U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Bureau of Primary Health Care
Health Center Program

State and Regional Primary Care Association (PCA) Cooperative Agreements

Funding Opportunity Number: HRSA-20-021
Funding Opportunity Type(s): Competing Continuation, New
Assistance Listings (CFDA) Number: 93.129

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date in Grants.gov: November 8, 2019
Supplemental Information Due Date in HRSA EHBs: December 10, 2019

Ensure your SAM and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov, Grants.gov and EHBs,
may take up to 1 month to complete.

Issuance Date*:* September 9, 2019

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https://bphc.hrsa.gov/program-opportunities/funding-opportunities/pca

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 State and Regional Primary Care Association (PCA) Cooperative Agreements. This funding will establish or maintain cooperative agreements with organizations to provide training and technical assistance (T/TA) on a state or regional basis to existing and potential health centers. Existing health centers include Health Center Program award recipients and look-alikes. Potential health centers include organizations that are applying for or seeking information about applying for a Health Center Program award or look-alike designation.

Funding Opportunity Title:	State and Regional Primary Care Association (PCA) Cooperative Agreements
Funding Opportunity Number:	HRSA-20-021
Due Date for Applications – Grants.gov:	November 8, 2019 (11:59 p.m. ET)
Due Date for Supplemental Information – HRSA Electronic Handbooks (EHBs):	December 10, 2019 (5 p.m. ET)
Anticipated Total Annual Available FY 2020 Funding:	Approximately $57.5 million
Estimated Number and Type of Awards:	Up to 52 cooperative agreements
Estimated Award Amount:	Varies
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	July 1, 2020 through June 30, 2023 (up to 3 years)
Eligible Applicants:	Eligible applicants include domestic public, non-profit, and for-profit entities, including tribal and faith-based 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 HRSA's *SF-424 Two-Tier Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf.

Technical Assistance

Application resources, including sample forms and documents as well as a frequently asked questions (FAQs) document, are available at the PCA Technical Assistance webpage (https://bphc.hrsa.gov/program-opportunities/funding-opportunities/pca). HRSA will hold a pre-application Technical Assistance (TA) webinar for applicants seeking funding through this opportunity. This webinar will provide an overview of the pertinent information in this NOFO and an opportunity for applicants to ask questions. Visit the PCA Technical Assistance webpage for webinar details (date, time, dial-in number, web link).

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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 Agreements funding to provide training and technical assistance (T/TA) to existing and potential Health Center Program award recipients and look-alikes[1] (hereafter referred to as health centers). The Health Resources and Services Administration (HRSA) seeks to fund up to 52 organizations to provide T/TA to support health centers to provide comprehensive, high quality primary health care and improve the health of individuals and communities, through the following goals:

- Increase access to comprehensive primary care;
- Accelerate value-based care delivery;
- Foster a workforce to address current and emerging needs;
- Enhance emergency preparedness and response; and
- Advance clinical quality and performance.

2. Background

Health centers provide access to comprehensive, culturally competent, quality primary health care services to the Nation's most vulnerable populations. The Health Center Program currently includes approximately 1,400 Health Center Program award recipients and approximately 50 look-alikes[2] that operate more than 12,000 service delivery sites in every state, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin. In 2018, funded health centers and look-alikes provided care to more than 29 million patients.

PCAs provide T/TA to maximize the value and impact of the Health Center Program, supporting health centers to innovate and respond to changes in their state or regional health care environment while maintaining compliance with Health Center Program requirements. PCAs develop T/TA and coordinate with, leverage, adapt, and complement T/TA resources developed by other BPHC-supported T/TA providers, including National Health Center Training and Technical Assistance Partners (NTTAPs) (formerly known as National Training and Technical Assistance Cooperative Agreements (NCAs)), and Health Center Controlled Networks (HCCNs).

The states and regions to be served under this NOFO are listed in the State and Region Table, available on the PCA Technical Assistance webpage. You may apply to provide T/TA to only one state or region, and HRSA will issue only one PCA award for each identified state or region.

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[1] Look-alikes (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/programopportunities/lookalike/index.html.
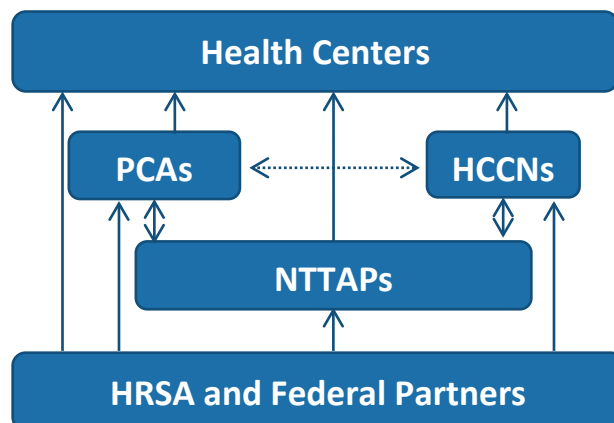
Program Overview

Funding for a 3-year period of performance (July 1, 2020 through June 30, 2023) will support the provision of T/TA to health centers to increase access to comprehensive primary care, accelerate value-based care delivery, foster a workforce to address current and emerging needs, enhance emergency preparedness and response, and advance clinical quality and performance. Recipients will accomplish these goals and the related objectives outlined in Appendix B: Goals and Objectives Development Guide through identifying and disseminating promising practices,[2] facilitating strategic discussions and trainings, coordinating stakeholder meetings, and other T/TA activities.

To effectively meet the Goals and Objectives, HRSA expects recipients to:

- Monitor state and/or regional factors that impact health centers to inform T/TA activities;
- Support collaboration and coordination among health centers in the state and/or region;
- Organize and support health centers in the state or region to implement evidence-based and promising practices to address HRSA priorities in ways that are most effective given their unique state or regional environment;
- Serve as the state or regional health care knowledge hub (dependent on type of applicant) for existing and potential health centers in the state or region;
- Facilitate state or regional quality and performance improvement efforts through design and implementation of state/region-specific T/TA.

Recipients must engage and represent all health centers in the state or region to inform the development of T/TA activities. Recipients are also required to engage and collaborate with other BPHC-supported T/TA partners (e.g., NTTAPs, HCCNs), as well as other state and regional stakeholders, to share data on T/TA needs, coordinate and align T/TA activities, and share T/TA resources and tools that will amplify impacts and reduce duplication of effort. Recipients will tailor resources and tools developed by other HRSA-supported T/TA providers to the state/local context, including:

- National curricula, tools, and resources developed by NTTAPs to improve outcomes and address barriers at a national level.
- Tools and resources developed by HCCNs to enhance the patient and provider experience, advance interoperability, and facilitate the use of data to enhance value.

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 (in-person or distance webinars, seminars, workshops, or courses). Technical assistance is the process of providing targeted support to an organization to facilitate quality or performance improvement. Technical assistance can take many forms that could include:

- Providing training such as webinars, networking meetings, and conference sessions to build knowledge, skills, or abilities;
- Conducting consultations on particular challenges in advancing strategic priorities;
- Developing and sharing resources such as readiness tools, implementation manuals, fact sheets; and
- Identifying and disseminating promising practices.

