and program development/analysis.

## II. Award Information

### 1. Type of Award

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

#### **Federal Responsibilities:**

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA responsibilities shall include:

- Collaborate on the development and coordination of the proposed work plan for activities (including publications) funded through the cooperative agreement based on HRSA priorities;
- Ongoing monitoring of the work plan activities through face-to-face and telephone meetings and the review of progress/key deliverables funded through the cooperative agreement;
- Attend and participate in appropriate meetings (e.g., State, national, committee);
- Coordinate with other Bureaus/Offices within HRSA to develop synergies in programs; and
- Provide assistance in coordinating activities with other Federally-funded cooperative agreements.

#### **NCA Responsibilities:**

Responsibilities of an NCA cooperative agreement recipient include:

- Provide T/TA to the target audience and all potential and existing health centers including Health Center Program grantees and other qualified organizations (e.g., FQHC Look-Alikes) in accordance with the terms and conditions of the award;
- Collaborate on the development, coordination, and implementation of the proposed work plan for activities funded through the cooperative agreement based on HRSA priorities;
- Attend and participate in appropriate meetings (e.g., State, national, committee);
- Complete deliverables as outlined by HRSA;
- Implement the agreed upon work plan activities within the three core function areas; and
- Evaluate T/TA services provided to health centers.

### 2. Summary of Funding

Subject to the availability of appropriated funds, this program will provide funding during Federal fiscal years 2011 - 2013. Approximately \$15 million is expected to be available annually to fund approximately 11 cooperative agreements. The period of support is for three years. Funding beyond the first year is dependent on the availability of appropriated funds for T/TA in subsequent fiscal years, awardee's satisfactory performance, and a decision that funding is in the best interest of the Federal government.

Approximate award levels for each target audience are identified below:

- Health Centers Serving Special Populations – seven (7) awards for a total of approximately \$6 million
- Health Centers Serving Children in Schools - one (1) award for approximately \$500,000
- Health Centers Serving Disadvantaged Populations – one (1) award for approximately \$350,000
- Health Centers Seeking Capital Financing – one (1) award for approximately \$1 million
- Health Centers Serving Underserved Communities and Vulnerable Populations – one (1) award for approximately \$7.5 million

While there is no limit on the amount of targeted T/TA an applicant can propose to support, applicants must submit a separate application for each targeted audience for T/TA (identified above) that is proposed. It is expected that budgets will be reasonable and appropriate for the type of activities proposed and consistent with the work plan presented in the application. The determination of final funding levels awarded will be based on factors such as available funds, performance, health center needs, and current HRSA priorities.

### III. Eligibility Information

#### 1. Eligible Applicants

Eligible applicants are public, non-profit, and for-profit entities that can provide T/TA on a national basis to community-based organizations, including tribal and faith-based organizations. Interested applicants must currently work with potential or existing health centers or other community-based providers with similar missions. Applications may be submitted from new organizations or organizations currently receiving funding under section 330(l).

Note: The purpose of the Capital Financing cooperative agreement is to provide health centers with specialized T/TA regarding the development and financing of capital projects. **HRSA will not consider applications from organizations that plan to function as Community Development Entities that provide New Market Tax Credit program financing to Section 330 funded health centers.**

#### 2. Cost Sharing/Matching

There is no cost sharing or matching requirement for this funding opportunity. Under 42 CFR 51c.203, HRSA will take into consideration whether and to what extent an applicant plans to secure and maximize Federal, State, local, and private resources to support the proposed project. Please see the budget and budget justification sections of this document for clarification and guidelines pertaining to the presentation of the budget.

#### 3. Other

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

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

Maintaining active Central Contractor Registry (CCR) status, Grants.gov registration, and all passwords associated with these registrations is essential to successfully submitting your application prior to the posted deadline.

## IV. Application and Submission Information

### 1. Address to Request Application Package

#### **Application Materials and Required Electronic Submission Information**

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures only that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from [DGPWaivers@hrsa.gov](mailto:DGPWaivers@hrsa.gov), and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted under the deadline. Applicants who fail to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

Applicants must submit proposals according to the instructions in the Guide and in this funding announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for grant applications, proposal narratives and budgets. The forms and instructions may be obtained from the following site by:

Applicants must submit proposals according to the instructions in <http://www.hrsa.gov/grants> , using this funding opportunity announcement in conjunction with Application SF-424. The forms contain additional general information and instructions for grant applications, proposal narratives, and budgets. The forms and instructions may be obtained from the following site by:

- (1) Downloading from <http://www.grants.gov>, or
- (2) Contacting the HRSA Grants Application Center at:  
910 Clopper Road  
Suite 155 South  
Gaithersburg, MD 20878  
Telephone: 877-477-2123  
[HRSAGAC@hrsa.gov](mailto:HRSAGAC@hrsa.gov)

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the “Application Format” section below.

## 2. Content and Form of Application Submission

### **Application Format Requirements**

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA, or a total file size of 10 MB. This 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit.

**Applications that exceed the specified limits (approximately 10 MB, or 80 pages when printed by HRSA) will be deemed non-responsive. All application materials must be complete prior to the application deadline. Applications that are modified after the posted deadline will also be considered non-responsive. Non-responsive applications will not be considered under this funding announcement.**

### **Application Format**

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

## Step 1: Submission through Grants.Gov

[\(http://www.grants.gov/\)](http://www.grants.gov/)

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

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424) - <i>Required</i>	Form	Complete pages 1, 2 & 3 of the SF 424 Application for Federal Assistance Form.	Not counted in the page limit
Project Summary/Abstract (SF-424) - <i>Required</i>	Attachment	Upload the project abstract on page 2 of SF 424 – Line 15. Refer to section ix for more details on the Project Abstract.	Counted in the page limit.
Additional Congressional District (SF-424) – <i>As Applicable</i>	Attachment	Can be uploaded on page 3 of SF-424 - Line 16	As applicable to HRSA; not counted in the page limit
HHS Checklist Form HHS-5161-1 <i>Required</i>	Form	Complete pages 1 & 2 of the HHS checklist as instructed.	Not counted in the page limit
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with all additional site location(s)	Not counted in the page limit.
Grants.gov Lobbying Form	Form	Complete online as instructed.	Not counted in the page limit.

**After successful submission of the above forms in Grants.gov, and subsequent processing by HRSA, you will be notified on or around March 31, 2011 by HRSA confirming the successful receipt of your application and requiring the Project Director and Authorizing Official to review and submit additional information in HRSA EHBs. Your application will not be considered submitted unless you review the information submitted through Grants.gov and submit the additional portions of the application required through HRSA EHBs. Refer to the HRSA Electronic Submission Guide provided in <http://www.hrsa.gov/grants/apply/userguide.pdf> for the complete process and instructions.**

**Step 2: Submission through HRSA’s Electronic Handbooks (EHBs)**  
<https://grants.hrsa.gov/webexternal/home.asp>

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

Section	Form Type	Instruction	HRSA/ Program Guidelines
Project Narrative Form - <i>Required</i>	Document	Upload the Program Narrative Form.	Not counted in the page limit
Project Narrative - <i>Required</i>	Document	Upload in Program Narrative Form. Provide table of contents specific to this document only as the first page.	Counted in the page limit.
SF-424A Budget Information for Non-Construction Programs - <i>Required</i>	Form	Complete online as instructed.	Not counted in the page limit
Budget Narrative Attachment Form - <i>Required</i>	Document	Upload the Budget Narrative Attachment Form.	Not counted in the page limit
Budget Narrative - <i>Required</i>	Document	Upload in the Budget Narrative Attachment Form.	Counted in the page limit
SF-424B Assurances for Non-Construction Programs	Form	Complete online as instructed.	Not counted in the page limit
SF-LLL Disclosure of Lobbying Activities	Form	Complete online as instructed.	Not counted in the page limit
Program Specific Forms	Form	Refer to Appendix A of this funding opportunity announcement for further details on Program Specific Information instructions. Please note, the Project Work Plan and Performance Measures will be completed electronically online. Complete these forms as presented within HRSA EHBs.	Not counted in the page limit.
Attachments 1-4	Documents	Complete and upload all attachments, as required. Refer to the attachment table provided below for specific sequence.	Counted in the page limit

Step 2 (continued): Submission through HRSA’s Electronic Handbooks (EHBs)

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

Program Specific Forms

 The following <b>Program Specific Forms</b> must be completed in HRSA EHBs and <b>DO NOT count against the page limit.</b>		
<b>Program Specific Information</b>	<b>Form Type</b>	<b>Instruction</b>
Form 1A: General Information Worksheet	Form	Complete all portions of the form electronically online as presented.
Form 12: Organization Contacts	Form	Complete all portions of the form electronically online as presented.
Project Work Plan	Form	Complete the Project Work Plan form electronically online as presented. Instructions for the Project Work Plan are provided in Appendix B.
Performance Measures	Form	Complete all portions of the Performance Measures form electronically online as presented. Instructions for Performance Measures are provided in Appendix C.

Step 2 (continued): Submission through HRSA’s Electronic Handbooks (EHBs)  
<https://grants.hrsa.gov/webexternal/home.asp>

Attachments

To ensure that attachments are organized and printed in a consistent manner, follow the order provided below.

- 🔔 Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- 🔔 Merge similar documents into a single document. Where several pages are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. The Table of Contents page will not be counted in the page limit.

Attachments	Form Type	Instruction	HRSA/ Program Guidelines
Attachment 1: Position Descriptions for Key Personnel - <i>Required</i>	Document	Upload position descriptions for key personnel. Each position description should be limited to <b>one page</b> or less and must include at a minimum, the position title, description of duties and responsibilities, position qualifications, supervisory relationships, skills, knowledge and experience requirements, travel requirements, salary range, and work hours. Indicate if any of the positions are currently vacant.	Included in the page limit
Attachment 2: Biographical Sketches for Key Personnel - <i>Required</i>	Document	Upload biographical sketches for persons occupying the positions described in Attachment 1. A biographical sketch should not exceed <b>two</b> pages in length. In the event that the identified individual is not yet hired, include a letter of commitment from that person along with the biographical sketch.	Included in the page limit.
Attachment 3: Summary Progress Report – <i>Required for Competing Continuations</i>	Document	<b>ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)</b> The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the training program during the current project period.	Included in the page limit.
Attachment 4: Other Relevant Documents – <i>As Applicable</i>	Document	Applicants may include other relevant documents to support the proposed project plan such as charts and organizational brochures. Merge all additional documents into a single document and upload it here.	Included in the page limit

## **Application Format**

### **i. Application for Federal Assistance**

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance (CFDA), the CFDA Number is 93.129.

### **DUNS Number**

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

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

### **ii. Table of Contents**

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

### **iii. Application Checklist (Grants.gov)**

Complete the HHS Application Checklist Form HHS 5161-1 provided with the application package.

