U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Bureau of Primary Health Care

Office of Policy and Program Development

FY 2024 State and Regional Primary Care Association (PCA) Cooperative Agreements

Funding Opportunity Number: HRSA-24-080

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings Number: 93.129

Application Due Date in Grants.gov: November 3, 2023

Supplemental Information Due Date in EHBs: December 4, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: September 1, 2023

Modified on October 24, 2023 to extend the application due dates, due to Grants gov downtime October 28 – 31, 2023.

Krishna Patel
Public Health Analyst, Office of Policy and Program Development
Phone: (301) 594-4300
Contact: BPHC Contact Form
PCA TA webpage

See Section VII for a complete list of agency contacts.

Authority: Section 330(I) of the Public Health Service Act, (42 U.S.C. 254b(I))

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2024 State and Regional Primary Care Association (PCA) Cooperative Agreements. The purpose of this program is for PCAs to support the development and delivery of training and technical assistance (T/TA) to support health centers in improving the health of individuals and communities by:

- Increasing access to comprehensive, culturally competent, high-quality primary health care services;

- Recruiting and retaining a diverse health care workforce;

- Preparing for, responding to, and recovering from emergent health events;

- Implementing value-based care delivery and ensuring financial sustainability; and

- Accelerating data-informed improvements to operations, clinical quality, and care coordination.

Funding Opportunity Title:	Fiscal Year 2024 State and Regional Primary Care Association (PCA) Cooperative Agreements
Funding Opportunity Number:	HRSA-24-080
Due Date for Applications – **Grants.gov**	November 3, 2023 (11:59 p.m. ET)
Due Date for Supplemental Information – **HRSA Electronic Handbooks (EHBs)**	December 4, 2023 (5 p.m. ET)
Anticipated FY 2024 Total Available Funding:	Approximately $68.3 million
Estimated Number and Type of Awards:	Up to 52 cooperative agreements

Estimated Annual Award Amount:	Varies and is subject to the availability of appropriated funds.
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2024, through June 30, 2027 (3 years)
Eligible Applicants:	Eligible applicants include domestic public, non-profit, and for-profit entities, including community-based organizations and tribes and tribal organizations. New organizations and organizations currently receiving funding as PCAs may submit applications. See Section III of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 Two-Tier Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar for PCA applicants. This TA webinar will provide an overview of this NOFO and will be an opportunity for you to ask questions. Webinar information and additional application aids and resources to guide you in the development of your application are available on the PCA TA webpage.

Visit "Apply for a Grant" for general information about the application and submission process.

The HRSA Primary Health Care Digest is a weekly email newsletter containing information and updates about the Health Center Program. If you are interested in learning more about the Health Center Program, including additional funding opportunities, subscribe to the HRSA Primary Health Care Digest: https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic_id=USHH SHRSA_118.

Summary of Changes since the FY 2020 PCA Funding Opportunity:

- Updated requirement that Competing Continuation applicants are no longer required to submit summary progress reports as part of their Competing Continuation application.
- Updated key staff definition.
- Updated the Project Work Plan (PWP):
  - PCAs may support health centers implement multiple supplemental funding opportunities throughout the period of performance.
  - PCAs may support and document preparation and recovery activities for multiple emergency preparedness and response topics throughout the period of performance.
  - PCAs may include participation in the asynchronous T/TA sessions as part of their T/TA Participation Target total entered in the T/TA Participation Target field.
  - PCAs must include additional details about each activity in the Activity Description field such as:
    - A description of the activity that details how it is tailored to the needs of the health centers.
    - The modality, frequency, length, and training purpose/objectives for T/TA offerings.
    - The name of partner organization(s), and how they will support the development and delivery of this activity, if applicable.
    - A description of how the Advancing Health Center Excellence Framework performance domain(s) aligns with the activity.
- New program expectation for PCAs to designate a Special Population(s) lead, who will coordinate or lead T/TA strategies to address the unique health care needs and barriers to care for Special Populations in their state or region and serve as a point of contact for HRSA.
- New program expectation for PCAs to allocate 1.0 FTE to health workforce support.
- New program expectation for PCAs to conduct a T/TA needs assessment in the first budget period (July 1, 2024, through June 30, 2025), and continually assess T/TA needs by collecting and analyzing qualitative and quantitative data during years 2 (July 1, 2025, through June 30, 2026) and 3 (July 1, 2026, through June 30, 2027).

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for State and Regional Primary Care Association (PCA) Cooperative Agreement funding to provide training and technical assistance (T/TA) to existing and potential Health Center Program award recipients and look-alikes (LALs), hereafter referred to as health centers.[1] The Health Resources and Services Administration (HRSA) seeks to fund up to 52 organizations to develop and deliver T/TA that will support health centers in improving the health of individuals and communities by:

- Increasing access to comprehensive, culturally competent, high-quality primary health care services;

- Recruiting and retaining a diverse health care workforce;

- Preparing for, responding to, and recovering from emergent health events;

- Implementing value-based care delivery and ensuring financial sustainability; and

- Accelerating data-informed improvements to operations, clinical quality, and care coordination.

  For more details, see Program Overview.

2. Background

PCAs are authorized by Section 330(I) of the Public Health Service Act, (42 U.S.C. 254b(I)).

The Health Center Program supports community-based patient-directed health centers that provide high-quality, comprehensive, and culturally competent primary health care services. Health centers deliver primary care to medically underserved[2] and special populations regardless of their ability to pay. They play a pivotal role in providing access to comprehensive primary care services, screening for social risk factors, and providing enabling services that facilitate access to care and connect patients to community resources to address their health-related social needs. Health centers play critical and increasing roles in mitigating the impacts of natural and man-made disasters, public health emergencies, and extreme weather on the populations they serve.

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[1] LALs meet all Health Center Program statutory, regulatory, and policy requirements but do not receive funding under section 330 of the Public Health Service Act. For more information on LALs, see https://bphc.hrsa.gov/funding/funding-opportunities/health-center-program-look-alikes. Potential health centers are organizations that are applying for, or seeking information about applying for, a Health Center Program award or LAL designation.

[2] Underserved communities are defined as "[The] populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of 'equity.'" Advancing Racial Equity and Support for Underserved Communities Through the Federal Government

HRSA funds T/TA partners and networks to develop, deliver, coordinate, and evaluate T/TA for health centers. These organizations include PCAs, Health Center Controlled Networks (HCCNs), and National Training and Technical Assistance Partners (NTTAPs). T/TA partners and networks, and the resources they develop, help health centers improve their performance in an ever-evolving health care landscape, respond to emergent health care needs, and address Department of Health and Human Services (HHS) priority areas. PCAs leverage, adapt, and complement T/TA resources developed by other HRSA-supported T/TA providers and networks and make them available for health centers.

PCAs also maximize the value and impact of the Health Center Program. PCAs use their understanding of the unique T/TA needs in their state or region to identify T/TA priorities to support health centers to innovate and respond most effectively to changes in their state or region. In addition, PCAs will develop T/TA to support health centers to improve their performance in each of the seven [Advancing Health Center Excellence Framework](#)[3] performance domains (referred to as performance domains). Finally, PCAs will develop T/TA to support health centers to address the HHS priority to protect and strengthen equitable access to high quality and affordable healthcare.[4]

3. Program Overview

Training and Technical Assistance

For the purposes of this funding opportunity, *training* is defined as an educational tool designed to teach key concepts related to a particular topic and is often delivered in small or large group settings (e.g., in person and through webinars, learning communities, workshops, courses). *Technical assistance* is the process of providing targeted advice, assistance expertise, or information to an organization or groups of organizations with a developmental need to facilitate quality or performance improvement. T/TA activities can take many forms which may include:

- Providing support to organizations interested in becoming a Health Center Program award recipient or LAL;

- Developing and delivering training to help health centers achieve a higher level of performance, including in one or more performance domain;

- Conducting technical assistance to advance HRSA strategic priorities, improve health center performance, including in a performance domain (i.e., levels of maturity, compliance driven, fundamental, strategic, and leading), or enhance health center operations;

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[3] HRSA's Advancing Health Center Excellence Framework is a conceptual structure for health center innovation and performance improvement and includes seven key health center performance domains: *Access and Affordability; Patient Experience; Quality, Patient Care, and Safety; Population Health and Social Determinants of Health; Financial Sustainability; Workforce; and Governance and Management.*
[4] HHS Strategic Plan FY 2022-2026—Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare: https://www.hhs.gov/about/strategic-plan/2022-2026/goal-1/index.html

- Developing and sharing key resources that respond to health center needs or help to achieve objective targets, such as readiness tools, implementation manuals, and fact sheets;

- Identifying, disseminating, and facilitating the implementation of evidence-based and promising clinical and operational practices; and

- Facilitating peer-to-peer learning, exchange of best practices, and mentorship.