PCA Requirements

For the purposes of this funding opportunity, applicants must propose to provide T/TA as either a state PCA or regional PCA. State PCAs are the primary T/TA providers to existing and potential health centers in state, or combination of states as listed on the State and Region Table. Regional PCAs add value to the work of state PCAs, providing T/TA to existing and potential health centers in areas that are also served by state PCAs, while ensuring no duplication of effort. See State and Region Table on the PCA Technical Assistance webpage for the list of state and regional PCA options.

Applicants must propose to provide T/TA that will increase access to comprehensive primary care services, accelerate value-based care delivery, foster a workforce to address current and emerging needs, enhance emergency preparedness and response, and advance clinical quality and performance in the proposed state or region through the provision of T/TA to health centers. See Appendix B: Goal and Objectives Development Guide for a detailed overview of how these goals relate to the program objectives.

PCAs must ensure access to T/TA services without regard to health center award/designation status, PCA membership status, or location within the state or region.[3] The ability for a PCA to charge for T/TA varies:
- PCAs 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 the PCA can demonstrate that the charge is not a barrier to access.

PCAs should 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

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

recordings, following any live events. PCAs must make T/TA available through the health center resource clearinghouse[4].

Failure to meet PCA requirements may jeopardize PCA funding per the Uniform Administrative Requirements, Cost Principles, and Audit Requirements   as codified by HHS at 45 CFR part 75. HRSA will assess award recipients for compliance prior to and during the project period. When non-compliance is identified, HRSA may place a condition on the recipient's award. If an organization fails to successfully resolve conditions, HRSA may withdraw support through cancellation of all or part of the cooperative agreement award (see penalties for noncompliance outlined by 45 CFR 75.371).

II. Award Information

1. Type of Application and Award

Types of applications sought:

- **Competing continuation** – A current PCA award recipient whose period of performance ends June 30, 2020 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 in one of the identified states or regions (see State and Region Table on the PCA Technical Assistance webpage for the list of states and regions).

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA involvement in the cooperative agreement will include the following:
- Collaborate with award recipients to refine and approve the Project Work Plan 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;
- Monitor and support implementation of the Project Work Plan through collaborative meetings and progress report reviews;
- Review and support 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;
- Attend and participate in state or regional PCA-related meetings, as appropriate;
- Coordinate with other Bureaus and Offices within HRSA to identify and support collaboration across and within programs;
- Identify opportunities to coordinate activities with other federally-funded cooperative agreements; and

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[4] To see the current version of the health center resource clearinghouse, visit (insert website)

- Conduct 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.

The cooperative agreement award recipient's responsibilities shall include the following:
- Collaborate with HRSA on refining and implementing the Project Work Plan based on HRSA priorities and changes in the health care landscape, to include regional PCA updates needed based on changes at the state-level;
- Engage with HRSA to update the Project Work Plan at least annually, or more frequently as needed (e.g., in response to site visit findings, to establish new Goals and their related Objectives and Activities once current Goals and/or Objectives and Activities are met, to address significant changes in HRSA priorities);
- Provide a plan for publications to be created or disseminated with PCA funds. The plan should include each publication's purpose, target audience, title, publication mode or type, summary description, expected impact/benefit, and projected publication date in accordance with HRSA's Publication Protocol;
- Adhere to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced through HRSA award funds, as noted on the Notice of Award;
- Participate in HRSA and related stakeholder meetings, as appropriate;
- Coordinate with national, federal, state, and local organizations to strengthen Project Work Plan development and implementation;
- Ensure that activities supported in whole or in part with PCA funds are equally available to all existing and potential health centers, regardless of Health Center Program award/look-alike status or PCA membership; and
- Participate in a HRSA-led PCA site visit once during the 3-year project period. Information about the PCA site visit process is available in the PCA Site Visit Guide.

2. Summary of Funding

HRSA expects approximately $57.5 million to be available annually to fund up to 52 recipients. The actual amount available will not be determined until enactment of the final FY 2020 appropriation. 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.

You may apply for up to the current maximum annual award amount for the state or region. 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.

The period of performance is July 1, 2020 through June 30, 2023 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for T/TA in subsequent fiscal years, satisfactory recipient performance, 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: Recipients may request supplemental funding at any point in their period of performance to address unique state or regional health center T/TA needs that are connected to, but not duplicative of, the funded scope of work. HRSA may provide support for such 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 nonduplicative of work performed by HRSA or other funding recipients.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit, or for-profit entities that can provide T/TA to organizations that have or are seeking Health Center Program funding or look-alike designation. Faith-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

Applications that do not include the Project Narrative will be considered non-responsive and will not be considered for funding under this notice.

Applicants in which the applicant organization (as listed on the SF-424) does not propose to perform a substantive role in the project will be considered non-responsive and will not be considered for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

HRSA will only accept your first validated electronic submission, under the correct funding opportunity number (HRSA-20-021), in Grants.gov. Subsequent applications will be marked as duplicates and considered ineligible for review. If you wish to change information submitted in your Grants.gov application, you may do so in the HRSA Electronic Handbooks (HRSA EHBs) application phase.

Multiple applications from an organization are not allowable. HRSA will only review the first application you submit for Health Center Program T/TA funding in Fiscal Year 2020. Subsequent applications across FY 2020 NOFOs focused on state, regional, and/or

national Health Center Program T/TA will be considered non-responsive and will not be considered for funding.

Your annual funding request (as presented on the SF-424A and Budget Narrative) **must not** exceed the current maximum funding for the proposed state or region. Applicants are encouraged to confirm the current amount of funding available for your state or region by contacting the PCA Response Team via the BPHC Contact Form. Applications that exceed this amount for Year 1 of the period of performance will be considered non-responsive and will not be considered for funding under this opportunity.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically through Grants.gov and HRSA EHBs. You must use a two-phase submission process associated with this NOFO and follow the directions provided at http://www.grants.gov/applicants/apply-for-grants.html and in the PCA EHB user guide located on the PCA Technical Assistance webpage.

- **Phase 1 – Grants.gov** – Required information must be submitted and validated via Grants.gov with a due date of November 8, 2019 at 11:59 p.m. Eastern Time; **and**

- **Phase 2 – HRSA EHBs** – Supplemental information must be submitted via HRSA EHBs with a due date of December 10, 2019 at 5 p.m. Eastern Time. Note that access to the HRSA EHBs application module will start October 18, 2019. You may submit in Grants.gov prior to this date, but will not be able to begin Phase 2 of your application in HRSA EHBs until October 18.

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 forms and attachments in HRSA EHBs (Phase 2).