### **iv. Budget (HRSA-EHBs)**

Complete Application Form SF-424A Budget Information – Non-Construction Programs provided with the application package.

Please complete Sections A, B, C, E, and F, and then provide a line item budget for each year of the project period using Section B Budget Categories of the SF-424A. Applicants must use the Section B columns (2) through (4) for subsequent budget years (three years total).

v. **Budget Justification (HRSA-EHBs)**

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

***Budget for Multi-Year Grant Award***

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although project periods may be for up to three years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year project period is subject to availability of funds, satisfactory progress of the awardee and a determination that continued funding would be in the best interest of the Federal government.

Include the following in the Budget Justification narrative:

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

*Fringe Benefits:* List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that proportion of personnel costs that are allocated for the project.

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

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

*Supplies:* List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like;

medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

*Contractual* : Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in the Central Contractor Registry (CCR) and provide the recipient with their DUNS number.

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

*Indirect Costs*: Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment (capital expenditures), tuition and fees, and subgrants and contracts in excess of \$25,000 are excluded from the actual direct cost base for purposes of this calculation.

vi. **Staffing Plan and Personnel Requirements (HRSA-EHBs)**

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 1. Biographical sketches for key employed personnel that will be assigned to work on the proposed project must be included in Attachment 2.

vii. **Assurances (HRSA-EHBs)**

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

viii. **Certifications (HRSA-EHBs)**

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

***ix. Project Abstract (Grants.gov)***

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

Please place the following at the top of the abstract:

- Project Title
- Applicant Name

- Address
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web site Address, if applicable

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

***x. Program Narrative (HRSA-EHBs)***

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project. Throughout the Program Narrative, reference may be made to exhibits and charts, as needed, in order to reflect information contained in the Narrative. These exhibits and charts should be included as part of the attachments that applicants must upload with the electronic submission. The attachments should not contain any required narrative. Please be sure to completely address the program narrative elements using the following section headers:

**INTRODUCTION**

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

**NEED**

- Identify and discuss the key T/TA needs for the target audience, addressing the following core function areas (see Appendix D for required NCA T/TA activities by target audience):
  - a. Training and Assistance in Fiscal and Program Management (Program Requirements);
  - b. Operational and Administrative Support (Performance Improvement); and
  - c. Program Development/Analysis.
- Identify and discuss any major gaps in primary health care services for the target audience (i.e., major gaps for migrant and seasonal farmworkers, homeless, residents of public housing, underserved and vulnerable populations, capital) (Program Development/Analysis).
- Identify and discuss the major national health policy and marketplace conditions impacting the target audience and other safety net providers (Program Analysis). The topics may include:
  - a. Changes in insurance coverage, including Medicaid, Medicare and CHIP; broad changes in State/local/private uncompensated care programs;
  - b. Major events including changes in the economic or demographic environment of the Nation (e.g., influx of new populations, closing of local hospitals, community health care providers or major local employers, major emergencies such as hurricanes, flooding).
  - c. As appropriate, describe the impact of any significant changes affecting special populations served by the target audience (e.g., migrant/seasonal farmworkers, homeless, and residents of public housing).

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

## **RESPONSE (PROJECT WORK PLAN)**

The Project Work Plan is now a structured document and can be completed electronically in the EHB system. Please refer to Appendix B for more details on how complete the Project Work Plan. The Project Work Plan should include the following key components:

- a. Project Goals
  - b. Project Objectives
  - c. Activities
  - d. Expected Outcomes
  - e. Person/Area Responsible
  - f. Time Frames
  - g. Comments (optional)
- Demonstrate and discuss how the proposed work plan activities (including required NCA T/TA activities identified by target audience in Appendix D) will focus on the following three core functions:
    - a. Training and Assistance in Fiscal and Program Management (Program Requirements);
    - b. Operational and Administrative Support (Performance Improvement); and
    - c. Program Development/Analysis.
  - Discuss challenges that are likely to be encountered in implementing the activities described in the proposed work plan and approaches that will be used to resolve such challenges.
  - Describe how the national T/TA needs and factors, unmet needs for primary health care, and health policy/marketplace conditions and related performance trends (national health center trend reports, etc.) are incorporated into the organization's ongoing T/TA strategic planning process.
  - Demonstrate and discuss that the proposed T/TA activities (including educational sessions, publications, webcasts, etc.) will be made available and accessible (e.g., cost, location, etc.) to potential and existing health centers across the Nation, regardless of membership status.
  - Describe how the unique T/TA needs of health centers receiving/seeking special populations funding (i.e., section 330(g) migrant and seasonal farmworkers, section 330(h) health care for the homeless, and section 330(i) residents of public housing) are addressed.
  - Describe how the applicant organization will provide T/TA in a culturally and linguistically appropriate manner.

## **COLLABORATION**

- Describe both formal and informal collaboration and coordination of services with other HRSA supported providers of T/TA (e.g. National Cooperative Agreement awardees, PCAs, PCOs) in an effort to maximize the effectiveness and impact of T/TA activities.

- Provide evidence of proposed collaborations by providing letters of support, commitment and/or investment that reference the specific collaboration and/or coordinated activities in support of the project’s operation and provision of T/TA services.

### **EVALUATIVE MEASURES/ IMPACT**

Information provided on need should serve as the basis for, and align with the proposed activities and goals described throughout the application. Please refer to Appendix C for more details on completing the Performance Measures form.

- Outline within the Performance Measures Form, time-framed and realistic goals with baselines (if baselines are not yet available - applicant states when data will be available) that are responsive to the T/TA needs of the target audience identified in the application. Specifically include:
  - a. Goals relevant to the needs of the target audience.
  - b. Related data collection methodology to report on such measures.
  - c. An adequate summary of one to three key factors that the applicant anticipates contributing to or restricting progress on the stated performance measures goals and any major planned responses to these factors. NOTE: In discussing responses to anticipated contributing or restricting factors, applicants should discuss this area broadly and do not need to provide detail at an “action step” level.

Applicants must address each of the required NCA performance measures listed below.

- a. **Performance Measure 1:** National Grantee Satisfaction. On a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the overall T/TA services provided by the NCA.
- b. **Performance Measure 2:** Program Requirements T/TA. On a scale from 1 to 10, where 1 means *Not Very Helpful* and 10 means *Very Helpful*, how helpful are the NCA T/TA services in assisting Health Centers to successfully meet Health Center Program requirements?
- c. **Performance Measure 3:** Performance Improvement T/TA. On a scale from 1 to 10, where 1 means *Not Very Helpful* and 10 means *Very Helpful*, how helpful are the NCA T/TA services in enhancing the performance and operations of Health Centers?
- d. **Performance Measure 4:** Program Development/Analysis T/TA. On a scale from 1 to 10, where 1 means *Not Very Helpful* and 10 means *Very Helpful*, how helpful are the NCA T/TA services in supporting the Program Development/Analysis of Health Centers?

Applicant organizations who propose to utilize additional performance measures beyond the required NCA performance measures will be required to define a numerator and denominator for the additional performance measures to be used to determine the level of progress/improvement achieved on each goal.

- Describe an appropriate plan for evaluation of the activities carried out under the cooperative agreement that ensures monitoring and measurement of progress towards goals and objectives and uses the evaluation of findings to improve program performance.
- Demonstrate that the activities will have a measurable impact on the stated need.
- Describe plans for dissemination of project results and/or the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the Federal funding.

## **RESOURCES/CAPABILITIES**

- Describe why the organizational structure, including any sub-contracts, is appropriate for the operational and oversight needs of the project. Please be aware that all NCA recipients, subrecipients, and subcontractors (providing TA) are subject to the HHS grant requirements set forth in 45 CFR Part 74.
- Describe how the proposed staffing plan is appropriate for the projected number of T/TA activities to be provided during the project period as well as a plan for recruiting and retaining staff as appropriate for achieving the proposed staffing plan.
- Demonstrate appropriate financial management and control policies and procedures.
- Applicant organizations who are not currently receiving section 330(l) funding **MUST** demonstrate that the timeline for T/TA delivery is reasonable to assure that within 120 days of grant award the applicant will:
  - a. Be operational;
  - b. Have appropriate staff in place; and
  - c. Deliver T/TA services at the same or comparable level as is presently provided throughout the entire Nation, if those TA services are currently being provided.
- Describe and discuss an adequate strategy to regularly solicit input and respond to the unique needs of the targeted audience across the Nation.
- Discuss why the applicant organization is the appropriate entity to receive funding by demonstrating its experience and expertise in:
  - a. Developing and implementing an appropriate nationwide training and technical assistance system and services;
  - b. Working with health centers to improve performance and operations as well as successfully meeting program requirements; and
  - c. Addressing unmet need for primary health care services through program development.
- Demonstrate how past performance/accomplishments and the lessons learned over the past two to three years will be used to coordinate and complement the proposed T/TA activities.

- Discuss how the applicant organization will maximize access to and distribution of T/TA tools, resources, etc. to health center grantees, regardless of membership or grant recipient status, as well as other entities as appropriate.

## **SUPPORT REQUESTED**

- Provide a complete and clear budget presentation (SF-424A, detailed line-item budget, and budget justification).
- Describe how the budget is aligned and consistent with the proposed T/TA service delivery plan and number of T/TA activities to be provided.

### ***xi. Program Specific Forms (HRSA-EHBs)***

Program Specific Forms include Form 1A, Form 12, Project Work Plan Form and Performance Measures Form. Please refer to Appendices B and C of this funding opportunity announcement for instructions on how to complete and submit these Program Specific Forms within HRSA EHBs.

### ***xii. Attachments (HRSA-EHBs)***

***Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Each attachment must be clearly labeled.***

#### *Attachment 1. Position Descriptions for Key Personnel (Required)*

Keep each job description to one page in length as much as possible. Indicate if any of the positions are currently vacant.

#### *Attachment 2. Biographical Sketches for Key Personnel (Required)*

Include biographical sketches for persons occupying the positions described in Attachment 1. In the event that a biographical sketch is included for a person that is not yet hired, include a letter of commitment from that person with the biographical sketch.

#### *Attachment 3. Summary Progress Report (Required)*

## **ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)**

An Accomplishment Summary is required for competing continuation applications only and should be included as **Attachment 3**.

A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do**. The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the training program during the current project period. The report should include:

- 1) The period covered (dates).
- 2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
- 3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

*Attachment 4. Other Relevant Documents (Optional)*

Include here any other documents that are relevant to the project (letters of support, letters of agreement, etc.). Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of agreements and support must be dated. List all other support letters on one page.

### 3. Submission Dates and Times

The due date for applications under this funding opportunity announcement (HRSA 11-023) in Grants.gov is April 25, 2011 at 8:00 P.M. ET and the due date for applications in EHB is May 23, 2011 at 5:00 P.M. ET. Applications completed online are considered formally submitted if: (1) the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time; and (2) the AOR has submitted the additional information in the HRSA EHB on or before the deadline date and time.