PCA Types

For the purposes of this funding opportunity, you must propose to provide T/TA as a state or regional PCA. State PCAs serve as the primary PCA T/TA provider to health centers in a single or combination of states or territories. The regional PCA type provides T/TA to the health centers in collaboration and coordination with the state PCAs in their region, while ensuring no duplication of effort.

HRSA will make one award for each geographic area listed below.

- **State-Specific[5]**

Table 1: List of state specific PCAs

Alabama*	Indiana	Nebraska	Rhode Island
Alaska	Iowa	Nevada	South Carolina*
Arizona	Kansas	New Jersey	Tennessee
Arkansas*	Kentucky*	New Mexico	Texas
California	Louisiana	New York	Utah
Colorado	Maine	North Carolina	Virginia
Connecticut	Massachusetts	Ohio	Washington
Florida	Michigan	Oklahoma*	Washington, D.C.
Georgia	Minnesota	Oregon	West Virginia
Hawaii	Mississippi*	Pacific Islands[6]	Wisconsin
Idaho	Missouri*	Pennsylvania	Wyoming
Illinois	Montana	Puerto Rico	

*Maximum annual allowable funding amount includes funding to support HIV prevention T/TA to health centers in the state. These states have been identified by the Ending the HIV Epidemic (EHE) initiative.

- **Multi-State**: PCAs serving more than one state, in which the PCA is located in either state, and provides T/TA support to health centers in both states. The following are considered a "state PCA" for the purpose of this funding opportunity.
  o Delaware and Maryland
  o New Hampshire and Vermont
  o North Dakota and South Dakota

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[5] Includes United States territories and freely associated states. Freely associated states refer to the three sovereign nations that have entered into Compacts of Free Association with the US. https://www.doi.gov/oia/compacts-of-free-association
[6] Pacific Islands include American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau.

- **Regional**: PCAs that serve an HHS Region and coordinate T/TA with the state PCAs located in the states within that region.
  - Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
  - Region 10: Alaska, Idaho, Oregon, Washington

PCA Requirements and Expectations

PCAs develop, deliver, coordinate, and evaluate T/TA activities for health centers in their state or region. T/TA activities must support health centers in improving the health of individuals and communities by increasing access to comprehensive, culturally competent, high-quality primary health care services; recruiting and retaining a diverse health care workforce; preparing for, responding to, and recovering from emergent health events; implementing value-based care delivery and ensuring financial sustainability; and accelerating data-informed improvements in operations, clinical quality, and care coordination. Appendix C: PCA Objective Guide outlines the objectives that PCAs must work towards as they support health centers.

For the purposes of this funding opportunity:

- You will monitor the health care environment, and propose changes to your planned T/TA activities to address new and evolving issues that impact health centers in your state or region.
- You will notify HRSA of emergent public health, health care, and other challenges that may impact health centers' ability to meet the needs of their patients in your state or region.
- You will use data to inform and evolve T/TA activities.
  - In year 1 of your project, you will conduct a comprehensive T/TA needs assessment to identify the T/TA needs in your state or region.
  - Throughout your period of performance, you will continue to conduct qualitative and quantitative needs assessments as necessary to ensure your T/TA activities evolve with the changing needs of health centers in your state or region.
- You will evaluate T/TA activities to assess the extent to which they support improvements in health center care coordination, clinical quality, and operations. When possible, you will make your T/TA scalable to reach the widest audience.
- You will share data, coordinate, and align T/TA activities, and develop and share T/TA resources and tools with other PCAs and HRSA-supported T/TA partners and networks (e.g., HCCNs, NTTAPs) to amplify the impact of T/TA on health centers and reduce duplication of effort.
- You must have a minimum of two partnerships: one with a HRSA-supported HCCN or NTTAP, and one with a state public agency (e.g., state health department, state primary care office, state Medicaid agency). Note that if funds are transferred to another entity, these relationships would be considered subrecipients and must comply with applicable requirements.
- You will leverage new and existing partnerships with state-level and community-based organizations to support the development and delivery of T/TA resources and tools to health centers.

- You will maintain 1.0 FTE to support health workforce T/TA activities.
- You will collaborate with federal partners to address current and emerging issues impacting access to health care services in your state or region, e.g., working with Centers for Medicare and Medicaid Services on outreach and enrollment activities.
- You will designate and support a Special Population(s) lead who will coordinate or lead T/TA strategies to address the unique health care needs and barriers to care for Special Populations in your state or region and who will serve as a point of contact for HRSA.
- You will identify, disseminate, and help health centers to implement evidence-based and promising practices that address HRSA priorities and improve performance within the performance domains, or both.
- You will initiate T/TA delivery within 60 days of award.
- You will tailor T/TA resources and tools developed by other HRSA-supported T/TA partners and networks to your regional, state, and/or local context, including:
  o National curricula, tools, and resources developed by NTTAPs to improve outcomes and address barriers at a national level.
  o Health IT tools and resources developed by HCCNs to enhance the patient and provider experience, advance interoperability, and facilitate the use of data to enhance the value of T/TA resources and tools.
- You will regularly solicit and incorporate input from health centers and other T/TA providers to guide the development of T/TA activities that advance heath equity, address health-related social needs, and address the needs of statutorily defined special populations.
- You will engage with HRSA-supported T/TA partners and networks, and ensure access to T/TA without regard to health center award/designation status, HRSA T/TA partner membership status, or location within the state or region.[7] You cannot charge for T/TA supported solely with HRSA funds. For T/TA funded with a mix of HRSA and non-HRSA funds, charging participants to offset non-HRSA funded costs is permissible if you can demonstrate that the charge is not a barrier to access.
- You will ensure that resources are accessible to the widest possible health center audience in the state or region, which may include use of free webinars, and on-demand recordings following live events. HRSA expects the majority of your T/TA activities will be directed towards groups of health centers with similar needs rather than individually targeted T/TA.
- You will make T/TA available through the health center resource clearinghouse.[8]

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[8] PCAs that refuse to work with an existing or potential health center may be deemed non-compliant with the terms and conditions associated with this award, and subject to penalties for noncompliance as outlined by 45 CFR 75.371.

[8] To see the current version of the health center resource clearinghouse, visit https://bphc.hrsa.gov/technical-assistance/health-center-resource-clearinghouse.

- You will make steady progress towards meeting the objectives and attaining your targets throughout the 3-year period of performance.

- **Regional PCAs:**
  - You will synthesize and prioritize needs that are best addressed at the regional level, and they may differ across states.
  - You will actively and continuously collaborate with the state PCAs in your region throughout the period of performance to ensure that your T/TA activities are complementary and not duplicative.
  - You will establish a memorandum of agreement (MOA) with all state PCAs in your region.
  - You must coordinate and provide T/TA activities across your entire region, and to an audience with varying T/TA needs.

- **State PCAs serving certain states with high HIV transmission (Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina):** You must propose to develop and deliver T/TA activities to health centers in the state focused on supporting HIV prevention, as noted in relevant objectives.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought:

- **Competing Continuation:** A current PCA award recipient that seeks to continue providing state or regional T/TA.

- **New**: An organization that is not currently receiving PCA funding that seeks to provide state or regional T/TA to health centers in one of the identified states or regions listed in the Program Overview section.

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

In addition to the usual monitoring and TA provided directly to award recipients, HRSA program involvement will include:
- Collaborating with award recipients to refine and approve the project work plan (PWP) according to HRSA priorities and changes in the health care landscape through such activities as identifying and prioritizing T/TA needs to be addressed using federal funds.
- Monitoring and supporting the implementation of the PWP through collaborative meetings and progress report reviews.
- Reviewing and supporting the development of key deliverables, including approval of the publication plan and specialized materials for general distribution prior to publication, distribution, and/or online posting.

- Attending and participating in state or regional PCA-related meetings, as appropriate.
- Coordinating with other Bureaus and Offices within HRSA to identify and support collaboration opportunities for PCAs across and within HRSA-supported programs.
- Identifying opportunities for PCAs to coordinate activities with other federally funded cooperative agreements.
- Conducting a PCA site visit once per period of performance to review and assess activities, review key accomplishments, and identify promising practices in supporting the T/TA needs of health centers.

