

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Primary Health Care

***American Rescue Plan—Funding for Native Hawaiian Health Care
(ARP-NH)***

**Funding Opportunity Number: HRSA-21-116
Funding Opportunity Type(s): New
Assistance Listings (CFDA) Number: 93.932**

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: July 2, 2021

Issuance Date: June 2, 2021

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Authority: Native Hawaiian Health Care Improvement Act, as amended (42 U.S.C. §11701-11714); and Section 2601, American Rescue Plan Act of 2021 (P.L. 117-2)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2021 American Rescue Plan—Funding for Native Hawaiian Health Care (ARP-NH). ARP-NH eligibility is limited to current Native Hawaiian Health Care Improvement Act (NHHCIA) award recipients. The purpose of this funding is to provide support for current NHHCIA award recipients to respond to and mitigate the spread of coronavirus disease (COVID-19), and to enhance health care services and infrastructure.

Funding Opportunity Title:	FY 2021 American Rescue Plan— Funding for Native Hawaiian Health Care (ARP-NH)
Funding Opportunity Number:	HRSA-21-116
Due Date for Applications:	July 2, 2021
Anticipated Total Available Funding:	\$20,000,000
Estimated Number and Type of Award(s):	Six grants
Estimated Award Amount:	Varies by applicant (see Section II.2: Summary of Funding)
Cost Sharing/Match Required:	No The non-federal match requirement under NHHCIA has been waived for this funding.
Period of Performance:	August 1, 2021 through July 31, 2023 (2 years)
Eligible Applicants:	ARP-NH funding is only available to entities currently receiving funding from HRSA under the NHHCIA. A complete list of NHHCIA award recipients is available in Section II.2 of this NOFO. See Section II.2: Summary of Funding 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 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this notice of funding opportunity (NOFO) to do otherwise.

Technical Assistance

HRSA will hold a pre-application technical assistance webinar and question and answer session for NHHCIA award recipients seeking funding through this opportunity. Visit the [ARP-NH technical assistance webpage](#) for webinar details, sample documents, and additional resources.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity for Native Hawaiian Health Care Improvement Act (NHHCIA) current award recipients to apply for one-time funding under the fiscal year (FY) 2021 American Rescue Plan—Funding for Native Hawaiian Health Care (ARP-NH). The purpose of this funding is to provide support for current NHHCIA award recipients to respond to and mitigate the spread of COVID-19, and to enhance health care services and infrastructure.

The authority for this program is the Native Hawaiian Health Care Improvement Act, as amended (42 U.S.C. §11701-11714); and Section 2601, American Rescue Plan Act of 2021 (P.L. 117-2). Funding for this award is appropriated by Section 2601 of the American Rescue Plan Act of 2021 (P.L. 117-2), available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>.

2. Background

Since 1988, HRSA has awarded funding under the NHHCIA ([42 U.S.C. 11701 – 11714](#), as amended) to Native Hawaiian organizations to raise the health status of Native Hawaiians to the highest possible health level. The NHHCIA authorizes funding for grants to:

- Papa Ola Lokahi (POL) for activities including the coordination of the health care programs and services provided to Native Hawaiians, the provision of technical support to Native Hawaiian Health Care Systems (NHHCS), and the collection of data.
- Five certified community-based NHHCS that provide comprehensive disease prevention, health promotion, and culturally competent primary care services for Native Hawaiians tailored to fit the needs of their respective communities.

The Native Hawaiian population experiences barriers to accessing health care services that significantly impact overall health status. Geographic isolation from health services is also a serious barrier for many Native Hawaiians. Current NHHCIA award recipients are uniquely positioned to respond to COVID-19 in their communities due to their understanding of the needs of Native Hawaiians and their partnerships with organizations in those communities. In 2019, NHHCIA award recipients provided services to more than 8,700 patients in Native Hawaiian communities.