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

**Please refer to <http://www.hrsa.gov/grants/apply/index.html> for important specific information on registering, and Section 3 of HRSA's Electronic Submission User Guide (<http://www.hrsa.gov/grants/userguide.htm>) for important information on applying through Grants.gov.**

### **Late Applications**

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

### 4. Inter governmental Review

NCA is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Application packages made available under this funding opportunity will contain a listing of States which have chosen to set up such a review system, and will provide a State Single Point of Contact (SPOC) for the review. Information on states affected by this program and State Points of Contact may also be obtained from the Grants Management Officer listed in the Agency Contact(s) section, as well as from the following Web site:  
[http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc).

All applicants other than federally recognized Native American Tribal Groups should contact their SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process used under this Executive Order.

Letters from the State Single Point of Contact (SPOC) in response to Executive Order 12372 are due sixty days after the application due date.

## 5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three years total. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal government.

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

- Construction/renovation of facilities;
- Reserve requirements for state insurance licensure; and/or
- Support for lobbying/advocacy efforts.

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

## 6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the <http://www.Grants.gov> apply site. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site and HRSA's EHBs.

It is essential that your organization *immediately register* in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process you will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary to complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization's E-Business POC (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk by sending a message to [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

In order to submit the NCA application in HRSA EHBs, the Authorized Organization Representative (and other application preparers) must register in HRSA EHBs. The purpose of the registration process is to collect consistent information from all users, avoid collection of redundant information and allow for the unique identification of each system user. Note that registration within HRSA EHBs is required only once for each user. **Note that HRSA EHBs now allow the user to use his/her single username and associate it with more than one organization.**

User registration within HRSA EHBs is a two-step process. In the first step, individual users from an organization who participate in the grants process must create individual system accounts. In the second step, the users must associate themselves with the appropriate grantee organization. Once the individual is registered, they are given two options. One, they can search for an existing organization using the **10-digit grant number** from the **Notice of Award (NoA)** or two, if the grant number is not known or if the organization has never received a grant from HRSA, they can search using the **HRSA EHBs Tracking Number**. Your organization's record is created in HRSA EHBs based on information entered in Grants.gov.

To complete the registration quickly and efficiently HRSA recommends that applicants identify role for all users in the grants management process. HRSA EHBs offer the following three functional roles for individuals from applicant/grantee organizations:

- Authorizing Organization Representative (AOR),
- Business Official (BO), and
- Other Employee (for project directors, assistant staff, AOR designees and others).

For more information on functional responsibilities refer to the HRSA EHBs online help. Note that registration with HRSA EHBs is independent of Grants.gov registration. Once the registration is completed, all users from the organization must go through an additional step to get access to the application in HRSA EHBs. This is required to ensure that appropriate individuals have access to the competing application.

**IMPORTANT:** The HRSA EHBs Tracking Number must be used to identify the applicant organization.

For assistance in registering with HRSA EHBs, please refer to the following:

- <http://www.hrsa.gov/grants/apply/userguide.pdf>
- 877-GO4-HRSA or 877-464-4772 (9:00 am to 5:30 pm ET)
- TTY for hearing impaired 1-877-897-9910 (9:00 am to 5:30 pm ET)
- E-mail [callcenter@hrsa.gov](mailto:callcenter@hrsa.gov).

**Formal submission of the electronic application:** Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's AOR through Grants.gov and has been validated by Grants.gov on or before the deadline date and time. Applications that do not meet these criteria will be considered unresponsive and will not be considered in the competition.

**It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the application due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline.** Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

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

**Tracking your application:** It is incumbent on the applicant to track application status by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at <http://www07.grants.gov/applicants/resources.jsp>. Be sure your application is validated by Grants.gov prior to the application deadline.

## V. Application Review Information

### 1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against

which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. The review criteria are used to rank applications. Review criteria are outlined below with specific detail and scoring points.

**Criterion 1: NEED (20 points)**

- The extent to which the applicant clearly identifies and discusses the key T/TA needs for the target audience across the Nation, addressing the following core function areas (see Appendix D for required NCA T/TA activities by target audience):
  - a. Training and Assistance in Fiscal and Program Management (Program Requirements);
  - b. Operational and Administrative Support (Performance Improvement); and
  - c. Program Development/Analysis
- The extent to which the applicant clearly identifies and discusses any major gaps in primary health care services for the underserved in the Nation (i.e., major gaps for migrant and seasonal farmworkers, homeless individuals, and residents of public housing for mental health/substance abuse and oral health) (Program Development/Analysis).
- The extent to which the applicant identifies and discusses the major national health policy and marketplace conditions impacting the target audience and other safety net providers (Program Analysis). The topics may include:
  - a. Changes in insurance coverage, including Medicaid, Medicare and CHIP; broad changes in State/local/private uncompensated care programs;
  - b. Major events including changes in the economic or demographic environment of the Nation (e.g., influx of new populations, closing of local hospitals, community health care providers or major local employers, major emergencies such as hurricanes, flooding, ); and
  - c. If applicable, discuss the impact of any significant changes affecting the special populations served (e.g., migrant/seasonal farm workers, homeless, and residents of public housing).

**Criterion 2: RESPONSE (25 points)**

- The extent to which the application provides a comprehensive 12-month work plan with goals and objectives that are appropriate for the identified target audience T/TA needs. Specifically, the work plan uses time-framed, measurable terms to describe/identify the following items:
  - a. Project Goals
  - b. Project Objectives
  - c. Activities
  - d. Expected Outcomes
  - e. Person/ Area Responsible
  - f. Time Frames
  - g. Comments (optional)

- The extent to which the applicant outlines a reasonable and appropriate T/TA work plan addressing the following three core functions (including required NCA T/TA activities identified by target audience in Appendix D):
  - a. Fiscal and Program Management (Program Requirements)
  - b. Operational and Administrative Support (Performance Improvement)
  - c. Program Development/Analysis
- The extent to which the application provides a work plan that clearly:
  - a. Describes how the project will be implemented (i.e., the work plan is realistic and attainable).
  - b. Demonstrates that the activities proposed in the work plan are consistent with the stated need for the target audience.
  - c. Addresses core function areas for the target audience.
- The extent to which the applicant discusses challenges that are likely to be encountered in implementing the activities described in the proposed work plan and approaches that will be used to resolve such challenges.
- The extent to which the applicant describes how the national T/TA needs and factors, unmet needs for primary health care, and health policy/marketplace conditions (as described in Criterion 1 – Need) as well as related performance trends (national health center trend reports, etc.) are incorporated into the organization’s ongoing strategic planning process.
- The extent in which the applicant demonstrates that the proposed T/TA services (including educational sessions, publications, webcasts, etc.) will be made available and accessible (e.g., cost, location, etc.) to all potential and existing health centers across the Nation, regardless of membership status. For Program Development T/TA (unmet primary health care needs), such services must be available to all potential and existing section 330 health centers, including FQHC Look-Alikes.
- The extent to which the applicant describes how the unique T/TA needs of health centers seeking or receiving special populations funding (i.e., section 330(g) migrant and seasonal farmworkers, section 330(h) health care for the homeless, and section 330(i) residents of public housing) are addressed.
- The extent to which the application provides evidence that T/TA will be provided in a culturally and linguistically appropriate manner.

**Criterion 3: COLLABORATION (10 points)**

- The strength of applicant’s activities to collaborate and partner with other HRSA supported providers of T/TA (e.g. National Cooperative Agreement awardees, PCAs, PCOs) in an effort to maximize the effectiveness and impact of the T/TA activities.
- The extent to which the application adequately describes the key partnerships and working relationships with organizations across the nation that share similar missions and/or

commitments to the underserved and how these partnerships will help strengthen the applicant's ability to carry out their proposed T/TA activities.

**Criterion 4: EVALUATIVE MEASURES/ IMPACT (20 points)**

- The effectiveness of the methodology proposed to monitor and evaluate the proposed project results. The extent to which the applicant describes an appropriate plan for evaluation of the activities carried out under the cooperative agreement that ensures monitoring and measurement of progress towards the corresponding goals and objectives and uses the evaluation of findings to improve program performance. The applicant must identify performance indicators (i.e., qualitative/quantitative indicators) or benchmarks to be achieved through the proposed project.
- The extent to which the applicant has established a goal, identified one to three important factors likely to contribute to and/or restrict the NCA's performance on each of the required measures, and described one or two major actions to be taken during the project period to improve performance for the following measures:
  - a. **Performance Measure 1:** National Grantee Satisfaction. On a scale from 1 to 10, where 1 is *Poor* and 10 is *Excellent*, please rate the overall T/TA services provided by the NCA.
  - b. **Performance Measure 2:** Program Requirements T/TA. On a scale from 1 to 10, where 1 means *Not Very Helpful* and 10 means *Very Helpful*, how helpful are the NCA T/TA services in assisting Health Centers to successfully meet Health Center Program requirements?
  - c. **Performance Measure 3:** Performance Improvement T/TA. On a scale from 1 to 10, where 1 means *Not Very Helpful* and 10 means *Very Helpful*, how helpful are the NCA T/TA services in enhancing the performance and operations of Health Centers?
  - d. **Performance Measure 4:** Program Development/Analysis T/TA. On a scale from 1 to 10, where 1 means *Not Very Helpful* and 10 means *Very Helpful*, how helpful are the NCA T/TA services in supporting the Program Development/Analysis of Health Centers?
- The extent to which the application demonstrates that the activities will have a measurable impact on the stated need.
- The strength of the applicant's description of how its progress will be measured, monitored, and evaluated by demonstrating the ability to assess and document: (i) to what extent the objectives have been met; and (ii) to what extent the accomplishments can be attributed to the project.
- The extent and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or degree to which the project activities are replicable, and/or the sustainability of the program beyond the Federal funding.

- If the applicant has included additional performance measures beyond the required NCA performance measures, the extent to which the applicant has described a plan to determine the level of progress/improvement achieved on each goal.