In addition to adhering to all applicable federal regulations and public policy requirements, the cooperative agreement recipient's responsibilities will include:
- Collaborating with HRSA to refine and implement the PWP based on HRSA priorities, and changes in the health care landscape at the state or regional level.
- Engaging with HRSA to update the PWP at least annually, or more frequently as needed (e.g., in response to site visit findings, to establish new activities once current activities are met, to address significant changes in HRSA priorities, to reduce or eliminate duplication of state and regional T/TA activities).
- Providing and updating a plan for publications to be created or disseminated with PCA funds. The plan should include each publication's purpose, target audience, title, publication type, summary description, expected impact and benefit, and projected publication date. Publications must also contain an acknowledgement of Federal funding in accordance with the requirements listed at: [Communicating and Acknowledging Federal Funding](#).
- Adhering to HRSA guidelines pertaining to data rights[9] and adding required acknowledgement and disclaimer on all products produced through HRSA award funds, as noted on the Notice of Award.
- Participating in HRSA and related stakeholder meetings, as appropriate.
- Coordinating with national, federal, state, local, and tribal organizations, as appropriate, to strengthen PWP development and implementation.
- Coordinating with other PCAs to identify and disseminate resources for health centers in other states or regions.
- Ensuring that T/TA activities supported in whole or in part with PCA funds are equally available to all health centers in the state or region, regardless of Health Center Program award/LAL status or HRSA-supported T/TA partner or network membership.
- Participating in a HRSA-led PCA site visit once during the 3-year period of performance. Information about the PCA site visit process is available in the [PCA Site Visit Guide](#).

2. Summary of Funding

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[9] [Section VI.2 Data Rights](#) in this NOFO details the government's rights to publications developed with grant funding. *See also* 45 CFR § 75.322(d).

HRSA estimates approximately $68,300,000 to be available annually to fund 52 recipients.[10] The actual amount available will not be determined until the enactment of the final FY 2024 federal appropriation. You may apply for a ceiling amount of up to the maximum award amount for your state or region annually (reflecting direct and indirect costs) per year. You can obtain the annual level of PCA funding for the proposed state or region by submitting a request to the PCA Response Team via the BPHC Contact Form. This program notice is subject to the appropriation of funds and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2024, through June 30, 2027 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for PCAs in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

Note: You may request supplemental funding at any point in your period of performance to address evolving T/TA needs of health centers in your state or region. The activities you propose must align with, and not duplicate, the funded scope of work. HRSA may provide support for supplemental projects if funding is available and allocable, the request is reasonable and allowable, sufficient time remains in the budget period to approve the request, and the activities are aligned with HRSA priorities and not duplicative of work performed by HRSA or other HRSA-supported T/TA partner and network award recipients.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit, or for-profit entities. Community-based organizations, tribes, and tribal organizations are eligible to apply for PCA funding. New organizations and organizations currently receiving funding as PCAs under Section 330(l) may submit applications.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Multiple Applications

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

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[10] Applicants applying to be a state PCA in Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina will be required to use funding to support health centers statewide with HIV prevention efforts.

- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)
- Does not include the Project Narrative as described in [Section IV.2.ii](#)

NOTE: You may apply for only one state or regional PCA listed in [Program Overview](#) section.

Multiple applications from an organization are not allowed. Organizations that currently receive other Health Center Program T/TA partner funding, such as NTTAP awardees, will not be considered for funding.

HRSA will only accept and review your first validated electronic submission, under the correct funding opportunity number (HRSA-24-080), in Grants.gov. Applications submitted after the first submission will be marked as duplicates and considered ineligible for review.

If you wish to change attachments submitted in a Grants.gov application, you may do so in the [HRSA Electronic Handbooks (EHBs)](#) application phase. If you wish to change information submitted in EHBs, you may reopen and revise your application prior to the EHBs deadline. You must ensure that the application is resubmitted to HRSA before the EHBs deadline or HRSA will not consider it for funding under this notice.

IV. Application and Submission Information

1.   Address to Request Application Package

HRSA *requires* you to apply electronically through Grants.gov and the EHBs. You must use a two-phase submission process associated with this notice of funding opportunity (NOFO) and follow the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#) **and** the EHBs.

- **Phase 1 – Grants.gov** – Required information must be submitted and validated via Grants.gov with a due date of *November 3, 2023,* **at 11:59 p.m. ET**; **and**

- **Phase 2 – EHBs** – Supplemental information must be submitted via EHBs with a due date of *December 4, 2023,* **at 5 p.m. ET**.

Only applicants who successfully submit the workspace application package associated with this NOFO in Grants.Gov (Phase 1) by the due date may submit the additional required information in EHBs (Phase 2).

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-24-080 to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 5 of HRSA's *SF-424 Two-Tier Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in the HRSA SF-*424 Two-Tier Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's *SF-424 Two-Tier Application Guide.* You must submit the application in the English language and in U.S. dollars (45 CFR § 75.111(a)).

The following application components must be submitted in Grants.gov:

- Application for Federal Assistance (SF-424)

- Attachment Form (submit form with or without attachments)

- Project/Performance Site Locations (list only your administrative site address)

- Project Narrative Attachment Form (attach your project narrative)

- Grants.gov Lobbying Form

- Budget Narrative Attachment Form (attach your budget narrative)

- SF-424A Budget Information – Non-Construction Programs Form

- Key Contacts

- Project Abstract Summary

The following application components must be submitted in EHBs:

- Project Narrative

- SF-424A Budget Information – Non-Construction Programs Form

- Budget Narrative

- Program-Specific Form

- Attachments

See Section 9.5 of the HRSA *SF-424 Two-Tier Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **80 pages** when we print them. HRSA will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items don't count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement

If there are other items that don't count toward the page limit, we'll make this clear in Section IV.2.vi Attachments.

If you use an OMB-approved form that isn't in the HRSA-24-080 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace and OMB-approved forms related with this NOFO to avoid going over the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-080 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 8: Other Relevant Documents*.

See Section 5.1 viii of HRSA's *SF-424 Two-Tier Application Guide* for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Sections 4 and 5 of HRSA's *SF-424 Two-Tier Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package in Grants.gov. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 5.1.ix. of HRSA's *SF-424 Two-Tier Application Guide.* You may update this information in the EHBs.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Table 2: Narrative Section, Form and Attachment to Review Criteria Crosswalk

Narrative Section, Forms and Attachments	Review Criteria
Need section of the Project Narrative	(1) Need
Response section of the Project Narrative Form: Project Work Plan	(2) Response
Collaboration section of the Project Narrative Attachment 5: Letters of Agreement Attachment 6: Regional Memorandum of Agreement (Regional PCAs Only)	(3) Collaboration
Evaluative Measures section of the Project Narrative	(4) Evaluative Measures
Resources and Capabilities section of the Project Narrative Attachment 1: Project Organizational Chart Attachment 2: Staffing Plan Attachment 3: Job Descriptions for Key Personnel Attachment 4: Biographical Sketches of Key Personnel Attachment 7: Summary of Contracts and Agreements	(5) Resources and Capabilities
Support Requested section of the Project Narrative Budget Narrative	(6) Support Requested

ii.   *Project Narrative (Required for Eligibility)*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

NEED – *Corresponds to Section V's [Review Criterion 1: Need](#)*

Information you provide in the NEED section must serve as the basis for your proposed activities, which will support the achievement of the objectives detailed in [Appendix C: PCA Objective Guide.](#)

1) Describe the current state or regional health care landscape and expected changes to health centers' T/TA needs, as they relate to:

    a) Increasing access to comprehensive, culturally competent, high-quality primary health care services;

    b) Recruiting and retaining a diverse health care workforce;

    c) Preparing for, responding to, and recovering from emergent health events;

    d) Implementing value-based care delivery and ensuring financial sustainability; and

    e) Accelerating data-informed improvements to operations, clinical quality, and care coordination.

2) Describe how you assess the T/TA needs in your state. If you are applying as a regional PCA, describe how you will synthesize and prioritize needs that differ across states to understand what needs are most significant across the region.

    In your description, list the data sources that you use. Data must be specific to the needs of the health centers in your state or region. Data sources may include, but are not limited to: Health Center Program data, Uniform Data System (UDS) [11] reports, survey results, T/TA participant feedback (as applicable), and a formal T/TA needs assessment (as applicable).