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package, in order to receive notifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Application Format Requirements
Section 5 of HRSA's *SF-424 Two-Tier Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *Application Guide* in addition to the program-specific information below. You are responsible for

reading and complying with the instructions included in HRSA's *SF-424 Two-Tier Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 9.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of up to 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard OMB-approved forms do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **Take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, validated by Grants.gov, and submitted under the correct funding opportunity number prior to the Grants.gov and HRSA EHBs deadlines to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1. You certify on behalf of the applicant organization, by submission of this proposal, that neither it nor its principals is 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. 3321).
3. Where you are unable to attest to the statements in this certification, an explanation shall be included in Attachment 10: 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* *(Submit in Grants.gov)*
  See Section 5.1.ix. of HRSA's *SF-424 Two-Tier Application Guide*.

  ii. *Project Narrative* *(Submit in HRSA EHBs - required for completeness)*
  This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Use the following section headers for the narrative:
NEED -- Corresponds to *Section V.1 Review Criterion 1: NEED*

Information provided in this section must serve as the basis for, and align with, the Goals and the related Objectives and proposed Activities described in the Project Work Plan.

The application must clearly reflect the needs of existing and potential health centers within the state(s) or region.

1. Describe current conditions and recent or upcoming changes in the state or regional health care environment impacting existing and potential health centers and other safety net providers, including:
   a. Insurance coverage, including Medicaid, Medicare, and Children's Health Insurance Program (CHIP).
   b. State, local, and private uncompensated care programs.
   c. Economic, health care availability, or population factors (e.g., influx of or decline in residents due to workforce shifts or job growth, closing of hospitals or other major community health care providers).
   d. Natural disasters (e.g., hurricanes, floods)
   e. Emerging public health issues and priorities (e.g., the opioid crisis, the HIV epidemic).
   f. Changes affecting statutorily defined special populations (Migratory and Seasonal Agricultural Workers, Healthcare for the Homeless, or Residents of Public Housing) or vulnerable populations[5].

2. Describe your process for assessing health center T/TA needs in the state or region, including how often you conduct and/or update a comprehensive needs assessment. Submit a summary of the most current needs assessment as Attachment 9: Needs Assessment Summary.

3. Describe the health center T/TA needs in the state or region, citing current data sources that may include a state or regional T/TA needs assessment, Health Center Program data (e.g., Uniform Data System (UDS) reports), annual satisfaction survey results, and participant feedback from past T/TA trainings. Specifically address T/TA needs in the following areas:
   a. Accessing comprehensive primary care services;
   b. Accelerating value-based care delivery;
   c. Fostering a workforce to address current and emerging needs;
   d. Enhancing emergency preparedness and response; and
   e. Advancing clinical quality and performance.

4. Discuss short- and long-term health center T/TA priorities in the state or region over the next 3 years. For the purpose of this NOFO, short-term refers to the first 12

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[5] Vulnerable populations have unique characteristics that affect culturally and linguistically competent health care access and utilization.

months of funding, while long-term refers to the remaining 2 years of the 3-year project period.

RESPONSE *-- Corresponds to* *Section V.1 Review Criterion 2: Response*

Note: The Project Work Plan should address ONLY those activities to be supported under the PCA cooperative agreement that will fulfill this NOFO's goals and should not include activities supported solely by other sources of funding.

1. Complete the structured Project Work Plan electronically in EHBs, outlining activities to be completed in the first 12 months of the project period. The Project Work Plan must:
    a. Demonstrate compliance with all PCA Requirements.
    b. Outline a plan to make progress within the first 12 months toward achieving this NOFO's goals.
    c. Propose activities based on current health center T/TA needs in the state or region (as defined in the current needs assessment and as described in the *NEED* section of the Project Narrative).
    d. Include the dissemination of evidence-based and promising practices to drive progress toward the Objective Targets.

Instructions for completing the Project Work Plan are available in Appendix A: Instructions for the EHBs Application Forms. Required Goals and Objectives, as well as examples of activities, can be found in Appendix B: Goals and Objectives. A sample Project Work Plan is also provided on the PCA Technical Assistance webpage.

2. Describe how you will modify and expand the first year's activities in Years 2 and 3 of the period of performance to achieve the Goals and Objectives by the end of Year 3.

3. Describe your organization's strengths in addressing both Restricting and Contributing Factors to implementing the activities described in the Project Work Plan. Include any strategies and approaches that will be used to resolve and overcome potential challenges.

4. Discuss how the proposed T/TA activities (e.g., training sessions, learning collaboratives, webinars) will be made available and accessible (e.g., cost, location) to existing and potential health centers across the state or region, regardless of PCA membership or Health Center Program award or look-alike designation status.

5. Describe a plan to regularly solicit and incorporate input on T/TA plans and resources from existing and potential health centers, including those serving special and vulnerable populations and newly funded health centers, as well as other T/TA providers (e.g., NTTAPs, HCCNs, State Primary Care Offices) to guide current and future PCA strategic planning, development, and activities.

6. Describe plans for disseminating promising practices identified through health center T/TA to other health centers within the state or region as well as T/TA providers or health centers beyond the state or region.

COLLABORATION *-- Corresponds to* *Section V.1 Review Criterion 3: Collaboration*

1. Describe both formal and informal collaboration and coordination with other HRSA- and BPHC-supported T/TA providers and partners and other state and regional organizations in order to:
    a. Maximize the impact of T/TA activities,
    b. Form linkages among a diverse membership to strengthen the safety net within the state or region,
    c. Meet the goals of this NOFO,
    d. Increase the use of data to inform T/TA development and evaluation,
    e. Make T/TA available through the national Health Center Resource Clearinghouse, and
    f. Reduce potential duplication of effort among health center T/TA providers.

    Examples of other HRSA- and BPHC-supported T/TA providers and partners include NTTAPs, Regional PCAs (if applicable), HCCNs, Primary Care Offices, Area Health Education Centers, Public Health Training Centers, Telehealth Resource Centers, Title V Maternal and Child Health Services Block Grant state agencies, and AIDS Education and Training Centers (AETCs). Other state and regional organizations include State Offices of Rural Health.

    Indicate if collaboration/coordination is current, planned for the purposes of supporting the proposed project, or both.

2. Provide documentation of current and proposed collaborations through letters of support, commitment, and/or investment that reference the specific collaboration and/or coordinated activities in support of the proposed project as Attachment 5: Letters of Agreement. At a minimum, include a current dated letter from the primary formal collaborators noted in the response to Question 1 above and at least one relevant state public agency (e.g., state health department, state primary care office, state Medicaid agency). If you did not obtain one or more letters outlined above, include documentation of your efforts/requests to obtain the letters and any additional explanatory information.

3. **Organizations applying as regional PCAs ONLY:** Describe the collaborative approach you will take to ensure the provision of T/TA will be coordinated with all state PCAs operating in the region (see State and Region Table on the PCA Technical Assistance webpage for the list of state and regions), including a discussion of:
    a. How the proposed activities will complement and/or enhance T/TA activities conducted by state PCAs.
    b. The unique benefit your organization will have on health centers in the region to advance each Goal and related Objectives outcome beyond the level proposed by the state PCAs.
    c. The plan for continuous communication and collaboration on T/TA activities between your organization and the state PCAs to ensure there is no duplication of effort.
    d. How the current state PCAs in the region have documented their commitment to collaborate to enhance Goal and Objective attainment by submitting a

signed Memorandum of Agreement, as instructed in Attachment 6: Regional Memorandum of Agreement.