**Criterion 5: RESOURCES/CAPABILITIES (15 points)**

- The extent to which the applicant demonstrates that the organizational structure, including any sub-contracts, is appropriate for the operational and oversight needs of the project.
- The extent to which the applicant describes how the proposed staffing plan is appropriate for the projected number of T/TA activities to be provided during the project period. Applicant must also describe its plan for recruiting and retaining staff as appropriate for achieving the proposed staffing plan.
- The extent to which the applicant demonstrates appropriate financial management and control policies and procedures.
- The extent to which an applicant who is not currently receiving section 330(l) funding **MUST** demonstrate that the timeline for T/TA delivery is reasonable to assure that within 120 days of grant award the applicant will:
  - a. Be operational;
  - b. Have appropriate staff in place; and
  - c. Deliver T/TA services at the same or comparable level as is presently provided throughout the entire Nation.
- The extent to which the application provides evidence of an adequate strategy to regularly solicit input and respond to the unique needs of the targeted audience across the nation.
- The extent to which the application provides evidence of an adequate strategy to regularly solicit input and respond to the unique needs of the targeted audience across the nation.
- The strength of the applicant's discussion of why they are the appropriate entity to receive funding by demonstrating experience in:
  - a. Developing and implanting an appropriate nationwide system and services;
  - b. Working with health centers to improve performance and operations as well as successfully meeting program requirements; and
  - c. Addressing unmet need for primary health care services through program development and/or analysis.
- The extent to which the applicant demonstrates how past performance/accomplishments and the lessons learned over the past two to three years will be used to coordinate and complement the proposed T/TA activities.
- The strength of the applicant's discussion of how it will maximize access to and distribution of T/TA tools, resources to health center awardees (e.g., cost, location, etc.), regardless of membership or grant recipient status, as well as other entities as appropriate.

### **Criterion 6: SUPPORT REQUESTED (10 points)**

- The extent to which the application proposes a budget that is reasonable in relation to the proposed project.
- The extent to which the application provides a complete and clear budget presentation (SF-424A, detailed line-item budget, and budget justification) and describes how the budget is aligned and consistent with the proposed T/TA service delivery plan and number of T/TA activities to be provided.

#### **2. Review and Selection Process**

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

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

#### **3. Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of September 1, 2011.

## **VI. Award Administration Information**

### **1. Award Notices**

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

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant

agency's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 1, 2011.

## 2. Administrative and National Policy Requirements

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

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

### **Cultural and Linguistic Competence**

HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care published by HHS. This document is available online at <http://www.omhrc.gov/CLAS>.

### **Trafficking in Persons**

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

## **PUBLIC POLICY ISSUANCE**

### **HEALTHY PEOPLE 2020**

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has two major goals: (1) to increase the quality and years of a healthy life; and (2) eliminate our country's health disparities. The program consists of 38 focus areas containing measurable objectives. HRSA has actively participated in the work groups of all the focus areas, and is committed to the achievement of the Healthy People 2020 goals.

Healthy People 2020 can be found online at <http://www.healthypeople.gov/>.

### **National HIV/AIDS Strategy (NHAS)**

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

To ensure success, the NHAS requires the Federal government and State, tribal and local governments to increase collaboration, efficiency, and innovation. Therefore, to the extent possible, program activities should strive to support the three primary goals of the National HIV/AIDS Strategy.

More information can be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

### **Smoke-free Workplace**

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

### **3. Reporting**

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

#### **a. Audit Requirements**

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

#### **b. Payment Management Requirements**

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

**c. Status Reports**

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

**Progress Report(s).** The awardee must submit a progress report to HRSA on a quarterly basis. *Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds.* The purpose is to report progress and results of activities performed and services provided by the NCA within the scope of their cooperative agreement. At a minimum, the report should include a brief status update on work plan activities, as well as a list of publications completed during the quarter, and a brief narrative highlighting successes and challenges. Further information will be provided in the award notice. A BPHC publication process will be shared with all cooperative agreements.

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

**d. Transparency Act Reporting Requirements**

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

**VII. Agency Contacts**

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

Brian Feldman  
Senior Grants Management Specialist, Health Services Branch (HSB)  
Division of Grants Management Operations (DGMO)  
Office of Federal Assistance Management (OFAM)

Health Resources and Services Administration (HRSA)  
5600 Fishers Lane  
Suite 12A-07  
Rockville, Maryland 20857-0001  
Phone: (301)443-3190  
Fax: (301)443-9810  
E-mail: [bfeldman@hrsa.gov](mailto:bfeldman@hrsa.gov)

**For Special Populations:**

Henry Lopez  
Director, Office of Special Population Health  
Bureau of Primary Health Care, HRSA  
Parklawn Building, Mail Stop 16-105  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-1197  
Fax: (301) 443-0248  
Email: [HLopez@hrsa.gov](mailto:HLopez@hrsa.gov)

**For Children in Schools:**

Henry Lopez  
Director, Office of Special Population Health  
Bureau of Primary Health Care, HRSA  
Parklawn Building, Mail Stop 16-105  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-1197  
Fax: (301) 443-0248  
Email: [HLopez@hrsa.gov](mailto:HLopez@hrsa.gov)

**For Disadvantaged Populations:**

Henry Lopez  
Director, Office of Special Population Health  
Bureau of Primary Health Care, HRSA  
Parklawn Building, Mail Stop 16-105  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-1197  
Fax: (301) 443-0248  
Email: [HLopez@hrsa.gov](mailto:HLopez@hrsa.gov)

**For Capital Financing:**

Lisa Wald  
Office of Training and Technical Assistance Coordination (OTTAC)  
Bureau of Primary Health Care, HRSA  
Parklawn Building, Room, Mail Stop 6-57

5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-9458  
Fax: (301) 480-7225  
Email: [lwald@hrsa.gov](mailto:lwald@hrsa.gov)

**For Underserved Communities and Vulnerable Populations:**

Lisa Wald  
OTTAC  
Bureau of Primary Health Care, HRSA  
Parklawn Building, Room, Mail Stop 6-57  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-9458  
Fax: (301) 480-7225  
Email: [lwald@hrsa.gov](mailto:lwald@hrsa.gov)

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

Denise Nguyen  
Health Resources and Services Administration  
Bureau of Primary Health Care  
Office of Policy and Program Development  
5600 Fishers Lane, Mail Stop 17C-26  
Rockville, MD 20857  
Telephone: (301) 594-4300  
Fax: (301) 594-4997  
Email: [bphcnca@hrsa.gov](mailto:bphcnca@hrsa.gov)

## VIII. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.

## IX. Other Information

Please refer to the Appendices for additional guidance on the development and submission of the Project Work Plan, Performance Measures Plan, and Core Functions Examples of NCA T/TA activities.

## APPENDIX A: Program Specific Form Instructions

The Bureau of Primary Health Care (BPHC) Program-Specific forms **MUST BE** completed electronically in the EHBs. Detailed instructions and technical assistance for the electronic submission of the program specific forms, is available to all applicants at <http://www.hrsa.gov/grants/apply/assistance/nca>. Please note that only these forms which are available via the online application, approved by the U.S. Office of Management and Budget, shall be submitted with the application.

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

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

### ***Section 1: Applicant Information***

Complete all relevant information that is not automatically pre-populated.

- **FORM 12: Organization Contacts:** This form captures the points of contacts within the organization to allow for communication to be initiated when required. Please provide appropriate salutation and highest degree earned (e.g., MSW, MPH, Ph.D., MD) for each contact.
- **PROJECT WORK PLAN FORM:** The Project Work Plan outlines the goals and objectives related NCA project. The work plan goals and objectives are expected to be specific to the training and technical assistance activities identified in the application. **Please review Appendix B for detailed guidance on completing the Project Work Plan Form.**
- **PERFORMANCE MEASURES FORM:** The Performance Measures outline the goals and related performance measures to be accomplished during the project period. The goals and performance measures should be responsive to providing training and technical assistance (T/TA) to specified target audiences with the goal of assisting potential and existing health centers to meet program requirements, improve performance, and support program development and analysis. The Performance Measures Form reflects the cumulative performance goals of the overall organization. **Please review Appendix C for detailed guidance on completing the Performance Measures Form.**

## **APPENDIX B: INSTRUCTIONS FOR THE PROJECT WORK PLAN**

### **Overview**

As described in Section 330(l), the recipient organization is expected to use NCA funds to provide training and technical assistance (T/TA) related to supporting potential and existing health centers in the following core function areas:

1. Fiscal and Program Management (Program Requirements)
2. Operational and Administrative Support (Performance Improvement)
3. Program Development/Analysis

The applicant should outline specific T/TA activities under each core function. These activities must assist potential and existing health centers to meet program requirements, improve performance, and support program development and analysis. The extent and type of activities under each core function should depend on demonstrated health center needs and HRSA/BPHC/national priorities. A work plan can serve as a useful management tool in doing this. The intent of a work plan is to answer the following key questions:

- What are you trying to do to address the issue or problem?
- What activities will you design and how will they be implemented?
- What are the expected outcomes/deliverables?
- Who will do what?
- What additional resources and staffing will you need?
- How long will it take?

This Appendix was created to provide guidance in the work plan development process. The components of a work plan include:

- Project Goals
- Project Objectives
- Activities
- Expected Outcomes
- Data, Evaluation, Measurements
- Person/Area Responsible
- Time Frames
- Comments (optional)

## PROJECT WORK PLAN – KEY COMPONENTS

**Project Goals:** The project goals should describe what the project hopes to accomplish, who will be affected, and what changes it expects to produce. Unlike project objectives, project goals are typically broad statements that provide overall direction for the project. Project goals should include two basic pieces of information: who will be affected and what will change as a result of the project. For example, “Strengthen and enhance the health center’s (who) ability to provide access to high quality primary care services (what).”

**Project Objectives:** An objective is a specific and measurable condition that must be attained to accomplish a particular goal. Effective objectives clearly state the outcome to be achieved (“what”), the time frame for achieving it (“when”), the criterion for deciding whether the outcome has been achieved (“how much”), and the priority population served (“who”). Project objectives need to be specific; objectives that are too broad may not provide enough guidance. Examples of project objectives include:

- By the end of the year (when), at least 70% (how much) of health centers (who) will have a recruitment and retention workforce plan (what) developed to ensure well-run health centers.
- Within the first year (when), 80% (how much) of the health centers (who) will have a performance improvement plan in place (what).
- In the first six months of the project (when), we will have identified all (how much) financially struggling health centers (who) at risk (what).

**Activities:** Major activities that must occur to accomplish an objective – critical actions that must be taken to attain the measurable outcome or end result.

**Expected Outcomes:** This section captures what you anticipate will happen as a result of the project’s activities, the quantifiable results. It should describe what you hope to accomplish, such as the number of health centers you will train, survey, etc.

**Data, Evaluation, Measurements:** Source of data, evaluation methods, or measurement you will use to evaluate progress towards an objective. Measures should be based on valid and reliable data.

**Person Responsible and Time frames:** The work plan also includes sections for identifying who will be responsible and accountable for carrying out the specific activities and the expected time frame for doing so. Try to be realistic about how long activities will take, so expectations are reasonable.