3) Describe the T/TA needs of health centers based on your recent assessment. If you are applying to be a regional PCA, describe the T/TA needs in each of the states across the region. If you are applying to be a state PCA in Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, or South Carolina: describe the HIV prevention T/TA needs within your state.

4) Discuss your short- and long-term T/TA priorities over the 3-year period of performance, and how they align with the current health center T/TA needs in your state or region. Include the performance domain(s) you will address. If you are applying to be a regional PCA, include details about how you will prioritize the needs that are best addressed at the regional level. For the purpose of this NOFO, short-term refers to the first budget period (July 1, 2024, through June 30, 2025) while long-term refers to the remaining two years of the 3-year period of performance.

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[11] The UDS is a standard data set that is reported annually by health centers that receive awards under the Health Center Program, as well as Health Center Program look-alikes, and provides consistent information about health centers. For more information, visit the [Uniform Data System (UDS) Training and Technical Assistance webpage](#).

RESPONSE – *Corresponds to Section V's* *[Review Criterion 2: Response](#)*

Information you provide in the RESPONSE section must describe how you will respond to the T/TA needs of health centers in your state or region and meet the purpose of this funding opportunity. This will include developing T/TA activities that support achievement of targets for the objectives detailed in [Appendix C: PCA Objective Description](#).

Note: Information you include in the RESPONSE section of your project narrative submission will expand upon your PWP that you will complete electronically in EHBs. The PWP includes details about the T/TA activities you propose to complete in year 1, and will support objective target achievement by the end of the period of performance. Details about the required information that must be included in your PWP are available in [Appendix B: Project Work Plan Instructions](#). A sample PWP illustrating the level of detail required in your PWP is on the [PCA TA webpage](#).

The RESPONSE section of the Project Narrative must contain the information below.

1) Provide an overview of your projected T/TA activities in years 2 and 3 that will support objective target achievement by the end of the period of performance (June 30, 2027). In your overview, include the T/TA need you will address, and evaluation data you will use to develop and modify T/TA activities.

2) Describe how you will effectively use available resources to achieve the established targets (such as objective target, T/TA session target, T/TA participation target, and participant rating of T/TA usefulness target), in ways that complement and do not duplicate other HRSA-supported T/TA partners and networks.

3) Describe how you will maintain compliance with the PCA Requirements and Expectations (listed in the [Program Overview](#) section).

COLLABORATION -- *Corresponds to Section V's* *[Review Criterion 3: Collaboration](#)*

Information you include in the COLLABORATION section demonstrates how your partnerships will support the development and delivery of T/TA activities.

1) List and describe each existing and proposed T/TA partnership that will support the proposed project. For each collaborative partnership include the:

   a) Name and organization type of T/TA partner;

   b) Status of the partnership: current, or planned;

   c) Purpose of the partnership;

   d) Description of how the partnership will support your progress towards objective target achievement; and

   e) Description of how the partnership complements and does not duplicate T/TA resources, for example sharing existing T/TA resources that you may customize for the health centers in your state or region.

f) Description of how the partnership informs and does not duplicate the development of T/TA resources shared by other HRSA-supported T/TA partners and networks.

You must have a minimum of two partnerships: one partnership with a HRSA-supported HCCN or NTTAP, and one partnership with a state public agency (e.g., state health department, state primary care office, state Medicaid agency).

In addition to the required minimum partnerships outlined above, your other partners may include other PCAs, local health departments, and community-based organizations.

Provide documentation of all existing and proposed partnerships through letters of agreement as Attachment 5: Letters of Agreement.

2) **All organizations applying as regional PCAs ONLY:** Describe how you will coordinate and continuously collaborate throughout the period of performance with all state PCAs in your region to develop and deliver T/TA that complements, and does not duplicate, the T/TA activities developed by the state PCAs (see Program Overview).

Attach a Regional MOA documenting collaborations with all state PCAs in your region as Attachment 6: Regional Memorandum of Agreement.

3) **New organizations applying to be a state PCA covered by a regional PCA ONLY:** If you are new a state PCA applicant, provide an attestation of your commitment to work with the regional PCA and sign the regional PCA's MOA, include as Attachment 8: Other Relevant Documents. See Program Overview to check if your state is covered by a regional PCA.

EVALUATIVE MEASURES -- Corresponds to *Section V's Review Criterion 4: Evaluative Measures*

Information you include in the EVALUATIVE MEASURES section should explain how you will collect, monitor, and measure quantitative and qualitative data to improve the development and delivery of T/TA activities.

1) Detail your plan for evaluating the effectiveness of your T/TA activities. The plan must include how you will:

a) Monitor and measure the impact of T/TA activities on health center performance related to: the performance domain(s), progress towards attaining targets, and expected outcomes. Include how frequently you will monitor and measure the impact of T/TA activities.

b) Use valid and reliable quantitative and qualitative data to assess the quality, reach, and utility of T/TA activities, including data from health centers, and other partners or collaborators in your state or regional.

c) Develop or modify T/TA activities based on data, including how you will determine the content, modality, frequency, length, and training objectives.

2) Describe how you will evaluate and use participant responses to the 5-point Likert rating scale (used in the Participant Rating of T/TA Usefulness Target field in the PWP) to adjust T/TA activities.

3) Describe your plan for disseminating T/TA evaluation results to the health centers in your state or region and to HRSA-supported T/TA partners and networks.

***RESOURCES AND CAPABILITIES** -- Corresponds to Section V's Review Criterion 5: Resources and Capabilities*

Information you include in the RESOURCES AND CAPABILITIES section should demonstrate your ability to ensure overall success in the development and delivery of T/TA.

1) Demonstrate your capability to provide T/TA to health centers by:

   a) **Organizations applying to be a state PCA ONLY:** Documenting your experience and expertise in coordinating and providing T/TA activities of similar scope, such as delivering a range of T/TA across an entire state to an audience with varying T/TA needs.

   b) **Organizations applying as regional PCAs ONLY:** Documenting your experience and expertise in coordinating and providing T/TA activities across a region that includes multiple states, and to an audience with varying T/TA needs.

   c) **All Organizations**: Detailing your accomplishments and lessons learned, including your experience conducting T/TA evaluation, and how you have used results to improve or modify activities.

2) Describe how your staffing plan, contracts, or agreements are appropriate for the operational and oversight needs, scope, and complexity of the proposed project. Include how proposed staffing is appropriate to address health workforce and special population T/TA needs in your state or region.

Provide documentation that demonstrates your ability to successfully implement this project. Include your staffing plan as Attachment 2: Staffing Plan, job descriptions for key personnel as Attachment 3: Job Descriptions for Key Personnel and provide biographical sketches of the key personnel as Attachment 4: Biographical Sketches for Key Personnel. If applicable, summarize your contracts or agreements and include as Attachment 7: Summary of Contracts and Agreements.

3) Describe your recruitment and retention plan, detailing how you will recruit and retain staff to achieve and maintain the proposed staffing plan. Provide a timeline for recruiting, hiring, onboarding, and staff development to ensure the delivery of proposed T/TA within 60 days of award.

4) Describe your organization's financial accounting and internal control systems and how they, as well as related policies and procedures, will reflect Generally Accepted Accounting Principles (GAAP).[12]

SUPPORT REQUESTED -- *Corresponds to Section V's [Review Criterion 6: Support Requested](#)*

Information you include in the SUPPORT REQUESTED section should demonstrate how the submitted budget will ensure the overall success of your project.

1) Describe how your budget is appropriate for the proposed project, including alignment with the PWP and information provided in submitted attachments.

Provide a detailed budget presentation through the submission of the SF-424A Budget Information – Non-Construction Programs form and [Budget Narrative](#) that is consistent with the proposed project.

iii. *Budget*

Follow the instructions included in Section 5.1.iv of HRSA's [*SF-424 Two-Tier Application Guide*](#) and the additional budget instructions provided below. A budget that follows the *Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan, and by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement as applicable.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2023, the salary rate limitation is **$212,100.** Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

See Section 5.1.v. of HRSA's [*SF-424 Two-Tier Application Guide*](#)

As part of your PCA application, provide a detailed Budget Narrative and a Personnel Justification Table for each 12-month budget period of the 3-year period of performance (i.e., the first budget period starts July 1, 2024, and ends June 30, 2025). The Personnel Justification Table includes information of personnel to be paid with federal funds, as shown in the example provided in the HRSA [*SF-424 Two-Tier Application Guide*](#) and Sample Budget Narrative on the [PCA TA webpage](#). For each year of the 3-year period of performance, the sum of the line item costs for each category must align with those

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[12] GAAP are used as defined in [HHS Grants Policies and Regulations](#)

presented on the SF-424A Budget Information – Non-Construction Programs form. Do not include ineligible costs and non-federal funding.