The spread of COVID-19 within communities threatens to strain the nation's health care systems. In response to this public health emergency, the American Rescue Plan Act of 2021 ([P.L. 117-2](#)) provided funding to respond to and mitigate the spread of COVID-19, and to enhance health care services and infrastructure. Of this funding, approximately \$20 million is being made available by HRSA to current NHHCIA award recipients to:

- 1) Plan, prepare for, promote, distribute, administer, and track COVID–19 vaccines, and to carry out other vaccine-related activities;
- 2) Detect, diagnose, trace, and monitor COVID–19 infections and related activities necessary to mitigate the spread of COVID–19, including activities related to, and equipment or supplies purchased for, testing, contact tracing, surveillance, mitigation, and treatment of COVID-19;
- 3) Purchase equipment and supplies to conduct mobile testing or vaccinations for COVID-19, purchase and maintain mobile vehicles and equipment to conduct such testing or vaccinations, and hire and train laboratory personnel and other staff to conduct such mobile testing or vaccinations, particularly in medically underserved areas;
- 4) Establish, expand, and sustain the health care workforce to prevent, prepare for, and respond to COVID–19, and to carry out other health workforce-related activities;
- 5) Modify, enhance, and expand health care services and infrastructure; and
- 6) Conduct community outreach and education activities related to COVID–19.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide one-time funding in the form of a grant. HRSA, in consultation with POL, determined the maximum amount of funding each recipient can request (see [Table 1](#)).

2. Summary of Funding

HRSA will award no less than \$20 million in one-time grant funding to current NHHCIA award recipients to respond to and mitigate the spread of COVID-19, and to enhance health care services and infrastructure ([items \(1\)–\(6\)](#) as listed in the [Background](#) section). You may apply for the ceiling amount listed in [Table 1](#). This amount is for total costs (includes both direct and indirect, facilities and administrative costs) for the 2-year period of performance. This is one-time funding, with no expectation of additional funding beyond the 2-year period of performance.

Table 1: Maximum ARP-NH Awards

Eligible Organizations	Maximum Funding Amount
Papa Ola Lokahi	\$4,750,000
Ho'ola Lahui Hawaii	\$3,000,000
Ke Ola Mamo	\$3,000,000
Na Pu'uwai	\$2,500,000
Hui No Ke Ola Pono	\$3,500,000
Hui Malama Ola Ha'Oiwi	\$3,250,000

Eligible Organizations	Maximum Funding Amount
TOTAL	\$20,000,000

ARP-NH funds may only be used to support the activities described above during the 2-year period of performance, as well as pre-award costs for those activities, dating back to January 31, 2020. ARP-NH funding is separate from previous FY 2020 coronavirus supplemental funding you may have received through a separate funding opportunity. You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization maintains documentation that shows the funding source of each supported activity.

ARP-NH funding must be used for the purposes described in [items \(1\)–\(6\)](#) above, to support activities as further described by the following categories (see [Appendix A: ARP-NH Activities Plan](#) for a complete list):

- **COVID-19 Vaccination Capacity**—Support to plan, prepare for, promote, distribute, administer, and track COVID-19 vaccines, and to carry out other vaccine-related activities, including outreach and education.
- **COVID-19 Response and Treatment Capacity**—Support to detect, diagnose, trace, monitor, and treat COVID–19 infections and related activities necessary to mitigate the spread of COVID–19, including outreach and education.
- **Maintaining and Increasing Capacity**—Support to establish, modify, enhance, expand, and sustain the accessibility and availability of comprehensive primary care services to meet the ongoing and evolving needs of the service area and vulnerable patient populations.
- **Recovery and Stabilization**—Support for ongoing recovery and stabilization, including enhancing and expanding the health care workforce and services to meet pent up demand due to delays in patients seeking preventive and routine care; address the behavioral health, chronic conditions, and other needs of those who have been out of care; and support the well-being of personnel who have been on the front lines of the pandemic.
- **Infrastructure: Minor Alteration/Renovation (AR), Mobile Units, and Vehicles**—Modify and improve physical infrastructure, including minor AR and purchase of mobile units and vehicles, to enhance or expand access to comprehensive primary care services, including costs associated with facilitating access to mobile testing and vaccinations, as well as other primary care activities.

Within the required purposes described in [items \(1\)–\(6\)](#), and as reflected by the further description of activities above and in Appendix A, you have flexibility in how you use the funding consistent with those purposes as COVID-19 circumstances and related community, patient, and organizational needs evolve over the 2-year period of performance. You are encouraged to use funding to address:

- Equitable access to COVID-19 vaccination, testing, and treatment;
- Other current and anticipated COVID-19 and primary health care needs in the service area; and

- Population and social determinants of health that may impact access to care, contribute to poor health outcomes, and exacerbate health disparities.