**Comments (optional):** Indicate supplementary information for related entries in the plan.

## PROJECT WORK PLAN FORM

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  PROJECT WORK PLAN				<b>FOR HRSA USE ONLY</b>		
				Application Tracking Number		
<b>Section A – Training and Assistance in Fiscal and Program Management (Program Requirements).</b>						
<b>Target Audience</b>			Health Centers Serving Special Populations			
<b>Goal A1:</b> Provide national, state and local-level training to health centers and other safety net programs on the unique features of special populations and the programs that serve them.						
<b>Objective</b>	<b>Activity</b>	<b>Expected Outcome</b>	<b>Data evaluation and Measurement</b>	<b>Person /Area Responsible</b>	<b>Time Frame (Maximum 500 characters)</b>	<b>Comment(s) (Maximum 500 characters)</b>
A1.1						
<b>Goal A2:</b> Provide assistance to special population grantees on how to maximize special population consumer involvement in health center governance.						
<b>Objective</b>	<b>Activity</b>	<b>Expected Outcome</b>	<b>Data evaluation and Measurement</b>	<b>Person /Area Responsible</b>	<b>Time Frame (Maximum 500 characters)</b>	<b>Comment(s) (Maximum 500 characters)</b>
A2.1						

<b>Goal A3:</b> Provide leadership for the integration of special population health centers into statewide and community preparedness and response plans and provide direct assistance to centers in the area of emergency preparedness planning.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A3.1						
<b>Goal A4:</b> Assist newly-funded special population grantees through providing peer-to-peer matching and information exchange.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A4.1						
<b>Goal A5:</b> Develop and implement a workforce training/technical assistance plan to support special population health center recruitment and retention efforts, including strategies focused on health center managers, providers/staff, and board members.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A5.1						
<b>Section B – Operational and Administrative Support (Performance Improvement)</b>						
<b>Target Audience</b>		Health Centers Serving Special Populations				

<b>Goal B1:</b> Assist in the development of innovative models of care for the target population (e.g. training, development and technology transfer of models that work).						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B1.1						
<b>Goal B2:</b> Identify special population health center clinical quality and performance improvement activities, and disseminate this information to HRSA-supported special population health centers.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B2.1.						
<b>Goal B3:</b> Develop and implement a training/technical assistance plan to support health center providers in achieving national meaningful use standards, including assessing health centers' current readiness to achieve meaningful use.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B3.1						
<b>Goal B4:</b> Develop and implement a training/technical assistance plan to support health centers in becoming nationally recognized patient-centered medical/ health homes, assessing health centers' current readiness to become patient centered medical/health homes.						

Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B4.1						
<b>Goal B5:</b> Develop and implement a training/technical assistance plan to support health center outreach and enrollment for special populations.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B5.1						
<b>Section C - Program Development/Analysis</b>						
<b>Target Audience</b>		Health Centers Serving Special Populations				
<b>Goal C1:</b> Develop and distribute information on health center funding and other opportunities to maximize access to resources for special populations, including: Medicaid, other state and national funding, and foundation and private funding.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C1.1						

<b>Goal C2:</b> Support community development and expansion planning activities to expand access to comprehensive, culturally competent, quality primary health care services for special populations.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C2.1						
<b>Goal C3:</b> Prepare, develop and distribute information (publications, issue briefs, etc) on emerging primary care issues affecting special populations						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C3.1						
<b>Goal C4:</b> Prepare and distribute training materials, monographs, etc., and conduct training workshops on selected administrative, financial and clinical topics that are unique to special population programs.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C4.1						

**Section A – Training and Assistance in Fiscal and Program Management (Program Requirements).**

Target Audience		Health Centers Serving Children in Schools				
<b>Goal A1:</b> Provide national, state and local-level training to school-based health centers and other safety net programs on the unique features of programs providing care to school-aged children.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A1.1						
<b>Goal A2:</b> Provide leadership for the integration of school-based health centers into statewide and community preparedness and response plans and provide direct assistance to centers in the area of emergency preparedness planning.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A2.1						
<b>Goal A3:</b> Assist newly-funded school-based health center grantees through providing peer-to-peer matching and information exchange.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A3.1						
<b>Goal A4:</b> Develop and implement a workforce training/technical assistance plan to support school-based health center recruitment and retention efforts.						

Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A4.1						
<b>Section B – Operational and Administrative Support (Performance Improvement)</b>						
<b>Target Audience</b>		Health Centers Serving Children in Schools				
<b>Goal B1:</b> Assist in the development of innovative models of care for the target population (e.g. training, development and technology transfer of models that work)						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B1.1						
<b>Goal B2:</b> Identify school-based health center clinical quality and performance improvement activities, and disseminate this information to HRSA-supported school-based health centers.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B2.1.						
<b>Goal B3:</b> Develop and implement a training/technical assistance plan to support school-based health center providers in achieving national meaningful use standards, including assessing health centers' current readiness to achieve meaningful use.						

Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B3.1						
<b>Goal B4:</b> Develop and implement a training/technical assistance plan to support school-based health centers in becoming nationally recognized patient-centered medical/health homes, assessing health centers' current readiness to become patient centered medical/health homes.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B4.1						
<b>Goal B5:</b> Develop and implement a training/technical assistance plan to support school-based health center outreach and enrollment for school-aged children.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B5.1						
<b>Section C - Program Development/Analysis</b>						
<b>Target Audience</b>		Health Centers Serving Children in Schools				

<b>Goal C1:</b> Develop and distribute information on school-based health center funding and other opportunities to maximize access to resources for special populations, including: Medicaid, other state and national funding, and foundation and private funding.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C1.1						
<b>Goal C2:</b> Support community development and expansion planning activities to expand access to comprehensive, culturally competent, quality primary health care services for school-aged children.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C2.1						
<b>Goal C3:</b> Prepare, develop and distribute information (publications, issue briefs, etc) on emerging primary care issues affecting school-based health centers.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C3.1						
<b>Goal C4:</b> Prepare and distribute training materials, monographs, etc., and conduct training workshops on selected administrative, financial and clinical topics that are unique to school-based health center programs.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)

			<b>Measurement</b>		<b>characters)</b>	<b>characters)</b>
C4.1						

<b>Section A – Training and Assistance in Fiscal and Program Management (Program Requirements).</b>						
<b>Target Audience</b>		Health Centers Serving Disadvantaged Populations				
<b>Goal A1:</b> Provide national, state and local-level training to health centers and other safety net programs on the unique features of disadvantaged populations and the programs that serve them.						
<b>Objective</b>	<b>Activity</b>	<b>Expected Outcome</b>	<b>Data evaluation and Measurement</b>	<b>Person /Area Responsible</b>	<b>Time Frame (Maximum 500 characters)</b>	<b>Comment(s) (Maximum 500 characters)</b>
A1.1						
<b>Goal A2:</b> Provide assistance to health center grantees on how to maximize disadvantaged consumer involvement in health center governance.						
<b>Objective</b>	<b>Activity</b>	<b>Expected Outcome</b>	<b>Data evaluation and Measurement</b>	<b>Person /Area Responsible</b>	<b>Time Frame (Maximum 500 characters)</b>	<b>Comment(s) (Maximum 500 characters)</b>
A2.1						

<b>Goal A3:</b> Provide leadership for the integration of disadvantaged populations into statewide and community preparedness and response plans and provide direct assistance to centers in the area of emergency preparedness planning.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A3.1						
<b>Goal A4:</b> Develop and implement a workforce training/technical assistance plan to support health center recruitment and retention efforts, particularly for providing services to disadvantaged populations.						
Objective(s)	Activity/Activities	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Time Frame(s)	Comment(s) (Maximum 500 characters)
A4.1						
<b>Section B – Operational and Administrative Support (Performance Improvement)</b>						
<b>Target Audience</b>		Health Centers Serving Disadvantaged Populations				
<b>Goal B1:</b> Assist in the development of innovative models of care for the target population (e.g. training, development and technology transfer of models that work)						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B1.1						
<b>Goal B2:</b> Identify successful disadvantaged population health center clinical quality and performance improvement activities, and disseminate this information to HRSA-supported health centers.						

Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B2.1.						
<b>Goal B3:</b> Develop and implement a training/technical assistance plan to support health center outreach and enrollment for disadvantaged populations.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B3.1						
<b>Section C - Program Development/Analysis</b>						
<b>Target Audience</b>		Health Centers Serving Disadvantaged Populations				
<b>Goal C1:</b> Develop and distribute information on health center funding and other opportunities to maximize access to resources for disadvantaged populations, including: Medicaid, other state and national funding, and foundation and private funding.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C1.1						
<b>Goal C2:</b> Support community development and expansion planning activities to expand access to comprehensive, culturally competent, quality primary health care services for disadvantaged populations.						

Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C2.1						
<b>Goal C3:</b> Prepare, develop and distribute information (publications, issue briefs, etc) on emerging primary care issues affecting disadvantaged populations.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C3.1						
<b>Goal C4:</b> Prepare and distribute training materials, monographs, etc., and conduct training workshops on selected administrative, financial and clinical topics that are unique to disadvantaged population programs.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C4.1						

<b>Section A – Training and Assistance in Fiscal and Program Management (Program Requirements).</b>						
<b>Target Audience</b>		Health Centers Seeking Capital Financing				
<b>Goal A1:</b> Provide national, state and local-level training to health centers and other safety net programs on the unique features of capital construction and renovation projects.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A1.1						
<b>Goal A2:</b> Develop and implement a workforce training/technical assistance plan to support health center recruitment and retention efforts for capital projects.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A2.1						
<b>Section B – Operational and Administrative Support (Performance Improvement)</b>						
<b>Target Audience</b>		Health Centers Seeking Capital Financing				

<b>Goal B1:</b> Assist in the development of innovative models of health center capital development projects (e.g. training, development and technology transfer of models that work)						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B1.1						
<b>Goal B2:</b> Identify successful health center capital projects and disseminate this information to HRSA-supported health centers.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B2.1.						
<b>Section C - Program Development/Analysis</b>						
<b>Target Audience</b>		Health Centers Seeking Capital Financing				
<b>Goal C1:</b> Develop and distribute information on health center capital funding and other opportunities to maximize access to resources, including: other state and national funding, and foundation and private funding.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C1.1						

<b>Goal C2:</b> Support capital development and expansion planning activities to expand access to comprehensive, culturally competent, quality primary health care services for underserved populations.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C2.1						
<b>Goal C3:</b> Prepare, develop and distribute information (publications, issue briefs, etc) on emerging capital development issues affecting health centers.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C3.1						
<b>Goal C4:</b> Prepare and distribute training materials, monographs, etc., and conduct training workshops on selected administrative, financial and clinical topics that are unique to capital development projects.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C4.1						

**Section A – Training and Assistance in Fiscal and Program Management (Program Requirements).**

**Target Audience**

Health Centers Serving Underserved Communities and Vulnerable Populations

**Goal A1:** Provide national, state and local-level training to health centers and other safety net programs on the unique features of underserved and vulnerable populations and the programs that serve them.

Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A1.1						

**Goal A2:** Provide training and/or assistance in developing appropriate sliding fees scales, financial eligibility systems and the out-stationing of eligibility workers in health centers.

Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A2.1						

**Goal A3:** Provide training and/or assistance in the development and implementation of quality improvement/quality assurance systems in health centers, including appropriate risk management, medical malpractice, patient satisfaction and quality of care reporting.

Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A3.1						

<b>Goal A4:</b> Provide training and/or assistance on risk management, Federal Tort Claims Act (FTCA), credentialing, etc						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A4.1						
<b>Goal A5:</b> Provide training and/or assistance on health center organizational requirements including management staffing, conflict of interest policies, internal controls, and affiliation agreements.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A5.1						
<b>Goal A6:</b> Provide training and/or assistance on fiscal operations/systems such as billing systems, coding, Medicare and Medicaid, cost reports, budget tracking, financial reports, and financial audits.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A6.1						
<b>Goal A7:</b> Provide training and/or assistance for health center grantees on Uniform Data System reporting and on reporting clinical and financial performance measures.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A7.1						

<b>Goal A8:</b> Provide training and/or assistance on governance requirements for health centers, including board responsibilities, board recruitment, board training, and evaluation tools.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A8.1						
<b>Goal A9 :</b> Provide training and/or assistance for health center boards on developing committees and health center policies, including personnel, health care, fiscal, quality improvement/assurance, medical risk management, emergency preparedness, etc.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A9.1						
<b>Goal A10:</b> Provide assistance to health center grantees on how to maximize underserved and vulnerable population consumer involvement in health center governance.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A10.1						
<b>Goal A11:</b> Provide leadership for the integration of health centers into statewide and community preparedness and response plans and provide direct assistance to centers in the area of emergency preparedness planning.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
A11.1						

<b>Goal A12 : Assist newly-funded health center grantees through providing peer-to-peer matching and information exchange</b>						
<b>Objective</b>	<b>Activity</b>	<b>Expected Outcome</b>	<b>Data evaluation and Measurement</b>	<b>Person /Area Responsible</b>	<b>Time Frame (Maximum 500 characters)</b>	<b>Comment(s) (Maximum 500 characters)</b>
A12.1						
<b>Goal A13: Develop and implement a workforce training/technical assistance plan to support health center recruitment and retention efforts, including strategies focused on health center managers, providers/staff, and board members.</b>						
<b>Objective</b>	<b>Activity</b>	<b>Expected Outcome</b>	<b>Data evaluation and Measurement</b>	<b>Person /Area Responsible</b>	<b>Time Frame (Maximum 500 characters)</b>	<b>Comment(s) (Maximum 500 characters)</b>
A13.1						
<b>Section B – Operational and Administrative Support (Performance Improvement)</b>						
<b>Target Audience</b>		Health Centers Serving Underserved Communities and Vulnerable Populations				

<b>Goal B1:</b> Assist in the development of innovative models of care for the underserved and vulnerable populations (e.g. training, development and technology transfer of models that work)						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B1.1						
<b>Goal B2:</b> Identify successful health center clinical quality and performance improvement activities, and disseminate this information to HRSA-supported health centers.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B2.1.						
<b>Goal B3:</b> Foster linkages between health centers and academic training institutions, developing primary care training opportunities for students, etc.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B3.1						
<b>Goal B4:</b> Assist in the coordination of prevention activities among health centers and other entities (e.g., National organizations).						

Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B4.1						
<b>Goal B5:</b> Develop and implement a training/technical assistance plan to support health center providers in achieving national meaningful use standards, including assessing health centers' current readiness to achieve meaningful use.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B5.1						
<b>Goal B6:</b> Develop and implement a training/technical assistance plan to support health centers in becoming nationally recognized patient-centered medical/ health homes, assessing health centers' current readiness to become patient centered medical/health homes						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B6.1						
<b>Goal B7:</b> Provide mechanisms/tools/mentoring programs to assist grantees to prepare for accreditation.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)

B7.1						
<b>Goal B8:</b> Provide T/TA on business case re-design to help increase efficiencies of health center operations and enhance provider-patient time.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B8.1						
<b>Goal B9:</b> Develop and implement a training/technical assistance plan to support health center outreach and enrollment for underserved and vulnerable populations.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
B9.1						
<b>Section C - Program Development/Analysis</b>						
<b>Target Audience</b>		Health Centers Serving Underserved Communities and Vulnerable Populations				
<b>Goal C1:</b> Develop and distribute information on health center funding and other opportunities (e.g., National Health Service Corps (NHSC) and State Loan Repayment) to maximize access to resources for underserved and vulnerable populations, including: Medicaid, other state and national funding, and foundation and private funding.						
Objective	Activity	Expected Outcome	Data evaluation and	Person /Area Responsible	Time Frame (Maximum 500	Comment(s) (Maximum 500

			<b>Measurement</b>		<b>characters)</b>	<b>characters)</b>
C1.1						
<b>Goal C2:</b> Support community development and expansion planning activities to expand access to comprehensive, culturally competent, quality primary health care services for underserved and vulnerable populations.						
<b>Objective</b>	<b>Activity</b>	<b>Expected Outcome</b>	<b>Data evaluation and Measurement</b>	<b>Person /Area Responsible</b>	<b>Time Frame (Maximum 500 characters)</b>	<b>Comment(s) (Maximum 500 characters)</b>
C2.1						
<b>Goal C3:</b> Provide training and/or assistance with community/service area need assessments, including Medically Underserved Area (MUA)/Medically Underserved Population (MUP) designations for potential and existing health centers.						
<b>Objective</b>	<b>Activity</b>	<b>Expected Outcome</b>	<b>Data evaluation and Measurement</b>	<b>Person /Area Responsible</b>	<b>Time Frame (Maximum 500 characters)</b>	<b>Comment(s) (Maximum 500 characters)</b>
C3.1						
<b>Goal C4:</b> Provide training and/or assistance with developing primary health care delivery systems that effectively address the needs of the populations to be served, including special populations for potential and existing health centers.						
<b>Objective</b>	<b>Activity</b>	<b>Expected Outcome</b>	<b>Data evaluation and Measurement</b>	<b>Person /Area Responsible</b>	<b>Time Frame (Maximum 500 characters)</b>	<b>Comment(s) (Maximum 500 characters)</b>
C4.1						
<b>Goal C5:</b> Provide T/TA to existing grantees to increase their readiness to expand services, consistent with the documented need and						

marketplace forces.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C5.1						
<b>Goal C6:</b> Prepare, develop and distribute information (publications, issue briefs, etc) on emerging primary care issues affecting health centers serving underserved communities and vulnerable populations.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C6.1						
<b>Goal C7:</b> Prepare and distribute training materials, monographs, etc., and conduct training workshops on selected administrative, financial and clinical topics that are unique to underserved and vulnerable population programs.						
Objective	Activity	Expected Outcome	Data evaluation and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
C7.1						

## **APPENDIX C: INSTRUCTIONS FOR THE PERFORMANCE MEASURES**

The Performance Measures outline the goals and related performance measures to be accomplished during the project period. The goals and performance measures should be responsive to providing training and technical assistance (T/TA) to specified target audiences with the goal of assisting potential and existing health centers to meet program requirements, improve performance, and support program development and analysis. The Performance Measures Form reflects the cumulative performance goals of the overall organization.

### **Important Details About the Performance Measures**

- All applicants **must include** one or more of the following target audiences in their T/TA efforts: (i.e., Health Centers Serving Special Populations, Health Centers Serving Children in Schools, Health Centers Serving Disadvantaged Populations, Health Centers Seeking Capital Financing, and Health Centers Serving Underserved Communities and Vulnerable Populations).
- HRSA expects that applicants for NCA funds will propose activities that are in support of each required core functions outlined in this Funding Opportunity Announcement. The extent and type of activities in a functional area will depend on the demonstrated health center needs and HRSA priorities.
- Applicants should note that each performance measure has a corresponding comment text box that can be used to provide information about the individual measure. The comment boxes have a 1000 character limit. Applicants are encouraged to include any information about a performance measure that exceeds the 1000 character limit in the Evaluative Measures section of the Program Narrative.
- Applicants may wish to consider how improvements to their past performance can be used to establish other performance measures.
- Competing continuation applicants should use their most recent performance scores from HRSA's national grantee satisfaction survey as their baseline. New organizations, in the absence of performance scores, should develop their own baseline. In developing the baseline, all organizations should use past performance/accomplishments and the lessons learned over the past two to three years to demonstrate how they will evaluate the NCA T/TA activities.

### **CORE FUNCTIONS**

As described in Section 330(l) of the PHS Act, as amended, cooperative agreement organizations may use training and technical assistance funds to support the following core functions related to supporting potential and existing health centers:

1. Training and Assistance in Fiscal and Program Management (Program Requirements)
2. Operational and Administrative Support (Performance Improvement)
3. Provision of information regarding resources available under Section 330 and how they can be best used to meet the health needs of the communities served by potential and existing health centers (Program Development/ Analysis)

Applicants are expected to address each core function area (including required NCA T/TA activities identified by target audience in Appendix D) as well as any other T/TA needs of their target audiences as identified in the application narrative.

## **REQUIRED NATIONAL PERFORMANCE MEASURES**

- **Performance Measure 1:** Overall T/TA Grantee Satisfaction
- **Performance Measure 2:** Helpfulness of NCA T/TA services in assisting Health Centers to successfully meet Health Center Program requirements.
- **Performance Measure 3:** Helpfulness of NCA T/TA services in enhancing the performance and operations of Health Centers.
- **Performance Measure 4:** Helpfulness of NCA T/TA services in supporting the Program Development/Analysis of Health Centers.

## **OTHER PERFORMANCE MEASURES**

In addition to providing the HRSA required performance measures for the key activities outlined above, applicants are encouraged to add other unique T/TA performance measures from their Need section of the Program Narrative to the Performance Measures Form. This may include the applicant's capacity to continually assess the T/TA needs of health centers and unmet needs for primary care, as well as an analysis of the health policy and marketplace conditions in the Nation.

### **Overview of the Fields of the Performance Measures Form**

<b>Field Name</b>	<b>Is this Field Pre-Populated?</b>	<b>Can I Edit this Field?</b>	<b>Notes</b>
<b>Core Function</b>	YES	NO	The system <i>will not allow</i> applicants to edit information in this field. (Section 330(1) of the Public Health Service (PHS) Act)
<b>Performance Measure</b>	NO	YES	Applicants will have to fill in this field. <i>Applicants must address the four <b>required</b> national Performance Measures based on HRSA priorities.</i>  <i>Applicants are encouraged to add other unique T/TA performance measures from their Need section of the Program Narrative to the Performance Measures Form. This may include the applicant's capacity to continually assess the T/TA needs of health centers and unmet needs for primary care, as well as an analysis of the health policy and marketplace conditions in the Nation.</i>
<b>Target Goal Description</b>	NO	YES	Applicants will have to fill in this field.  The Target Goal Description field provides detailed information regarding the target goals for the potential and existing health centers.
<b>Numerator Description</b>	NO	YES	Applicants will have to fill in this field.
<b>Denominator Description</b>	NO	YES	Applicants will have to fill in this field.