EVALUATIVE MEASURES -- Corresponds to *Section V.1 Review Criterion 4*

1. Within the Project Work Plan (see Appendix A: Instructions for the EHBs Application Forms) for field descriptions):
   a. Set Objective Targets that are realistic, achievable, and will ensure state or regional Goal advancement by the end of the 3-year project period.
   b. Document meaningful Objective Impact Narratives that link the activities to achievement of the Objective Targets by the end of the 3-year project period.
   c. Identify unique Key Factors for each Objective that will either be mitigated or maximized to ensure Objective Target achievement.
   d. Project appropriate and achievable targets, based on funding level and scope of Project Work Plan, for required process measures (see Appendix B: Goals and Objectives Development Guide for details).
   e. Provide clear Expected Outcomes for each activity that will enable the tracking of progress over time.

2. Describe a plan for evaluation of the proposed T/TA activities that will:
   a. Include the use of valid and reliable quantitative and qualitative data sources from health centers, collaborative partners, and other stakeholders in the state or region to assess reach and perceived usefulness of T/TA activities.
   b. Ensure frequent monitoring and measurement of impact, including progress towards Objectives and Expected Outcomes.
   c. Ensure the use of evaluation results to improve performance.

3. Describe the numeric-based rating scales used for process measures (see Appendix A: Instructions for the EHBs Application Forms for details).

4. Describe your plan for dissemination of evaluation results to health centers within the state or region, as well as other PCAs and T/TA providers, as appropriate.

RESOURCES AND CAPABILITES -- Corresponds to *Section V.1 Review Criterion 5*

1. Demonstrate your capability to successfully provide state or regional T/TA to existing and potential health centers by documenting your experience and expertise in:
   a. Coordination and provision of health center T/TA activities of similar scope, including a description of past performance, accomplishments, and lessons learned.
   b. Responding rapidly to changes taking place in the health care environment, as well as within health centers in the state or region.
   c. Mobilizing resources across the state or region to meet the goals of this NOFO.

2. **Competing Continuation Applicants (current state or regional PCAs) ONLY**: Document demonstrated successes and capabilities in Attachment 8: Summary

[Progress Report for Current PCAs,](#) to include a summary of the accomplishments achieved during the current project period.

3. Describe how the organizational structure, including any contracts or agreements, (consistent with [Attachment 1: Project Organizational Chart](#) and [Attachment 7: Summary of Contracts and Agreements](#)) is appropriate for the operational and oversight needs of the project.[6]
    a. Describe how the proposed staffing plan ([Attachment 2: Staffing Plan](#)) is appropriate for the projected number and variety of T/TA activities to be provided during the project period.
    b. Describe a plan for recruiting and retaining staff to achieve or maintain the proposed staffing plan.
    c. Describe your organization's financial accounting and internal control systems and how they, as well as related policies and procedures, reflect Generally Accepted Accounting Principles (GAAP).[7]

4. Describe how your organization's management team (Chief Executive Officer (CEO), Clinical Director (CD), Chief Financial Officer (CFO), Chief Information Officer (CIO), Chief Operating Officer (COO), and Project Director (PD), as applicable) is appropriate for the operational and oversight needs, scope, and complexity of the proposed project, including:
    a. Defined roles (consistent with [Attachment 3: Job Descriptions for Key Personnel](#)), in particular the Project Director's (or equivalent position, such as CEO) responsibilities for day-to-day program management of the PCA's activities.
    b. Skills and experience for the defined roles [Attachment 4: Biographical Sketches for Key Personnel](#)).
    c. If applicable, recent changes in key management staff or significant changes in roles and responsibilities.

5. Describe how you will ensure that delivery of proposed T/TA will be initiated within 60 days of award. Provide a timeline for hiring, onboarding, and development of staff, as needed.

SUPPORT REQUESTED -- *Corresponds to [Section V.1 Review Criterion 6: Support Requested](#)*

1. Provide a consistent and detailed budget presentation through the submission of the SF-424A and Budget Narrative. Refer to *[Section IV.2.iii](#)* and *[Section IV.2.iv](#)* for budget presentation instructions.

2. Describe how your budget is appropriate for the proposed project, including alignment with the Project Work Plan and information provided in the attachments (e.g., [Attachment 2: Staffing Plan](#), [Attachment 7: Summary of Contracts and](#)

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[6] PCA award recipients and contractors are subject to the HHS grant requirements set forth in [Uniform Guidance 2 CFR part 200 as codified by HHS at 45 CFR part 75](#) as applicable.
[7] GAAP is defined in [45 CFR part 75.](#)

Agreements).

NARRATIVE GUIDANCE
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. You should use both the Project Narrative and Review Criteria sections as you develop your application. Reviewers will use both when scoring your application.

Narrative Section	Review Criteria
Need	(1) Need
Response	(2) Response, including the Project Work Plan
Collaboration	(3) Collaboration
Evaluative Measures	(4) Evaluative Measures, including the Project Work Plan
Resources and Capabilities	(5) Resources and Capabilities
Support Requested	(6) Support Requested

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

Reminder: The Total Project Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, "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." See Section 5.1.iv Budget – Salary Limitation of HRSA's *SF-424 Two-Tier Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. *Budget Narrative* *(Submit in HRSA EHBs)*
See Section 5.1.v. of HRSA's *SF-424 Two-Tier Application Guide*.

Provide a detailed Budget Narrative and table of personnel to be paid with federal funds for each 12-month budget period of the 3-year period of performance (for example, the first budget period starts July 1, 2020 and ends June 30, 2021). For subsequent budget years, the Budget Narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive changes during the project period. You are required to budget funding for at least one HRSA-sponsored PCA-related conference in year 1. For a sample Budget Narrative, see the PCA Technical Assistance webpage. Do not include non-federal funding in the Budget Narrative.

Be aware that 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* (Submit in HRSA EHBs)

Program Specific Forms include the Project Work Plan and Form 1A. Refer to [Appendix A: Instructions for the EHBs Application Forms](#) for instructions on how to complete and submit these forms in EHBs.

vi. *Attachments* (Submit in HRSA EHBs)

Provide the following items in the order specified below. Unless otherwise noted, attachments count toward the application page limit. All attachments will support the objective review. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label each attachment.

Attachment 1: Project Organizational Chart
Upload a one-page document that depicts the organizational structure, including key personnel, staffing, and any sub-recipients or affiliated organizations.

Attachment 2: Staffing Plan
Upload a table that identifies the total personnel to be supported under the PCA cooperative agreement. The staffing plan is a presentation and justification of all staff required to execute the project, education and experience qualifications, and rationale for the amount of time being requested for each position. Refer to the [PCA Technical Assistance webpage](#) for a sample Staffing Plan.

Attachment 3: Job Descriptions for Key Personnel
Upload current job descriptions for key management staff: CEO, CD, CFO, CIO, COO, and PD. Indicate on the position descriptions if key management positions are combined and/or part time. Limit each position description to **one page** and include, at minimum, the position title; description of duties and responsibilities; position qualifications; supervisory relationships; skills, knowledge, and experience requirements; travel requirements; salary range; and work hours. Indicate if any of the positions are currently vacant.