For subsequent budget years 2 and 3, the Budget Narrative should highlight the planned budget changes from the previous year or should clearly indicate that no substantive changes are planned.

Your budget narrative must also:
- Demonstrate that you will use PCA funds for costs that will advance progress on the PCA objectives.
- Clearly detail proposed costs for each category in Section B of the SF-424A Budget Information – Non-Construction Programs form, with calculations for how you derive each cost.
- Include Personnel Justification Tables (one for direct hire staff, one for contractors) with the following information for all direct hire staff and contractors you propose to support with the award: name, position, percent of FTE, full-time base salary, adjusted annual salary based on salary limitation requirements, and the amount of federal funding requested.
- Not include ineligible costs; and
- Not include non-federal funding.

If indirect costs are requested include your current indirect cost rate agreement in [Attachment 8: Other Relevant Documents](). If you do not have a current agreement but still intend to request indirect costs, state in your budget narrative that you intend to use the 10% de minimus rate.

Note: Excel or other spreadsheet documents with multiple pages (sheets) may not print out in their entirety. Reviewers will only see information that is set in the "Print Area" of the document.

v.   *Program-Specific Forms*

You will submit the required SF-424 information through Grants.gov. This refers to Phase 2 of your application, supplemental information to be submitted through the EHBs.

Form 1A: This form includes key information about your organization and proposed project. Refer to [Appendix A: Form 1A Instructions]() to complete and submit this form in the EHBs.

Project Work Plan (PWP): The PWP is a form that outlines your proposed T/TA activities to meet the required objectives for your PCA. Refer to [Appendix B: Project Work Plan Instructions]() on how to complete and submit this form in EHBs.

vi.   *Attachments*

Provide the following items in the order specified below. **Unless otherwise noted, attachments count toward the [application page limit]().** Your indirect cost rate agreement will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Project Organizational Chart

Upload a one-page document that depicts the organizational structure supporting the PCA project. Include key personnel, staff, sub-recipients and/or affiliated organizations supporting the project. The project organizational chart must also include an effective date, reporting relationships, and clearly indicate which positions are to be funded in whole or in part through this PCA cooperative agreement.

Attachment 2: Staffing Plan

The staffing plan is a presentation and justification of all staff required to execute the project and should be what you anticipate being effective at the beginning of the period of performance (July 1, 2024). The plan should align with the direct hire staff listed in the Personnel Justification table in your Budget Narrative, and other relevant attachments (e.g., Attachment 1: Project Organizational Chart). Upload a table that identifies all the personnel to be supported, in whole or in part through this PCA cooperative agreement. Highlight the positions that will support the 1.0 FTE health workforce requirement and who will serve as the Special Populations lead and point of contact for HRSA.

The staffing plan should include:

- Position title (e.g., Chief Executive Officer),

- Staff name (if the position is vacant, indicate "To Be Determined"),

- Education and/or experience qualifications,

- A short description of responsibilities on the PCA project,

- Reporting relationship,

- Percentage of Full-Time Equivalent (FTE) dedicated to the PCA project, and

- Annual full-time base salary at the 1.0 FTE.

Attachment 3: Job Descriptions for Key Personnel

Upload current job descriptions for key personnel that are in whole or in part funded through the PCA cooperative agreement. Indicate in the position descriptions if key positions are combined and/or part time. Limit each job description to **one-page** and include, at a minimum:

- Position title;

- Description of duties and responsibilities;

- Position qualifications (e.g., education, language fluency, experience requirements);

- Supervisory relationships (i.e., who the position reports to, and who reports to this position); and

- Travel requirements.

HRSA defines key personnel as the Principal Investigator/Project Director (PI/PD) and other individuals who contribute to the programmatic development or execution of a project or program in a substantive, measurable way, whether or not they receive salaries or compensation under the award. (See Section 5.1.vi. of the HRSA's *SF-424 Two-Tier Application Guide*).

Attachment 4: Biographical Sketches of Key Personnel

Upload biographical sketches for individuals who will occupy the positions described in Attachment 3: Job Descriptions for Key Personnel. Biographical sketches should not exceed **one-page** each and must demonstrate that they have met the required position qualifications listed in the job description. For example, if the position requires a particular certification, the biographical sketch should include when they obtained the certification or if you will waive the requirement.

Attachment 5: Letters of Agreement

Provide a letter of agreement from all current and proposed partnerships detailed in your project narrative. At a minimum, you must include a Letter of Agreement from one HRSA-supported HCCN or NTTAP, and one state public agency (e.g., state health department, state primary care office, state Medicaid agency).

Each letter must be current, signed, dated, and reference the specific partnership, including how they will support specific activities or target achievement. The letters must also be addressed to your board, CEO, or other appropriate member of the PCA management team, and not HRSA staff. If you cannot obtain one or more required letters, include an explanation and documentation of your efforts to obtain the letter(s).

You may use any format which clearly references your specific partnership and coordinated activities in support of the proposed PCA project. For example, you may save space by using any combination of template letters and corresponding signature pages that clearly documents all the required elements listed.

Attachment 6: Regional Memorandum of Agreement (MOA) (required for Regional PCA applicants ONLY)

Document support for the regional PCA by uploading a MOA specifying coordination of activities with all of the state PCAs providing T/TA in the region to maximize the impact of T/TA developed by the state PCAs, without duplicating efforts. If you cannot obtain signatures from the leadership of all current state PCAs, include documentation of your efforts to obtain the signatures along with an explanation for why they could not be obtained. The MOA must include the following:

- An effective date range to cover the expected period of performance (July 1, 2024, through June 30, 2027), pending the regional PCA applicant and the current state PCAs being funded through this opportunity.

- A summary of the expected actions to be taken by all parties to ensure effective coordination to maximize federal funding, ensure that T/TA developed by PCAs

is not duplicative, and will not result in a reduction of the amount or quality of T/TA provided to health centers.

- An overview of the processes and systems to be used by the regional PCA to coordinate and collaborate with all state PCAs in the region (both collectively and individually) to develop and deliver T/TA that complements the T/TA activities developed by the state PCAs. Certification by the state PCAs that they support the proposed regional PCA project.

- A signature page signed by each current state PCA CEO. The signature page must include the name of the state PCA, the current PCA cooperative agreement award number (starting with U58), and the name and signature of the CEO. This information may be compiled with multiple signatures on a single page (see below) to mitigate the impact on the application page limit.

State PCA name U58 award number CEO Name CEO signature	State PCA name U58 award number CEO Name CEO signature
State PCA name U58 award number CEO Name CEO signature	State PCA name U58 award number CEO Name CEO signature

Attachment 7: Summary of Contracts and Agreements (if applicable)

Upload a brief summary describing all current or proposed contracts and agreements. Include the following for each contract or agreement:

- Name of organization.

- Type of contract or agreement (e.g., contract, Memorandum of Understanding or Agreement).

- Brief description of the purpose and scope of the agreement and how/where services are or will be provided.

- Timeframe for each contract or agreement (e.g., ongoing contractual relationship, specific duration).

You must exercise appropriate oversight and authority over all contracts, and procurement contracts must comply with 45 CFR part 75 or 45 CFR part 92.

Attachment 8: Other Relevant Documents (if applicable)

If desired, include other relevant documents to support the proposed project (e.g., charts, organizational brochures). Include the following if they apply to you:

- Current Indirect Cost Rate agreement if indirect costs are requested. If you do not have a current agreement but still intend to request indirect costs, state in

your budget narrative that you intend to use the 10% de minimus rate.

- Explanation if you are unable to attest to the Debarment, Suspension, and Voluntary Exclusion Certification.

- If you are applying as a new state PCA covered by a regional PCA, an attestation of your commitment to work with the regional PCA and sign the regional PCA's Memorandum of Agreement, if awarded.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.

- Register at [SAM.gov](#) and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (https://sam.gov/content/home | [SAM Knowledge Base](#))

- Grants.gov (https://www.grants.gov/)

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here is what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.

- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.

- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on our blog](#) to know what to expect.

For more details, see Section 3.1 of HRSA's *SF-424 Two-Tier Application Guide*.

If your registration with SAM or Grants.gov is not complete before your application is due, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO in Grants.gov (Phase 1) is **November 3, 2023, at 11:59 p.m. ET.** The due date to complete all other required information in EHBs (Phase 2) is **December 4, 2023, at 5 p.m. ET.** HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadlines** to allow for any unforeseen circumstances. See Section 9.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 Two-Tier Application Guide* for additional information.

5. Intergovernmental Review

PCAs are subject to the provisions [of Executive Order 12372](#), as implemented by 45 CFR part 100.

See Section 5.1.ii. of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than the allowable maximum annual funding available for the state or regional PCA for which you are applying (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. 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.

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 5.1 of HRSA's *SF-424 Two-Tier*

Application Guide for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- Direct patient care,
- Construction/alterations/renovation of facilities,
- Activities that do not align with the intent of this cooperative agreement,
- Reserve requirements for state insurance licensure,
- Support for lobbying/advocacy efforts, and/or
- Conference sponsorship (excluding content development of individual program sessions related to the PCA PWP).

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable funding requirements, the effectiveness of these policies, procedures, and controls is subject to audit. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 5.1 of HRSA's *SF-424 Two-Tier Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank PCA applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED *(10 points) – Corresponds to Section IV* *[Need](#)*

Information the applicant provides in the NEED section in their project narrative and supporting documents must serve as the basis for their proposed activities, which will support the achievement of the objectives detailed in [Appendix C: PCA Objective Guide](#).

1) The extent to which the applicant documents a comprehensive understanding of the current state or regional health care landscape and expected changes to health centers' T/TA needs, as they relate to:

   a) Increasing access to comprehensive, culturally competent, high-quality primary health care services;

   b) Recruiting and retaining of a diverse health care workforce;

   c) Preparing for, responding to, and recovering from emergent health events;

   d) Implementing value-based care delivery and ensuring financial sustainability; and

   e) Accelerating data-informed improvements to operations, clinical quality, and care coordination.

2) The extent to which the applicant describes how they assess the T/TA needs in their state. The extent to which the regional PCA applicant describes how they will synthesize and prioritize needs that differ across states to understand what needs are most significant across the region.

3) The extent to which the applicant describes the T/TA needs of health centers based on their most recent assessment. The extent to which the regional PCA applicant describes the T/TA needs in each of the states across the region. The extent to which the Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, or South Carolina state PCA applicants describe the HIV prevention T/TA needs within their state.

4) The extent to which the applicant's short- and long-term T/TA priorities will address the documented T/TA needs over the 3-year period of performance and how those priorities align with the current health center T/TA needs in their state or region. The extent to which the applicant details how they will address the performance domain(s). The extent to which regional PCA applicant includes details about how they will prioritize the needs that are best addressed at the regional level.

Criterion 2: RESPONSE *(30 points) – Corresponds to Section IV* *[Response](#)*

Information the applicant provides in the RESPONSE section in their project narrative and supporting documents must describe how they will respond to the T/TA needs of health centers in their state or region, while achieving the purpose of this funding opportunity. Achieving the purpose will be done by developing T/TA activities that support achievement of the targets for the objectives detailed in [Appendix C: PCA Objective Guide](#).

Project Work Plan (PWP) (20 points)

The extent to which the applicant includes in their PWP details about the T/TA activities they propose to complete in year 1, and will support objective target achievement by the end of the period of performance.

Project Narrative (10 points)

1) The extent to which the applicant describes how their projected T/TA activities in years 2 and 3 will support objective target achievement by the end of the period of performance (June 30, 2027). The extent to which the applicant's overview includes the T/TA needs their activities address, and evaluation data they will use to develop and modify T/TA activities.

2) The extent to which the applicant addresses how they will effectively utilize available resources to achieve the established targets while avoiding duplication of effort with other HRSA-supported T/TA partners and networks.

3) The extent to which the applicant describes how they will maintain compliance with the PCA Requirements and Expectations (listed in the Program Overview section).

Criterion 3: COLLABORATION *(15 points) – Corresponds to Section IV* *Collaboration*

Information the applicant includes in the COLLABORATION section in their project narrative and supporting documents should demonstrate how their partnerships will support the development and delivery of T/TA activities.

1) The extent to which the applicant's existing and proposed T/TA partnerships demonstrate the purpose of the partnership, and includes a description of how the partnership will support their progress towards objective target achievement, complements the T/TA resources and prevents duplication of the development of T/TA resources shared by other HRSA-supported T/TA partners and networks. The applicant must have a minimum of two partnerships: one partnership with a HRSA-supported HCCN or NTTAP, and one partnership with a state public agency.

The extent to which the applicant documents existing and proposed T/TA partnerships in Attachment 5: Letters of Agreement.

2) **All organizations applying as regional PCAs ONLY:** The extent to which the applicant describes how they will both effectively coordinate and continuously collaborate with all state PCAs in their region to develop and deliver T/TA that complements and doesn't duplicate T/TA developed by state PCAs.

The extent to which the applicant documents collaboration with all state PCAs in their region as Attachment 6: Regional Memorandum of Agreement.

3) **New organizations applying to be a state PCA covered by a regional PCA ONLY:** The extent to which the new state PCA applicant includes an attestation of their commitment to work with the regional PCA and sign the regional PCA's MOA in Attachment 8: Other Relevant Documents.

Criterion 4: EVALUATIVE MEASURES *(15 points) – Corresponds to Section IV*
Evaluative Measures

Information the applicant includes in the EVALUATIVE MEASURES section in their project narrative and supporting documents should explain how they will collect, monitor, and measure quantitative and qualitative data to improve the development and delivery T/TA activities.

1) The extent to which the applicant's plan will effectively:

   a) Monitor and measure the impact of T/TA activities for health centers on performance domain(s), progress towards attaining targets, and expected outcomes. The applicant's plan should include the frequency they will monitor and measure the impact of T/TA activities.

   b) Use valid and reliable quantitative and qualitative data to assess the quality, reach, and utility of T/TA activities. Data sources should include data from health centers, and other partners or collaborators in their state or region.

   c) Guide the applicant in making data-driven decisions when developing or modifying T/TA activities, including how they will determine the modality, frequency, length, and training objectives.

2) The extent to which the applicant details how they will evaluate and use participant responses to the 5-point Likert rating scale (used in the Participant Rating of T/TA Usefulness Target field in the PWP) to adjust T/TA activities.

3) The extent to which the applicant clearly describes their plan to disseminate T/TA evaluation results to the health centers in their state or region and to HRSA-supported T/TA partners and networks.

Criterion 5: RESOURCES AND CAPABILITIES *(20 points) – Corresponds to Section IV* *Resources and Capabilities*

Information the applicant includes in the RESOURCES AND CAPABILITIES section in their project narrative and supporting documents should demonstrate their ability to ensure overall success in the development and delivery of T/TA.

1) The extent to which the applicant demonstrates their capability to provide T/TA to health centers by:

   a) **Organizations applying to be a state PCA ONLY:** Documenting their experience and expertise in coordinating and providing T/TA activities of similar scope, such as delivering a range of T/TA across an entire state or region to an audience with varying T/TA needs.

   b) **Organizations applying as regional PCAs ONLY:** Documenting their experience and expertise in coordinating and providing T/TA activities across a region that includes multiple states, and to an audience with varying T/TA needs.

c) **All Organizations**: Detailing their accomplishments and lessons learned, including their experience conducting T/TA evaluation and how they have used the results to improve or modify activities.

2) The extent to which the applicant describes how their staffing plan, contracts, or agreements are appropriate for the operational and oversight needs, scope, and complexity of their project. The applicant includes how their proposed staffing is appropriate to address health workforce and special population T/TA needs in their state or region.

The extent to which following attachments demonstrate the applicant's capability to implement the project successfully: Attachment: 2 Staffing Plan; Attachment 3: Job Descriptions for Key Personnel; Attachment 4: Biographical Sketches for Key Personnel; and Attachment 7: Summary of Contracts and Agreements, if applicable.

3) The likelihood the applicant's recruitment and retention plan will achieve and maintain the proposed staffing plan. The applicant includes a timeline for recruiting, hiring, onboarding, and staff development that ensures the delivery of proposed T/TA within 60 days of award.