<b>Baseline Data</b>			
<u>Baseline Year</u>	NO	YES	Applicants will have to fill in this field.  <i>This field contains four subfields that provide information regarding an applicant's initial threshold that is used to measure progress changes over the course of the project period.</i>
<u>Measure Type</u>	NO	YES	
<u>Numerator</u>	NO	YES	
<u>Denominator</u>	NO	YES	
<b>Projected Data</b>	NO	YES	The system will allow applicants to edit information in the projected data field.
<b>Data Source and Methodology</b>	NO	YES	Applicants will have to fill in this field.  <i>This field is an open text field that allows all applicants to provide information regarding the data sources used to develop their performance measures. All applicants are required to cite their data sources and to discuss the methodology used to collect data for their performance measures. Specifically, the source of performance measure data and method of collection and analysis (e.g., electronic health records, disease registries, chart audits/sampling, etc.) should be noted by the applicant. Data used by applicants should be valid and reliable and derived from currently established management information systems, whenever possible.</i>
<b>Key Factors and Major Planned Actions</b>	NO	YES	Applicants will have to fill in this field. This field has a 1,000 character limit.  <i>This is an open text field for applicants to provide information regarding planned strategic actions that address individual key factors. This field provides a brief description of the key factors that may positively impact (contributing) or negatively impact (restricting) the applicant's progress on each of the performance measures.</i>
Key Factor Description	NO	YES	
Major Planned Action Description	NO	YES	
<b>Comments</b>	NO	YES	Applicants will have to fill in this field. This field has a 1,000 character limit.  <i>This is an open text field whereby all applicants can enter supplementary information, notes, etc. All applicants should use the Evaluative Measures section of the Program Narrative to include any information that exceeds the character limit.</i>

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>PERFORMANCE MEASURES</b>	<b>FOR HRSA USE ONLY</b>		
	Grant Number	Application Tracking Number	
	Project Period Date		
<b>Core Function: National Grantee Satisfaction</b>			
<b>Performance Measure:</b>			
Target Goal Description			
Numerator Description			
Denominator Description			
Baseline Data	<b>Baseline Year:</b> <b>Measure Type:</b> <b>Numerator:</b> <b>Denominator:</b>	Projected Data (by End of Project Period)	
Data Source & Methodology			
Key Factor and Major Planned Action #1	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b>  <b>Major Planned Action Description:</b>		
Key Factor and Major Planned Action #2	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b>  <b>Major Planned Action Description:</b>		
Key Factor and Major Planned Action #3	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b>  <b>Major Planned Action Description:</b>		
Comments			

Core Function: Program Requirements T/TA.			
Performance Measure:			
Target Goal Description			
Numerator Description			
Denominator Description			
Baseline Data		Baseline Year: Measure Type: Numerator: Denominator:	Projected Data (by End of Project Period)
Data Source & Methodology			
Key Factor and Major Planned Action #1		Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #2		Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #3		Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable Key Factor Description: Major Planned Action Description:	
Comments			

<b>Core Function: Performance Improvement T/TA.</b>			
<b>Performance Measure:</b>			
Target Goal Description			
Numerator Description			
Denominator Description			
Baseline Data		Baseline Year: Measure Type: Numerator: Denominator:	Projected Data (by End of Project Period)
Data Source & Methodology			
Key Factor and Major Planned Action #1		Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  Key Factor Description:  Major Planned Action Description:	
Key Factor and Major Planned Action #2		Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  Key Factor Description:  Major Planned Action Description:	
Key Factor and Major Planned Action #3		Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  Key Factor Description:  Major Planned Action Description:	
Comments			

<b>Core Function: Program Development/Analysis T/TA</b>			
<b>Performance Measure:</b>			
Target Goal Description			
Numerator Description			
Denominator Description			
Baseline Data	<b>Baseline Year:</b>	Projected Data (by	
	<b>Measure Type:</b>	End of Project	

	<b>Numerator:</b>	Period)	
	<b>Denominator:</b>		
Data Source & Methodology			
Key Factor and Major Planned Action #1	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>		
Key Factor and Major Planned Action #2	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>		
Key Factor and Major Planned Action #3	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>		
Comments			

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

## APPENDIX D: REQUIRED NCA T/TA ACTIVITIES BY TARGET AUDIENCE

Specific HRSA T/TA priority activities for each respective target audience are provided below. Applicants may identify additional activities beyond those identified below but these activities must be addressed. HRSA expects that applicants for NCA funds will propose activities that are in support of all of the core functions outlined in this Funding Opportunity Announcement. The extent and type of activities in a functional area will depend on the demonstrated health center needs and HRSA priorities.

### 1. HEALTH CENTERS SERVING SPECIAL POPULATIONS (Applicable to Migrant, Homeless, Public Housing, and Other Special Populations)

The purpose of the Special Populations cooperative agreement is to provide specialized T/TA to health centers serving migrant and seasonal farmworkers, homeless individuals, and residents of public housing. HRSA intends to select at least one applicant to provide T/TA in the following three areas:

- Health centers serving migrant and seasonal farmworker populations;
- Health centers serving homeless populations; and
- Health centers serving residents of public housing.

#### **I. Training and Assistance in Fiscal and Program Management (Program Requirements)**

- Provide national, state and local-level training to health centers and other safety net programs on the unique features of special populations and the programs that serve them.
- Provide assistance to special population grantees on how to maximize special population consumer involvement in health center governance.
- Provide leadership for the integration of special population health centers into statewide and community preparedness and response plans and provide direct assistance to centers in the area of emergency preparedness planning.
- Assist newly-funded special population grantees through providing peer-to-peer matching and information exchange.
- Develop and implement a workforce training/technical assistance plan to support special population health center recruitment and retention efforts, including strategies focused on health center managers, providers/staff, and board members.

#### **II. Operational and Administrative Support (Performance Improvement)**

- Assist in the development of innovative models of care for the target population (e.g. training, development and technology transfer of models that work).
- Identify successful special population health center clinical quality and performance improvement activities, and disseminate this information to HRSA-supported special population health centers.

- Develop and implement a training/technical assistance plan to support health center providers in achieving national meaningful use standards, including assessing health centers' current readiness to achieve meaningful use.
- Develop and implement a training/technical assistance plan to support health centers in becoming nationally recognized patient-centered medical/ health homes, assessing health centers' current readiness to become patient centered medical/health homes.
- Develop and implement a training/technical assistance plan to support health center outreach and enrollment for special populations.

### **III. Program Development/Analysis**

- Develop and distribute information on health center funding and other opportunities to maximize access to resources for special populations, including: Medicaid, other state and national funding, and foundation and private funding.
- Support community development and expansion planning activities to expand access to comprehensive, culturally competent, quality primary health care services for special populations.
- Prepare, develop and distribute information (publications, issue briefs, etc) on emerging primary care issues affecting special populations.
- Prepare and distribute training materials, monographs, etc., and conduct training workshops on selected administrative, financial and clinical topics that are unique to special population programs.

## **2. HEALTH CENTERS SERVING CHILDREN IN SCHOOLS**

The purpose of the Children in Schools cooperative agreement is to provide specialized T/TA to School Based Health Centers (SBHCs) serving children in schools.

### **I. Training and Assistance in Fiscal and Program Management (Program Requirements)**

- Provide national, state and local-level training to SBHCs and other safety net programs on the unique features of programs providing care to school-aged children.
- Provide leadership for the integration of SBHCs into statewide and community preparedness and response plans and provide direct assistance to centers in the area of emergency preparedness planning.
- Assist newly-funded SBHC grantees through providing peer-to-peer matching and information exchange.
- Develop and implement a workforce training/technical assistance plan to support SBHC recruitment and retention efforts.

### **II. Operational and Administrative Support (Performance Improvement)**

- Assist in the development of innovative models of care for the target population (e.g. training, development and technology transfer of models that work).
- Identify SBHC clinical quality and performance improvement activities, and disseminate this information to HRSA-supported SBHCs.

- Develop and implement a training/technical assistance plan to support SBHC providers in achieving national meaningful use standards, including assessing health centers' current readiness to achieve meaningful use.
- Develop and implement a training/technical assistance plan to support SBHCs in becoming nationally recognized patient-centered medical/health homes, assessing health centers' current readiness to become patient centered medical/health homes.
- Develop and implement a training/technical assistance plan to support SBHC outreach and enrollment for school-aged children.

### **III. Program Development/Analysis**

- Develop and distribute information on SBHC funding and other opportunities to maximize access to resources for special populations, including: Medicaid, other state and national funding, and foundation and private funding.
- Support community development and expansion planning activities to expand access to comprehensive, culturally competent, quality primary health care services for school-aged children.
- Prepare, develop and distribute information (publications, issue briefs, etc) on emerging primary care issues affecting SBHCs.
- Prepare and distribute training materials, monographs, etc., and conduct training workshops on selected administrative, financial and clinical topics that are unique to SBHC programs.

### **3. HEALTH CENTERS SERVING DISADVANTAGED POPULATIONS**

The purpose of the Disadvantaged Populations cooperative agreement is to provide specialized T/TA to health centers serving disadvantaged populations (e.g., rural populations) and health centers serving minority populations (e.g., Asian American/Pacific Islanders, Native Americans, African Americans, elderly).

#### **I. Training and Assistance in Fiscal and Program Management (Program Requirements)**

- Provide national, state and local-level training to health centers and other safety net programs on the unique features of disadvantaged populations and the programs that serve them.
- Provide assistance to health center grantees on how to maximize disadvantaged consumer involvement in health center governance.
- Provide leadership for the integration of disadvantaged populations into statewide and community preparedness and response plans and provide direct assistance to centers in the area of emergency preparedness planning.
- Develop and implement a workforce training/technical assistance plan to support health center recruitment and retention efforts, particularly for providing services to disadvantaged populations.

#### **II. Operational and Administrative Support (Performance Improvement)**

- Assist in the development of innovative models of care for the target population (e.g. training, development and technology transfer of models that work).

- Identify successful disadvantaged population health center clinical quality and performance improvement activities, and disseminate this information to HRSA-supported health centers.
- Develop and implement a training/technical assistance plan to support health center outreach and enrollment for disadvantaged populations.

### **III. Program Development/Analysis**

- Develop and distribute information on health center funding and other opportunities to maximize access to resources for disadvantaged populations, including: Medicaid, other state and national funding, and foundation and private funding.
- Support community development and expansion planning activities to expand access to comprehensive, culturally competent, quality primary health care services for disadvantaged populations.
- Prepare, develop and distribute information (publications, issue briefs, etc) on emerging primary care issues affecting disadvantaged populations.
- Prepare and distribute training materials, monographs, and conduct training workshops on selected administrative, financial and clinical topics that are unique to disadvantaged population programs.