Attachment 4: Biographical Sketches of Key Personnel
Upload biographical sketches for individuals occupying the positions described in the Job Descriptions for Key Personnel (Attachment 3). Biographical sketches should not exceed **two pages each**. When applicable, biographical sketches must include training, language fluency, and experience working with the cultural and linguistically diverse populations to be served.

Attachment 5: Letters of Agreement
Provide documentation of current and proposed collaborations through letters of support, commitment, and/or investment that reference specific collaboration and/or coordinated activities in support of the proposed project. At a minimum,

applicants must include a current dated letter of support from the primary formal collaborators noted in the *COLLABORATION* section of the Project Narrative and at least one relevant state public agency (e.g., state health departments, state primary care offices, state Medicaid agencies). Letters of support, commitment, and/or investment must be dated and addressed to the organization's board, CEO, or other appropriate key management staff member, not HRSA staff. Letters of support that are not submitted with the application will not be considered by the objective review committee.

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

Document support for the regional PCA by uploading a Memorandum of Agreement specifying how you will coordinate activities with state-level PCAs providing T/TA in the region to maximize the impact of HRSA-supported T/TA without duplicating efforts. If signatures from the leadership of all current state PCAs cannot be obtained, include documentation of efforts made to obtain the signatures along with an explanation for why they could not be obtained.

The Memorandum of Agreement must include the following:
- An effective date range to cover the expected period of performance July 1, 2020 through June 30, 2023, 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 and ensure that HRSA supported T/TA does not duplicate efforts.
- Certification by the state PCAs that support of the proposed regional project will not result in a reduction of the amount or quality of state PCA T/TA to be provided to health centers.
- A signature page signed by each state PCA CEO. The signature page must include the name of each 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 contract organization.

- Type of contract or agreement (e.g., contract, Memorandum of Understanding or Agreement).
- Brief description of the purpose and scope of the agreement.
- Timeframe for each contract or agreement (e.g., ongoing contractual relationship, specific duration).

Applicants 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: Summary Progress Report for Current PCAs (Competing Continuation Applicants (current state or regional PCAs) ONLY)

Provide a summary of the accomplishments achieved under the current period of performance (July 1, 2017 through November 30, 2019). Include the following:
- Objectives – Briefly summarize the progress made on current PCA T/TA activities with reference to the PCA performance measures and the Goals outlined in the most recent Project Work Plan.
- Results – Describe the cumulative impact of activities conducted throughout the current 3-year project period, organized by current Goals/Objectives. Reference expected outcomes outlined in the current Project Work Plan, and provide quantitative and qualitative data to describe the progress made in addressing the Goals and Objectives.

Attachment 9: Needs Assessment Summary

Provide a summary of the most recent needs assessment for the proposed state or region (do not exceed two pages). The summary should highlight the varying needs across health centers in the proposed state or region. If you receive an award under this NOFO, you will be required to provide your entire needs assessment to HRSA post-award.

Attachment 10: Other Relevant Documents (if applicable)

A maximum of two uploads are permitted.
- If indirect costs are requested, the current Indirect Cost Rate Agreement must be provided.
- If desired, include other relevant documents to support the proposed project (e.g., charts, organizational brochures, lease agreements).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements

under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

HRSA may not make an award until you have complied with all applicable DUNS and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that you are not qualified to receive an award and 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 three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

If you fail to allow ample time to complete registration with SAM or Grants.gov, 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 due date for applications under this NOFO in Grants.gov (Phase 1) is *November 8, 2019 at 11:59 p.m. ET*. The due date to complete all other required information in HRSA EHBs (Phase 2) is *December 10, 2019 at 5 p.m.ET*. HRSA suggests submitting applications 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 of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

Note: Access to the HRSA EHBs application module will start October 18, 2019. You may

submit in Grants.gov prior to this date, but will not be able to begin Phase 2 of your application in HRSA EHBs until October 18.

5. Intergovernmental Review

The State and Regional Primary Care Association Cooperative Agreements is 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 per year than the allowable maximum funding for the state or region (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year are 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 B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) are in effect at the time this NOFO is posted. Please see Section 5.1 of HRSA's *SF-424 Two-Tier Application Guide* for additional information. Awards will be made subsequent to enactment of the FY2020 appropriation. The NOA will reference the FY2020 appropriation act and any restrictions that may apply. Note that these or other restrictions may be updated, as required by law, upon enactment of the FY 2020 appropriations act.

You cannot use funds under this notice for the following purposes:
- Direct patient care;
- Construction/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 (note that content development of individual program sessions related to the PCA Project Work Plan is allowable).

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.

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 critical 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.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. Reviewers will use both the Project Narrative and Review Criteria section to assess your application. The entire proposal will be considered during objective review, except for the progress report submitted with a competing continuation application, which will be reviewed by HRSA program staff after the objective review process.

Review criteria are used to review and rank applications. The State and Regional Primary Care Association Cooperative Agreements NOFO has 6 review criteria. See the review criteria outlined below with specific details and scoring points.

Criterion 1: NEED (15 points) *– Corresponds to* *Section IV.2.ii NEED*

The application must clearly reflect the needs of existing and potential health centers within the state(s) or region.

- The extent to which the application demonstrates a comprehensive understanding of the state or region by describing the current conditions and recent or upcoming changes in the state or regional health care environment impacting existing and potential health centers and other safety net providers, including:
    a. Insurance coverage, including Medicaid, Medicare, and Children's Health Insurance Program (CHIP).
    b. State, local, and private uncompensated care programs.
    c. Economic, health care availability or population factors (e.g., influx of or decline of residents due to workforce shifts or job growth, closing of hospitals or other major community health care providers).
    d. Natural disasters (e.g., hurricanes, floods).
    e. Emerging public health issues and priorities (e.g., the opioid crisis, the HIV epidemic).
    f. Changes affecting statutorily defined special populations (Migratory and Seasonal Agricultural Workers, Healthcare for the Homeless, or Residents of Public Housing) or vulnerable populations.

- The extent to which the applicant describes a thorough process for assessing health center T/TA needs in the state or region, including the frequency of conducting and/or updating a complete needs assessment.

- The extent to which the application describes the health center T/TA needs in the state or region in the following areas, citing current data sources:

a. Accessing comprehensive primary care services;
b. Accelerating value-based care delivery;
c. Fostering a workforce to address current and emerging needs;
d. Enhancing emergency preparedness and response; and
e. Advancing clinical quality and performance.

- The extent to which the application discusses short- and long-term health center T/TA priorities in the state or region. For the purpose of the this NOFO, short-term refers to the first 12 months of funding, while long-term refers to the remaining 2 years of the 3-year project period.