All activities supported by ARP-NH funding must align with your NHHCIA scope of project. Consult with your project officer as needed to request any necessary changes to your project.

This is a one-time, 2-year award. The period of performance is August 1, 2021 through July 31, 2023. Depending on the number of approvable applications, HRSA may adjust your award amount consistent with available funds.

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

III. Eligibility Information

1. Eligible Applicants

ARP-NH funding is available to current NHHCIA award recipients as listed in [Table 1](#).

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will make awards based on the maximum amounts listed in [Section II.2 Summary of Funding](#), including any adjustments made due to the availability of funds.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

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. **NOTE:** In contrast to the standard policy as described in HRSA's [Policy on Late Submissions](#), in order to expedite the award of ARP-NH funding, you will have only 3 days following the Grants.gov deadline to request a deadline extension.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically through [Grants.gov](http://www.grants.gov) using the SF-424 workspace application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>. If you have questions or concerns regarding the electronic submission process, please contact the Grants.gov Contact Center at 1-800-518-4726 or support@grants.gov.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order 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

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, and certifications. 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 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 8.5 of the [SF-424 Application Guide](#) for the Application Completeness Checklist.

Application Page Limit

While there is no application page limit, HRSA anticipates that an application package may average **20 pages**, exclusive of minor A/R information. Applications may be fewer or more than 20 pages, as needed. What is most important is that you provide the information requested in this notice.

Applications must be complete and validated by [Grants.gov](#) under HRSA-21-116 prior to the deadline 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 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. 3321.)
- 3) Where you are unable to attest to the statements in this certification, include an explanation in [Attachment 6: Other Relevant Documents](#).

See Section 4.1.viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget and budget narrative), include the following:

i. ARP-NH Activities Plan or Project Work Plan

NHHCS and POL have different requirements for this section (4.2.i). Review the information below carefully and complete the correct requirement for [Attachment 1](#) based on your organization.

ARP-NH Activities Plan (Required for NHHCS Only)

Review the ARP-NH Activities Plan available in [Appendix A](#) and on the [ARP-NH technical assistance webpage](#) to determine the activities you will conduct using this funding. Use the ARP-NH Activities Plan template included in the email sent to your organization announcing the availability of this funding to indicate activities you plan to conduct using your ARP-NH funds and upload the completed plan as [Attachment 1: ARP-NH Activities Plan or Project Work Plan](#).

The ARP-NH Activities Plan includes allowable activity options under the following categories:

- COVID-19 Vaccination Capacity
- COVID-19 Response and Treatment Capacity
- Maintaining and Increasing Capacity
- Recovery and Stabilization
- Infrastructure: Minor Alteration/Renovation (A/R), Mobile Units, and Vehicles

To complete your ARP-NH Activities Plan, select "Yes" to document your proposed activities for the 2-year period of performance in alignment with your proposed budget. Select "No" for any listed activities you do not propose to complete during the 2-year period of performance. The activities listed are not exhaustive, and you may write in self-defined activities under "Other" within each activity category.

All activities supported by ARP-NH funding must be consistent with the purposes of the funding ([items \(1\)-\(6\)](#)), NHHCIA operational grant (H1C) goals, and your NHHCIA scope of project. You must receive approval before implementing any changes to your NHHCIA project. To propose to use funds for activities dating back to January 31, 2020, select “Other” under the appropriate category and provide a detailed description of the pre-award activities that align with your [budget narrative](#) and the purpose of the funding.

Reference the list of allowable activities in [Section II.2 Summary of Funding](#).

Project Work Plan (Required for POL Only)

Upload a detailed 2-year work plan describing how ARP-NH funding will be used to support NHHCS to respond to and mitigate the spread of COVID-19, and to enhance health care services and infrastructure (see [Appendix A: ARP-NH Activities Plan](#) for a list of allowable NHHCS activities).

Use the work plan template included in the email sent to your organization announcing the availability of this funding to develop your work plan, and upload your completed work plan as [Attachment 1: ARP-NH Activities Plan or Project Work Plan](#).