## **4. HEALTH CENTERS SEEKING CAPITAL FINANCING**

The purpose of the Capital Financing cooperative agreement is to provide health centers with specialized T/TA regarding the development and financing of capital projects. **HRSA will not consider applications from organizations that plan to function as Community Development Entities that provide New Market Tax Credit program financing to Section 330 funded health centers.**

### **I. Training and Assistance in Fiscal and Program Management (Program Requirements)**

- Provide national, state and local-level training to health centers and other safety net programs on the unique features of capital construction and renovation projects.
- Develop and implement a workforce training/technical assistance plan to support health center recruitment and retention efforts for capital projects.

### **II. Operational and Administrative Support (Performance Improvement)**

- Assist in the development of innovative models of health center capital development projects (e.g. training, development and technology transfer of models that work).
- Identify successful health center capital projects and disseminate this information to HRSA-supported health centers.

### **III. Program Development/Analysis**

- Develop and distribute information on health center capital funding and other opportunities to maximize access to resources, including: other state and national funding, and foundation and private funding.

- Support capital development and expansion planning activities to expand access to comprehensive, culturally competent, quality primary health care services for underserved populations.
- Prepare, develop and distribute information (publications, issue briefs, etc) on emerging capital development issues affecting health centers.
- Prepare and distribute training materials, monographs, etc., and conduct training workshops on selected administrative, financial and clinical topics that are unique to capital development projects.

## 5. HEALTH CENTERS SERVING UNDERSERVED COMMUNITIES AND VULNERABLE POPULATIONS

The purpose of the Underserved Communities and Vulnerable Populations cooperative agreement is to provide T/TA to potential and existing section 330 funded health centers serving vulnerable and underserved communities/populations.

### **I. Training and Assistance in Fiscal and Program Management (Program Requirements)**

- Provide national, state and local-level training to health centers and other safety net programs on the unique features of underserved and vulnerable populations and the programs that serve them.
- Provide training and/or assistance in developing appropriate sliding fees scales, financial eligibility systems and the out-stationing of eligibility workers in health centers.
- Provide training and/or assistance in the development and implementation of quality improvement/quality assurance systems in health centers, including appropriate risk management, medical malpractice, patient satisfaction and quality of care reporting.
- Provide training and assistance on risk management, Federal Tort Claims Act (FTCA), credentialing, etc.
- Provide training and/or assistance on health center organizational requirements including management staffing, conflict of interest policies, internal controls, and affiliation agreements.
- Provide training and/or assistance on fiscal operations/systems such as billing systems, coding, Medicare and Medicaid, cost reports, budget tracking, financial reports, and financial audits.
- Provide training and/or assistance for health center grantees on Uniform Data System reporting and on reporting clinical and financial performance measures.
- Provide training and/or assistance on governance requirements for health centers, including board responsibilities, board recruitment, board training, and evaluation tools.
- Provide training and/or assistance for health center boards on developing committees and health center policies, including personnel, health care, fiscal, quality improvement/assurance, medical risk management, emergency preparedness, etc.
- Provide assistance to health center grantees on how to maximize underserved and vulnerable population consumer involvement in health center governance.

- Provide leadership for the integration of health centers into statewide and community preparedness and response plans and provide direct assistance to centers in the area of emergency preparedness planning.
- Assist newly-funded health center grantees through providing peer-to-peer matching and information exchange.
- Develop and implement a workforce training/technical assistance plan to support health center recruitment and retention efforts, including strategies focused on health center managers, providers/staff, and board members.

## **II. Operational and Administrative Support (Performance Improvement)**

- Assist in the development of innovative models of care for the underserved and vulnerable populations (e.g. training, development and technology transfer of models that work).
- Identify successful health center clinical quality and performance improvement activities, and disseminate this information to HRSA-supported health centers.
- Foster linkages between health centers and academic training institutions, developing primary care training opportunities for students, etc.
- Assist in the coordination of prevention activities among health centers and other entities (e.g., National organizations).
- Develop and implement a training/technical assistance plan to support health center providers in achieving national meaningful use standards in the development of electronic medical records, including assessing health centers' current readiness to achieve meaningful use.
- Develop and implement a training/technical assistance plan to support health centers in becoming nationally recognized patient-centered medical/health homes, assessing health centers' current readiness to become patient centered medical/health homes.
- Provide mechanisms/tools/mentoring programs to assist grantees to prepare for accreditation.
- Provide T/TA on business case redesign to help increase efficiencies of health center operations and enhance provider-patient time.
- Develop and implement a training/technical assistance plan to support health center outreach and enrollment for underserved and vulnerable populations.

## **III. Program Development/Analysis**

- Develop and distribute information on health center funding and other opportunities (e.g., National Health Service Corps (NHSC) and State Loan Repayment) to maximize access to resources for underserved and vulnerable populations, including: Medicaid, other state and national funding, and foundation and private funding.
- Support community development and expansion planning activities to expand access to comprehensive, culturally competent, quality primary health care services for underserved and vulnerable populations.
- Provide training and/or assistance with community/service area need assessments, including Medically Underserved Area (MUA)/Medically Underserved Population (MUP) designations for potential and existing health centers.

- Provide training and/or assistance with developing primary health care delivery systems that effectively address the needs of the populations to be served, including special populations for potential and existing health centers.
- Provide T/TA to existing grantees to increase their readiness to expand services, consistent with the documented need and marketplace forces.
- Prepare, develop and distribute information (publications, issue briefs, etc) on emerging primary care issues affecting health centers serving underserved communities and vulnerable populations.
- Prepare and distribute training materials, monographs, etc., and conduct training workshops on selected administrative, financial and clinical topics that are unique to underserved and vulnerable population programs.

APPENDIX E: Sample NCA Project Work Plan

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>PROJECT WORK PLAN</b>				<b>FOR HRSA USE ONLY</b>		
				Application Tracking Number		
<b>Section A – Training and Assistance in Fiscal and Program Management (Program Requirements)</b>						
<b>Target Audience</b>				Health Centers Serving Special Populations		
<b>Goal A1:</b> Develop and implement a workforce training/technical assistance plan to support health center recruitment and retention efforts, including strategies focused on health center managers, providers/staff, and board members.						
Objective	Activity	Expected Outcome	Data, Evaluation, and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
<b>A1.1</b> Develop a workforce recruitment and retention plan based on the results of a comprehensive needs assessment among at least 60% potential and existing health center grantees by February, 2012.	Conduct a needs assessment with health center managers, providers, staff, and board members via telephone, e-mail, web, and on-site.	At least 60% of health centers will complete the survey online, by telephone, and on-site.	<ul style="list-style-type: none"> <li># of health centers who received the invitation to participate in survey</li> <li># of incentives distributed for survey completion</li> </ul>	Person or Department Name	August 1, 2011- December 1, 2011	
	Develop a comprehensive educational module for health center staff focused on the areas of staff motivation, communication guidelines, and time management.	At least 50% of health centers will implement the Train-the-Trainer Educational Module	<ul style="list-style-type: none"> <li>train the trainer tools</li> <li># of web-based trainings</li> </ul>	Person or Department Name	By February, 2012	

Objective	Activity	Expected Outcome	Data, Evaluation, and Measurement	Person /Area Responsible	Time Frame (Maximum 500 characters)	Comment(s) (Maximum 500 characters)
<b>A1.2</b> Implement a workforce recruitment and retention plan to assess its feasibility at potential and existing health center grantees by June, 2012.	Pilot test a workforce recruitment and retention plan that is appropriate to the health centers.	At least 50% of pilot tested Health Centers find the workforce recruitment and retention model appropriate for their Health Centers.	Inventory of current community models used by Health Centers	Person or Department Name	February, 2012- May 2012	
	Provide training, consultation and TA to strengthen Health Center Programs based on individual health center needs assessment via telephone, e-mail and on-site T/ TA.	Trainees will report a satisfaction level of 80% or higher.	<ul style="list-style-type: none"> <li># of on-site skills building workshops</li> <li># of participants</li> <li># of health centers</li> <li>participant evaluation forms</li> </ul>	Person or Department Name	May, 2012 – June, 2012	
	Conduct training programs in the areas of staff motivation, communication guidelines, and time management	Training Manual on Workforce Recruitment and Retention	<ul style="list-style-type: none"> <li># of trainings</li> <li>Results of staff/employee surveys</li> </ul>	Person or Department Name	May, 2012 – June, 2012	
	Support recruitment and retention for special populations' administrative and clinical positions.	At least 60% of special population's administrative and clinical positions will work at the Health Center for 2 years.	<ul style="list-style-type: none"> <li># of new hires for administrative and clinical positions.</li> <li># of administrative and clinical staff who left the Health Center.</li> </ul>	Person or Department Name	By June, 2012	

APPENDIX F: Sample Performance Measure

OMB No.: 0915-0285. Expiration Date: 10/31/2013

<p><b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b></p> <p><b>PERFORMANCE MEASURES</b></p>	<b>FOR HRSA USE ONLY</b>		
	Grant Number		Application Tracking Number
	Project Period Date		
<b>Core Function: Training and Assistance in Fiscal and Program Management (Program Requirements)</b>			
<b>Performance Measure:</b> Number of T/TA opportunities provided to new and existing Health Center Program requirements.			
Target Goal Description	Increase the number of fiscal and program management training and technical assistance workshops for new and existing health center grantees.		
Numerator Description	Number of health centers who have attended at least one (1) fiscal and program management T/TA workshop.		
Denominator Description	Number of new and existing health center grantees in FY2011		
Baseline Data	<b>Baseline Year: 2010</b> <b>Measure Type: Number</b> <b>Numerator:</b> <b>Denominator:</b>	Projected Data (by End of Project Period)	<b>XX</b>
Data Source & Methodology	2010 HRSA/BPHC Grantee Satisfaction Survey; Registration Forms; Sign-in sheets		
Key Factor and Major Planned Action #1	<b>Key Factor Type:</b> <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b>  XYZ offers a variety of fiscal and program management assistance programs, including workshops, webinars, peer to peer matching and program information exchange. At least X% of new and existing health center grantees requires additional T/TA support in this area.  <b>Major Planned Action Description:</b> Prepare and distribute training materials, best practices, etc. and increase the number of fiscal and program management T/TA opportunities available to new and existing health center grantees.		

<p>Key Factor and Major Planned Action #2</p>	<p><b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable</p> <p><b>Key Factor Description:</b>  Time management becomes problematic when XYZ staff members become over committed to non compliant organizations seeking individualized T/TA to become compliant at a point when T/TA cannot resolve their fiscal and/or program management problem. The agency-wide team would like to be able to identify and provide T/TA to these organizations before they get to a point of non compliance.</p> <p><b>Major Planned Action Description:</b>  Hire an additional staff person to conduct extensive fiscal and program management targeted outreach.</p>
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Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.