Criterion 2: RESPONSE (30 points) *– Corresponds to Section IV.2.ii RESPONSE*

- The extent to which the Project Work Plan:
  a. Demonstrates compliance with all PCA Requirements.
  b. Outlines a complete, well designed, and achievable plan to make progress within the first 12 months toward achieving each of these NOFO's goals.
  c. Proposes activities that are clearly linked to and will address current health center T/TA needs in the state or region (as defined in the current needs assessment and as described in the *NEED* section of the Project Narrative).
  d. Includes activities focused on dissemination of evidence-based and promising practices to address the Objectives and drive progress toward the Objective Targets.

- The extent to which the described Years 2 and 3 modifications and expansions of the Year 1 activities will enable achievement of the Goals and Objectives by the end of Year 3.

- The extent to which the applicant describes approaches that will leverage strengths (Contributing Factors) and overcome challenges (Restricting Factors) in implementing the activities described in the Project Work Plan.

- The extent to which the applicant will maximize the availability and accessibility (e.g., cost, location) of the proposed T/TA activities (e.g., training sessions, learning collaboratives, webinars) for existing and potential health centers across the state or region, regardless of PCA membership or Health Center Program award or look-alike designation status.

- The strength of the applicant's plan to regularly solicit and incorporate input on T/TA plans and resources from existing and potential health centers, including those serving special and vulnerable populations and newly funded health centers, as well as other T/TA providers (e.g., NTTAPs, HCCNs, State Primary Care Offices) to guide current and future PCA strategic planning, development, and activities.

- The strength of the applicant's plans for disseminating promising practices identified through health center T/TA to other health centers within the state or region as well as T/TA providers or health centers beyond the state or region.

Criterion 3: COLLABORATION (15 points) – *Corresponds to Section IV.2.ii COLLABORATION*

- The extent to which the application describes both formal and informal collaboration and coordination – noted as current, planned, or both – with: (1) other HRSA- and BPHC-supported T/TA providers and partners (e.g. NTTAPs, Regional PCAs also covering the state, HCCNs, Primary Care Offices, Area Health Education Centers, Public Health Training Centers, Telehealth Resource Centers, Title V Maternal and Child Health Services Block Grant state agencies, AETCs), and (2) other state and regional organizations (e.g., State Offices of Rural Health) in order to:
  a. Maximize the impact of T/TA activities;
  b. Form linkages among a diverse membership to strengthen the safety net within the state or region;
  c. Meet the goals of this NOFO;
  d. Increase the use of data to inform T/TA development and evaluation
  e. Make T/TA available through the national Health Center Resource Clearinghouse.
  f. Reduce potential duplication of efforts among health center T/TA providers.

- The extent to which the applicant provides documentation of current and proposed collaborations through letters of support, commitment, and/or investment that reference the specific collaboration and/or coordinated activities in support of the proposed project in Attachment 5: Letters of Agreement. At a minimum, the application must include a current dated letter of support from the primary formal collaborators noted in the response to Question 1 in the collaboration section of the Project Narrative and at least one relevant state public agency (e.g., state health department, state primary care office, state Medicaid agency). If the applicant did not obtain one or more letters as outlined above, the extent to which the application includes sufficient documentation of efforts/requests to obtain the letters and additional explanatory information.

- **Organizations applying as regional PCAs ONLY:** The extent to which the applicant describes a collaborative approach that will ensure the provision of T/TA in coordination with all state PCAs operating in the region, including:
  a. How the proposed activities will complement and/or enhance T/TA activities conducted by state PCAs.
  b. The unique benefit the applicant will have on health centers in the region to advance each Goal and related Objectives outcome beyond the level proposed by the state PCAs.
  c. The plan for continuous communication and collaboration on T/TA activities between the applicant and the state PCAs to ensure there is no duplication of effort.
  d. Documentation of commitment of current state PCAs in the region to collaborate to enhance Goal and Objective attainment through the submission of a signed Memorandum of Agreement.

Criterion 4: EVALUATIVE MEASURES (15 points) – *Corresponds to* <u>Section IV.2.ii</u> <u>EVALUATIVE MEASURES</u>

- The extent to which the Project Work Plan includes:
    a. Objective Targets that are realistic, achievable, and supportive of state or regional Goal advancement by the end of the 3-year project period.
    b. Meaningful Objective Impact Narratives that link the activities to achievement of the Objective Targets by the end of the 3-year project period.
    c. Unique Key Factors for each Objective that will either be mitigated or maximized to ensure Objective Target achievement.
    d. Appropriately scaled and achievable targets for required process measures, based on funding level and scope of Project Work Plan.
    e. Clear Expected Outcomes for each activity that will enable the tracking of progress over time.

- The extent to which the T/TA evaluation plan will:
    a. Include the use of valid and reliable quantitative and qualitative data sources from health centers, collaborative partners, and other stakeholders in the state or region to assess reach and perceived usefulness of T/TA activities.
    b. Ensure frequent monitoring and measurement of impact, including progress towards Objectives and Expected Outcomes.
    c. Ensure the use of evaluation results to improve performance.

- The extent to which the applicant provides numeric-based rating scales used for process measures (see <u>Appendix A: Instructions for the EHBs Application Forms</u> for details)

- The strength of the plan for disseminating evaluation results to health centers within the state or region, as well as other PCAs and T/TA providers, as appropriate.

Criterion 5: RESOURCES AND CAPABILITIES (20 points) – *Corresponds to* <u>Section IV.2ii RESOURCES AND CAPABILITIES</u>

- The extent to which the applicant demonstrates its capability to successfully provide state or regional T/TA to existing and potential health centers by documenting experience and expertise in:
    a. Coordination and provision of health center T/TA activities of similar scope, including a description of past performance, accomplishments, and lessons learned.
    b. Responding rapidly to changes taking place in the health care environment, as well as within health centers in the state or region.
    c. Mobilizing resources across the state or region to meet the <u>goals</u> of this NOFO.

- **Competing Continuation Applicants (current state or regional PCAs) ONLY:** The extent to which a current PCA documents demonstrated successes and capabilities in <u>Attachment 8: Summary Progress Report for Current PCAs,</u> including a summary of the accomplishments from the current project period.

- The extent to which the organizational structure, including any contracts or agreements, (consistent with Attachment 1: Project Organizational Chart and Attachment 7: Summary of Contracts and Agreements) is appropriate for the operational and oversight needs of the proposed project, including:

    a. How the proposed staffing plan (Attachment 2: Staffing Plan) is appropriate for the projected number and variety of T/TA activities to be provided during the project period.
    b. The strength of the plan for recruiting and retaining staff to achieve or maintain the proposed staffing plan.
    c. How the financial accounting and internal control systems, as well as related policies and procedures, reflect Generally Accepted Accounting Principles (GAAP).

- The extent to which the applicant organization's management team (CEO, CD, CFO, CIO, COO, and PD, as applicable) is appropriate for the operational and oversight needs, scope, and complexity of the proposed project, including the extent to which the applicant presents appropriate:
    a. Defined roles (consistent with Attachment 3: Job Descriptions for Key Personnel), in particular the Project Director's (or equivalent position, such as CEO) responsibilities for day-to-day program management of the PCA's activities.
    b. Skills and experience for the defined roles (Attachment 4: Biographical Sketches for Key Personnel).
    c. If applicable, an explanation of recent changes in key management staff or significant changes in roles and responsibilities.