4) The extent to which the applicant describes their financial accounting and internal control systems and how they, as well as related policies and procedures, will reflect Generally Accepted Accounting Principles (GAAP).

Criterion 6: SUPPORT REQUESTED (10 points) – *Corresponds to Section IV* *Support Requested*

Information the applicant includes in the SUPPORT REQUESTED section in their project narrative and supporting documents should demonstrate how the submitted budget will ensure the overall success of their project.

1) The extent to which the applicant describes how their budget is appropriate for the proposed project, including alignment with the PWP and information provided in the submitted attachments.

The extent to which applicant's detailed budget presentation (i.e., SF-424A Budget Information – Non-Construction Programs form and Budget Narrative is consistent with the proposed project.

2.   Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See section 6.3 of HRSA's *SF-424 Two-Tier Application Guide* for more details.

3.   Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other

requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems; ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System (FAPIIS)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.](#)

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of July 1, 2024. See Section 6.4 of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Two-Tier Application Guide*.

If you are successful and receive an NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- All provisions of [45 CFR part 75](#), currently in effect or implemented during the period of the award,

- Other federal regulations and HHS policies in effect at the time of the award or

implemented during the period of award, and

- Applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the award, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov/.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing access, reasonable modifications and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS funded health and education programs must be administered in an environment free of sexual harassment. See https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights

obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at [HRSACivilRights@hrsa.gov](#).

Executive Order on Worker Organizing and Empowerment

Pursuant to the [Executive Order on Worker Organizing and Empowerment (E.O. 14025)](#), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to [45 CFR § 75.322(b)](#), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to [45 CFR § 75.322(d)](#), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. **Reporting**

Award recipients must comply with Section 7 of HRSA's *SF-424 Two-Tier Application Guide* **and** the following reporting and review activities:

1) **Progress Report(s)**. A non-competing continuation progress report, to include updates and progress on the PWP activities, targets, changes in staffing, and major changes in the state or regional health care landscape must be submitted on an annual basis. Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of

funding contingent upon Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the Federal Government. Award recipients will receive an email message via HRSA EHBs when it is time to begin working on their progress reports.

2) **Final Report**. A final report is due within 90 days after the period of performance ends (June 30, 2027).

3) **Integrity and Performance Reporting**. The NOA will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Vera Windham
Senior Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-6859
Email: vwindham@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Krishna Patel
Public Health Analyst, Office of Policy and Program Development
Bureau of Primary Health Care
Health Resources and Services Administration
Phone: (301) 594-4300
Contact: [BPHC Contact Form](#)

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

>HRSA Contact Center
>Phone: (877) 464-4772 / (877) Go4-HRSA
>TTY: (877) 897-9910
>Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

See Section 5.7 of HRSA's *SF-424 Two-Tier Application Guide*.

Appendix A: Form 1A Instructions

You must complete Form 1A in the EHBs. Detailed instructions for completing this form in EHBs is available on the [PCA TA webpage](#).

Form 1A: General Information Worksheet

This form includes key information about your organization and proposed project.
- **Section 1: Applicant Information:** Complete all required fields. Competing continuation applicants should update pre-populated information as needed.
- **Section 2: State/Regional Information:** Indicate the state or region that your organization proposes to serve. You may select only one.
- **Section 3: Budget Information:** The form will pre-populate the maximum amount of annual funding you may request based on the PCA type you selected in Section 2. Below that amount, the form will pre-populate the amount of funding you requested on the SF-424A. If the amount requested on the SF-424A in your Grants.gov submission is greater than the pre-populated maximum allowable funding, you must edit the funding request amount in your EHBs submission (SF-424A Budget Information – Non-Construction Programs Form - Section A) to ensure eligibility.

Appendix B: Project Work Plan Instructions

You must complete the PWP in HRSA EHBs. Detailed instructions for completing this form in EHBs are available in the PCA User Guide, posted on the PCA TA webpage.

Information in the PWP should be developed based on the needs of the health centers in your state or region. Health centers refers to all existing and potential Health Center Program award recipients and look-alikes (LALs). Information included in the PWP should not be developed based only on a sample or subset of health centers within the state or region.

The PWP consists of three sections: *Objective Details, Key Factors, and Activities.* Information you provide in the *Objective Details* section will cover the entire 3-year period of performance. Information you provide in the *Key Factors* and *Activities* sections will only cover year 1 of the period of performance. Activities must be tailored to needs of health centers within your state or region and support objective target achievement. You must propose between 2-6 activities for each objective*,* as outlined in Appendix C: PCA Objective Guide. You're encouraged to incorporate Justice, Equity, Diversity, and Inclusion (JEDI) concepts when developing your activities and resources.

Table 3: PWP Instructions Table

Field	Instructions
Objective Name	The objective name will be pre-populated in the EHBs.
Objective Description	The EHBs will pre-populate fields for all mandatory objectives defined in Appendix C: PCA Objective Guide.
Health Center Supplemental Funding (maximum of 100 characters)	Enter the name of the health center supplemental funding about which you will provide T/TA to support health centers in your state or region implement. *This field will only appear for Health Center Supplemental Funding Support Objectives.*
Training and Technical Assistance (T/TA) Needs Narrative (maximum 3500 characters)	Provide a description of the specific need(s) of the health centers in your state or region, as related to the objective. In your description include the number of health centers in the state or region.
Training and Technical Assistance (T/TA) Baseline Number	For objectives that count the number of health centers that receive T/TA, enter "0" for your baseline, since the count is not necessary for T/TA provided before the beginning of the period of performance (July 1, 2024).

Field	Instructions
	For objectives that align with UDS data, provide the most recent data for your state or region relevant to the corresponding UDS measures listed [2023 UDS Manual](#).
Objective Target	Provide an attainable target to be achieved by the end of the period of performance (June 30, 2027). You are expected to make steady progress toward the target over the course of the 3-year period of performance. For supplemental funding objectives, include number of health centers in your state or region that received the supplemental funding you selected.
Objective Impact Narrative (maximum 2,500 characters)	Describe how the planned activities will help you achieve the objective target by the end of the period of performance (June 30, 2027). Your description should include the quantitative and qualitative data that will be used to evaluate the overall impact of T/TA activities to achieve the objective target.
Training and Technical Assistance (T/TA) Session Target	Provide the estimated number of T/TA engagements planned through the end of the period of performance (from July 1, 2024, through June 30, 2027) to help you achieve the objective target.
Training and Technical Assistance (T/TA) Participation Target	Provide the target number of participants that will participate in the formal T/TA sessions through the end of the period of performance (from July 1, 2024, through June 30, 2027). Individuals that participate in more than one T/TA session may be counted more than once. You may also include participants in asynchronous T/TA sessions, such as recorded webinars, in this total.
Participant Rating of Training and Technical Assistance (T/TA) Usefulness Target	Provide a target for the average usefulness of the T/TA as measured by participant surveys. The measure should cover the period of performance (from July 1, 2024, through June 30, 2027) and use a 5-point Likert satisfaction rating scale, where a rating of "1" is least useful and "5" is most useful.
Key Factors (maximum 500 characters)	Identify 2-5 factors that will either contribute to or restrict progress on achieving the objectives. Include

Field	Instructions
	current or anticipated federal, state, and/or regional initiatives that may affect achievement of targets. Cite supporting data sources (e.g., needs assessments, focus groups). At least 1 Contributing and 1 Restricting Key Factor must be identified.
Activity Name (maximum 200 characters)	Provide a unique name for each activity that can be used to distinguish between similar activities.
Activity Description (maximum 7,500 characters)	Propose 2-6 activities for each objective. Describe the major planned activities to be completed between July 1, 2024, through June 30, 2025, that will contribute to objective target achievement by the end of the period of performance (June 30, 2027). In the Activity Description field of the PWP include at a minimum: - A description of the activity that details how it is tailored to the needs of the health centers. - For T/TA offerings include modality, frequency, length, and training purpose/objectives. - The name of partner organization(s), and how they will support the development and delivery of this activity, if applicable. - How the activity will assist health centers reach a higher level of performance across the performance domain(s) selected below. Note: Overview of years 2 and 3 activities should be described in the RESPONSE section of the Project Narrative, and detailed in future non-competing continuation progress reports. Those activities should not be included in the PWP.
Performance Domain(s) (Checkbox in EHBs)	Identify the performance domain(s) that the activity will help health centers reach a higher level of performance. Select all that apply: - Governance and Management - Workforce - Financial Sustainability - Quality, Patient Care, and Safety - Patient Experience - Access and Affordability

Field	Instructions
	• Population Health and Social Determinants of Health (SDOH)
Person/Group Responsible (maximum 1,000 characters)	Identify the person, position, or group that will be responsible and accountable for carrying out each activity.
Target Start Date (numeric format mm/dd/yyyy)	Provide the estimated start date for each activity. This date must be within the first 12 months of the period of performance (from July 1, 2024, through June 30, 2025).
Target End Date (numeric format mm/dd/yyyy)	Provide the estimated end date for each activity. This date must be within the first 12 months of the period of performance (from July 1, 2024, through June 30, 2025).
Anticipated Outcome (maximum 7,500 characters)	Identify what you expect to achieve once completing the activity. Include how this activity is expected to support your ability to achieve the objective, objective target, T/TA session target, T/TA participation target, and participant rating of T/TA usefulness target.
Comments (optional) (maximum 7,500 characters)	Include additional information relevant to each activity, as desired.