- The extent to which the applicant provides a sufficient plan to ensure delivery of proposed T/TA will be initiated within 60 days of award, including a timeline for hiring, onboarding, and development of staff, as needed.

Criterion 6: SUPPORT REQUESTED (5 points) – *Corresponds to Section IV.2.ii SUPPORT REQUESTED*

- The extent to which the application includes a detailed and consistent budget presentation across the SF-424A and Budget Narrative.

- The extent to which the budget request is appropriate for the proposed project and aligned with the Project Work Plan and the information provided in the attachments (e.g., Attachment 2: Staffing Plan, Attachment 7: Summary of Contracts and Agreements).

2. Review and Selection Process

The objective review process provides an objective evaluation 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.

Funding Priorities

This funding opportunity does not have any funding priorities, preferences, or special considerations.

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, including funding level and period of performance length, 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 any of 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 posed 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 issue the Notice of Award (NoA) prior to the start date of July 1, 2020. 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*.

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. 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, 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 federally supported effort will be addressed in the NoA. Data and copyright-protected works developed by a sub-recipient also are subject to the Federal Government's 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** – A non-competing continuation progress report, to include updates and progress on the Project Work Plan activities, Objective Targets, changes in staffing, and major changes in the state or regional health care environment 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 (dependent upon Congressional appropriation, 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.

3) **Integrity and Performance Reporting** – The NoA will contain a provision for integrity and performance reporting in FAPIIS, as required in 2 CFR part 200 Appendix XII.

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
5600 Fishers Lane, Room 10SWH03
Rockville, MD 20857
Telephone: (301) 443-6859
Email: vwindham@hrsa.gov

You may request additional information and/or technical assistance related to this NOFO by contacting:

Marlene Saéz
Public Health Analyst, Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration
5600 Fishers Lane, Room 16N09
Rockville, MD 20857
Telephone: (301) 594-4300
Contact: BPHC Contact Form
PCA Technical Assistance webpage

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
Telephone: 1-800-518-4726 (International Callers, dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/

You may need assistance when working online to submit the remainder of your information electronically through HRSA's EHBs. Always obtain a case number when calling for support. For assistance with submitting the remaining information in HRSA

EHBs, contact Health Center Program Support, Monday–Friday, 8:30 a.m. to 5:30 p.m. ET, excluding federal holidays at:

Health Center Program Support
Telephone: (877) 464-4772
Web: BPHC Contact Form

VIII. Other Information

Technical Assistance
A technical assistance webpage has been established to provide you with samples of forms, FAQs, and other resources that will help you submit a complete application. To review available resources, visit the PCA Technical Assistance webpage.

HRSA Primary Health Care Digest
The HRSA Primary Health Care Digest is a weekly email newsletter containing information and updates pertaining to the Health Center Program, including release of all competitive funding opportunities. You are encouraged to subscribe several staff.

Tips for Writing a Strong Application
See Section 5.7 of HRSA's *SF-424 Two-Tier Application Guide*.

Appendix A: Instructions for the EHBs Application Forms

You must complete Form 1A and the Project Work Plan in EHBs. Detailed instructions for completing the forms in EHBs are available in the PCA User Guide, posted on the PCA Technical Assistance webpage, along with a sample Project Work Plan.

Form 1A: General Information Worksheet

This form includes key information about the applicant organization and the proposed project.

- Section 1: Applicant Information: Complete all required fields. Competing continuation applicants should update prepopulated information as needed.

- Section 2: State or Regional Information: Indicate the state or region that your organization proposes to serve. You may select only one. See the State and Region Table on the PCA Technical Assistance webpage for the list of states and regions.

- Section 3: Budget Information: The form will prepopulate the maximum amount of annual funding you may request based on the state or region selected in Section 2. Below that amount, the form will prepopulate the amount of funding you requested on the SF-424A. If the amount requested on the SF-424A is greater than the prepopulated maximum allowable funding, you must edit the funding request amount entered in the SF-424A to ensure eligibility.

Project Work Plan

The Project Work Plan outlines your proposed T/TA activities to meet the Goals and Objectives. You must propose activities that will lead to Objective Target attainment by the end of the 3-year period of performance (by June 30, 2023).

Reference Appendix B: Goals and Objectives Development Guide for numerator and denominator definitions that must be utilized when developing your baseline data. Information included in the Project Work Plan should not be developed based only on a sample or subset of health centers within the proposed state or region.

Table 1: Project Work Plan Instructions Table

Field	Instructions
Goal	The following Goals will be prepopulated in the Project Work Plan in EHBs: 1. Increase Access to Comprehensive Primary Care Services 2. Accelerate Value-Based Care Delivery 3. Foster a Workforce to Address Current and Emerging Needs 4. Enhance Emergency Preparedness and Response 5. Advance Clinical Quality and Performance Ensure that all proposed Activities will drive progress under these Goals. You cannot add new Goals or edit the prepopulated Goals.

Field	Instructions
Objective Description	Each Goal includes predefined Objectives (see Appendix B: Goals and Objectives Development Guide). You cannot add new Objectives or edit the prepopulated Objectives. However, some Objectives are optional and will be labeled as such.
Baseline Data Source (maximum 2,500 characters)	Provide details of how the Numerator and Denominator were determined. If the Objective includes terms to be defined by the applicant (e.g., "fully integrated", "comprehensive services", "readiness scale"), use this field to define these terms relative to the proposed state or regional activities.
Numerator	See Appendix B: Goals and Objectives Development Guide
Denominator	See Appendix B: Goals and Objectives Development Guide
Baseline Percentage	The system will show the calculated baseline percentage. This figure will be calculated once Numerator and Denominator data are entered.
Objective Target	Provide an Objective Target to be achieved by the end of the period of performance (by June 30, 2023). You are expected to make steady progress toward the target over the course of the 3-year project period.
Objective Impact Narrative (maximum 2,500 characters)	Describe the overall impact the planned activities are predicted to have on the Objective by the end of the period of performance (by June 30, 2023). Reference data sources used to determine the expected impact.
Formal Training and Technical (T/TA) Session Target	Provide the number of formal training and technical assistance (T/TA) sessions planned (e.g., scheduled and structured T/TA sessions with specific objectives and outcomes to include virtual and in-person sessions) through the end of the period of performance (from July 1, 2020 through June 30, 2023) in order to address the Goal and Objective Target.
Participation Target	Provide the number of health center representatives that will participate in the formal T/TA sessions through the end of the period of performance (from July 1, 2020 through June 30, 2023) in order to address the Goal and Objective Target. Individuals that participate in more than one T/TA session may be counted more than once.
Participant Satisfaction Target	Provide the average T/TA satisfaction score predicted over the course of the period of performance (from July 1, 2020 through June 30, 2023) based on Formal T/TA Session participant surveys. Use a 5 point satisfaction rating scale.
Participant Behavior Change Target	Provide the average T/TA job behavior change score predicted over the course of the period of performance (from July 1, 2020 through June 30, 2023) based on post-Formal T/TA Session follow-up participant surveys. Use a 5 point rating scale.
Key Factors (maximum 500 characters)	Identify 2-5 factors that will contribute to and restrict progress on achieving the Goals and Objectives. Cite supporting data sources (e.g., needs assessments, focus groups). At least 1 Contributing and 1 Restricting Key Factor must be identified.

Field	Instructions
Activity Name (maximum 200 characters)	Provide a unique name for each activity that can be used to quickly distinguish between similar activities.
Activity Description (maximum 7,500 characters)	Propose 2-5 Activities for each Objective. Describe the major planned Activities to be conducted **in the first 12 months of the period of performance** that will contribute to Goal and Objective Target attainment by the end of the 3-year project period. Activities for Years 2 and 3 of the period of performance will be described in the RESPONSE section of the Project Narrative and outlined in future non-competing continuation progress reports. They should not be included in the Project Work Plan.
Person/Group Responsible (maximum 1,000 characters)	Identify the person, position, or group that will be responsible and accountable for carrying out each Activity.
Targeted 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 (July 1, 2020 through June 30, 2021).
Targeted End Date (numeric format mm/dd/yyyy)	Provide the estimated end date for each Activity.
Expected Outcome (maximum 7,500 characters)	Identify the principal outcome for each Activity.
Comments (optional) (maximum 7,500 characters)	Include additional information relevant to each Activity, as desired.

Appendix B: Goals and Objectives Development Guide

Applicants must use this guide to calculate baseline data (numerators and denominators) for each objective. For the purposes of this NOFO, existing health centers include Health Center Program award recipients and look-alikes. Potential health centers include organizations that are applying for or seeking information about applying for an award or look-alike designation.

Goal A: Increase Access to Comprehensive Primary Care

Objective and Objective Description	Numerator	Denominator
A1: Comprehensive Services - Increase the percentage of health centers that have successfully implemented Health Center Program supplemental funding (Select one supplemental funding opportunity for developing your numerator and denominator.) Note: *PCAs covering Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, South Carolina and other states in the targeted jurisdictions for Ending the HIV Epidemic are required to select HIV prevention supplemental funding.*	Number of health centers that have successfully implemented supplemental funding (supplemental funding to be determined by the applicant)	Number of Health Center Program award recipients receiving supplemental funding (to be determined by the applicant) in the state or region
A2: Health Center Program Development - Increase the number of new, existing, and potential health centers that have been supported through strategic development technical assistance	Number of existing and potential health centers that have received T/TA on strategic development within the last 12 months	N/A
A3: Service Integration (Optional) - Increase the percentage of health centers that are fully integrating comprehensive services into primary care (e.g., primary	Number of health centers that have fully integrated comprehensive services into primary care (applicant to define "fully integrated comprehensive services")	Number of health centers in the state or region

Objective and Objective Description	Numerator	Denominator
medical, oral, mental, substance use disorder, vision, enabling services)		
A4: Innovation (Optional) - Create an objective that defines a state/regional barrier to increasing access and propose to test a potential approach to overcoming the barrier and evaluate its effectiveness and scalability	To be determined by the applicant based on the objective	To be determined by the applicant based on the objective

Goal B: Accelerate Value-Based Care Delivery

Objective and Objective Description	Numerator	Denominator
B1: Readiness for Value-Based Care Delivery - Increase the percentage of health centers that are at a high level of readiness for, or already engaged in value-based care delivery	Number of health centers that have scored in the highest level of readiness for value-based care delivery on a readiness scale (scale to be determined by the applicant) or are already engaged in value-based care delivery	Number of health centers in the state or region
B2: Innovation (Optional) - Create an objective that defines a state/regional barrier to accelerating value-based care with no readily available solution and propose to test a potential approach to overcoming the barrier and evaluate its effectiveness and scalability	To be determined by the applicant	To be determined by the applicant

Goal C: Foster a Workforce to Address Current and Emerging Needs

Objective and Objective Description	Numerator	Denominator
C1: Workforce Planning - Increase the percentage of health centers with comprehensive workforce plans	Number of health centers with comprehensive workforce plans, including staff and/or student (e.g., residents) education/training programs	Number of health centers in the state or region
C2: Executive Development - Increase the percentage of	Number of health center executive staff and board	Number of health center executive

Objective and Objective Description	Numerator	Denominator
health center executive staff and board members that receive state/region-specific T/TA to advance health center operations	members that have received state/region-specific T/TA to advance health center operations	staff and board members in the state or region
C3: Workforce Advancement (Optional) - Increase the percentage of health centers receiving support around innovative ways to maximize workforce through multidisciplinary care teams	Number of health centers receiving T/TA on innovative ways to maximize workforce through multidisciplinary care teams	Number of health centers in the state or region

Goal D: Enhance Emergency Preparedness and Response

Objective and Objective Description	Numerator	Denominator
D1: Continuity of Care and Communication during Emergencies - Increase the percentage of health centers that have formal agreements with the PCA to develop, exercise, maintain, and implement systems to ensure timely and accurate PCA reporting on health center operational status during disasters and/or public health emergencies	Number of health centers that have a formal agreement with the PCA to provide timely and accurate reporting to the PCA on health center operational status during disasters and/or public health emergencies	Number of health centers in the state or region
D2: Emergency Preparedness - Increase the percentage of health centers that receive state/region-specific T/TA on leveraging CMS requirements and HRSA resources to effectively align with federal, state, tribal, regional, and local emergency preparedness systems to ensure continuity of care during disasters and/or public health emergencies	Number of health centers that receive state/region-specific T/TA on leveraging CMS requirements and HRSA resources to align with federal, state, tribal, regional, and local emergency preparedness systems	Number of health centers in the state or region

Goal E: Advance Health Center Clinical Quality and Performance

Objective and Objective Description	Numerator	Denominator
E1: Quality Care - Diabetes - Improve the performance of health centers in the state or region on the diabetes clinical quality measure. (Hemoglobin A1c >9%)	Number of health centers that have improved performance on the diabetes clinical quality measure	Number of existing and potential health centers in the state or region
E2: Quality Care - Applicant Choice – Improve the performance of health centers in the state or region on one of the following clinical quality measures: control of hypertension, depression screening, or HIV testing	Number of health centers that have improved performance on one of following clinical quality measures: control of hypertension, depression screening, or HIV testing. (PCAs to choose one measure)	Number of existing and potential health centers in the state or region
E3: Quality Care - Applicant Choice (Optional) – Improve the performance of health centers on a clinical quality measure. (Choose from any UDS clinical quality measure)	Number of health centers that have improved performance on the selected UDS clinical quality measure (If selected, PCAs must choose different measure from E2)	Number of existing and potential health centers in the state or region
E4: Social Risk Factors - Increase the percentage of health centers that collect data on social determinants of health	Number of health centers that collect data on social determinants of health	Number of health centers in the state or region
E5: Community Partnership (Optional) - Increase the percentage of health centers that partner with community organizations to propose innovative solutions to address social determinants of health	Number of health centers that partner with community organizations to propose innovative solutions to address social determinants of health	Number of health centers in the state or region