Appendix C: PCA Objective Guide

Applicants must use this guide as a reference to complete your Project Narrative and PWP. Each objective must have 2-6 activities that support objective target achievement. Health centers include existing and potential Health Center Program award recipients and LALs. Each application must address each objective listed in Table 4 below. Achievement of these objectives will be evaluated based on the performance measures described in Table 4 below.

Table 4: PCA Objectives and Performance Measures

#	Objective	Performance Measure
1	**Access to Care –** Increase the number of health centers that receive T/TA to provide and enhance access to comprehensive, culturally competent, high-quality primary health care services.	Number of health centers in the state or region that received T/TA to provide and enhance access to comprehensive, culturally competent, high-quality primary health care services.
2	**Recruitment and Retention –** Increase the number of health centers that receive T/TA on using data (e.g., Health Center Workforce Survey data) to develop, implement, and/or revise recruitment and retention strategies to attract linguistically and culturally competent candidates, enhance job satisfaction and workforce well-being, and/or reduce job turnover.	Number of health centers in the state or region that received T/TA using data to develop, implement, and/or revise recruitment and retention strategies to attract linguistically and culturally competent candidates, enhance job satisfaction and workforce well-being, and/or reduce job turnover.
3	**Health Professions, Education, and Training (HP-ET) –** Increase the number of health centers that receive T/TA on implementing career pathway or residency programs for health and allied health professions students, trainees, and residents to enhance health centers' capabilities to recruit, develop, and retain a workforce that provides comprehensive, culturally competent, high-quality primary health services that meets the needs of the communities it serves.	Number of health centers in the state or region that received T/TA on implementing career pathway or residency programs for health and allied health professions students, trainees, and residents to enhance health centers' capabilities to recruit, develop, and retain a workforce that provides comprehensive, culturally competent, high-quality primary health services that meets the needs of the communities it serves.

#	Objective	Performance Measure
4	**Health Professional Education/Training (UDS) –** Increase the number of health centers that provide health professional education/training that is a hands-on, practical, or clinical experience.	Use the corresponding UDS measure that aligns with the 2023 UDS Manual, and list the percentage of health centers in the state or region that provide health professional education/training that is a hands-on, practical, or clinical experience.
5	**Health Center Leader and Board Support –** Increase the number of health center leaders (e.g., CEO, CFO, Financial Managers) and board members who receive T/TA on improving management and administrative capabilities (e.g., leadership development, strategic plan development, board training) to advance health center excellence (clinical, financial, equity).	Number of health centers in the state or region whose leaders and board members received T/TA on improving management and administrative capabilities to advance health center excellence.
6	**Preparedness, Response, and Recovery –** Increase the number of health centers that receive T/TA on assessing, implementing, and/or revising preparedness, response, and recovery plans (e.g., continuity of operations planning, crisis standards of care) to ensure continued access to care during environmental and/or emergent health events (e.g., wildfire smoke, hurricane response, outbreaks).	Number of health centers in the state or region that received T/TA on assessing, implementing, and/or revising preparedness, response, and recovery plans to ensure continued access to care during environmental and/or emergent health events.

#	Objective	Performance Measure
7	**Chronic Disease Management (Applicant Choice)** – Provide T/TA to health centers on ways to change one or more of the following measures health centers report on in the UDS: • Controlled Hypertension • Depression Remission • Diabetes • Heart Disease: Statin Therapy • HIV Linkage to Care • Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet *Applicants applying to be a state PCA in Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, or South Carolina must select HIV Linkage to Care as one of their choices.*	Use the corresponding UDS measures that align with the 2023 UDS Manual, and list the estimated percentage of patients in the state or region for each selected measure: • Controlled Hypertension • Depression Remission • Diabetes • Heart Disease: Statin Therapy • HIV Linkage to Care • IVD: Use of Aspirin or Another Antiplatelet
8	**Preventive Services Outcomes (Applicant Choice)** – Provide T/TA to health centers on ways to increase preventive screening services on one or more of the following measures health centers report on in the UDS: • BMI Screening-Adults • Cancer Screening (breast, cervical, colorectal) • Depression Screening • HIV Screening • Tobacco Use Screening • Statin Therapy for Prevention and Treatment of Heart Disease • Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents *Applicants applying to be a state PCA in Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, or South Carolina must select HIV Screening as one of their choices.*	Use the corresponding UDS measure that aligns with the 2023 UDS Manual, and list the estimated percentage of patients in the state or region for each selected measure: • BMI Screening-Adults • Cancer Screening (breast, cervical, colorectal) • Depression Screening • HIV Screening • Tobacco Use Screening and Intervention • Statin Therapy for Prevention and Treatment for Heart Disease • Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

#	Objective	Performance Measure
9	**Value-Based Care Delivery –** Increase the number of health centers that receive T/TA on developing, participating, or updating value-based care (VBC) delivery plans that advance health equity, support patients' social needs, and address care for specific populations. For example, supporting health centers develop a business case for VBC, supporting health center financial risk modeling for analyzing payer value-based proposals, supporting health center performance monitoring and reporting of value-based arrangements, supporting care management/population health strategy, supporting real-time clinical quality, utilization data infrastructure, capturing patient satisfaction feedback.	Number of health centers in the state or region that received T/TA on developing, participating, or updating VBC delivery plans that advance health equity, support patients' social needs, and address care for specific populations.
10	**Financial Sustainability –** Increase the number of health centers that receive T/TA on improving financial sustainability by managing revenue diversity (e.g., billing and coding, financial recovery and sustainability planning, health center service and site expansion) to advance patient outcomes.	Number of health centers in the state or region that received T/TA on improving financial sustainability by managing revenue diversity to advance patient outcomes.

#	Objective	Performance Measure
11	**Population Health and Social Risk Factors –** Increase the number of health centers that receive T/TA on collecting information on the health-related social needs of patients to understand social needs in the community and achieve health equity. For example, how to systematically collect data and screen for social risk factors; how to identify which community partners will be engaged in the needs assessment process; and how to build partnerships to connect patients with support services to achieve health equity.	Number of health centers in the state or region that received T/TA on collecting information on the health-related social needs of patients to understand social needs in the community and achieve health equity.
12	**Health Center Supplemental Funding Support (Required) –** Increase the number of health centers that receive T/TA on maximizing the impact and reach of Health Center Program supplemental funding the health centers have received. *PCAs should identify one supplement health centers in their state or region received and are actively implementing.* *Applicants applying to be a state PCA in Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, or South Carolina must provide PCHP T/TA to health centers that received PCHP funding.*	Number of health centers in the state or region that received T/TA on maximizing the impact and reach of Health Center Program supplemental funding the health centers have received.
13	**Health Center Supplemental Funding Support (Optional) –** Increase the number of health centers that receive T/TA on maximizing the impact and reach of Health Center Program supplemental funding the health centers have received. *PCAs may identify an additional supplement health centers in their state or region received and are actively implementing.*	Number of health centers in the state or region that received T/TA on maximizing the impact and reach of Health Center Program supplemental funding the health centers have received.

#	Objective	Performance Measure
14	**Health Center Supplemental Funding Support (Optional) –** Increase the number of health centers that receive T/TA on maximizing the impact and reach of Health Center Program supplemental funding the health centers have received. *PCAs may identify an additional supplement health centers in their state or region received and are actively implementing.*	Number of health centers in the state or region that received T/TA on maximizing the impact and reach of Health Center Program supplemental funding the health centers have received.