Proposed activities must address one or more of the ARP-NH activity categories:

- COVID Vaccination Capacity
- COVID Response and Treatment Capacity
- Maintaining and Increasing Capacity
- Recovery and Stabilization
- Infrastructure: Minor Alteration/Renovation (A/R), Mobile Units, and Vehicles

Activities must be consistent with the purpose of ARP-NH funding, NHHCIA operational grant (H1C) goals, and your NHHCIA scope of project. You must receive approval before implementing any changes to your NHHCIA project. To propose to use funds for activities dating back to January 31, 2020, denote this when listing the activity in the work plan and provide a detailed description of the pre-award activities that align with your [budget narrative](#) and the purpose of the funding.

ii. Project Narrative

Provide a brief narrative (2-3 pages) as [Attachment 2: Project Narrative](#) describing:

- The specific COVID-19, health care services, and infrastructure needs in your community that you plan to address with this funding and how the selected activities in your ARP-NH Activities Plan or Project Work Plan (submitted as [Attachment 1](#)) will meet those needs.
- How your organizational capacity is appropriate to use this funding to complete the selected activities to meet the needs of your Native Hawaiian community.

Information provided in this narrative must align with [Attachment 1: the ARP-NH Activities Plan or Project Work Plan](#) and your budget proposal.

iii. Budget

Complete the SF-424A Budget Information Form for the requested ARP-NH funds for the 2-year period of performance.

- In Section A – Budget Summary, under New or Revised Budget, enter the federal and non-federal project funding for the entire 2-year period of performance. The federal funding amount must align with the dollar amount available for your organization, as specified in [Table 1](#). Do not include any amount under Estimated Unobligated Funds.
- In Section B – Budget Categories, enter an object class category line item budget (e.g., Personnel, Equipment, Contractual) for the entire 2-year period of performance. You may request up to \$500,000 for minor A/R. If requesting funds for minor A/R, include that amount on the Construction line.
- In Section C – Non-Federal Resources, enter the amount of all other sources of funding for the ARP-NH project for the entire 2-year period of performance (if any). Do not include NHHCIA (H1C) funding.

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.

The following are ineligible costs for the purposes of this funding opportunity:

- Costs already paid for by H1C, H80, H8C, H8D, H8E, or H8F or other HRSA award funding.
- Purchase or upgrade of an electronic health record (EHR) system that is not certified by the Office of the National Coordinator for Health Information Technology.¹
- Major medical equipment.
- New construction activities (new stand-alone structure) and/or associated work required to expand a structure to increase the total square feet of a facility.
- Major A/R projects valued at \$500,000 or greater in total federal and non-federal costs (excluding the cost of moveable equipment, which is not classified as part of A/R activities).
- Significant site work such as new parking lots or storm water structures.
- Work outside of the building other than improvements to the building entry for accessibility for people with disabilities, generator concrete pads, and other minor ground disturbance.
- Purchase or installation of a permanently affixed modular or prefabricated building.
- Facility or land purchases.

¹ The Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology have established standards and other criteria for structured data that EHRs must meet to qualify for use in the [Promoting Interoperability Programs](#).

You may not use grant funds for costs that are reimbursed or compensated by other federal or state programs that provide for such benefits, including but not limited to the Small Business Administration's Paycheck Protection Program, [CARES Act Provider Relief Fund](#), or unemployment compensation.

[HRSA's Standard Terms](#) apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information. 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. The current Executive Level II salary is \$199,300. See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

See Section 4.1.v of HRSA's [SF-424 Application Guide](#). Your budget narrative must clearly detail costs for each federal object class category, with calculations for how each cost is derived, and not include any ineligible costs.

Upload a detailed budget narrative as [Attachment 3: Budget Narrative](#) that clearly details federal and non-federal costs for each year of the 2-year period of performance, along with a 2-year total. The sum of federal line item costs across the 2 years for each category must align with those on the SF-424A, Section B. Include the calculations for how you derive each cost and a detailed list of personnel to be supported with ARP-NH funding.

Funding may support costs dating back to January 31, 2020 expended in alignment with the purpose of ARP-NH funding. In your budget narrative, provide a detailed description of the pre-award costs, including the date incurred. See the sample budget narrative available on the [ARP-NH technical assistance webpage](#) for how to document such costs.

Your budget may include indirect costs if your organization has an existing negotiated indirect cost rate agreement. If you have no negotiated indirect cost rate, you may elect to charge a de minimis rate of 10 percent of modified total direct costs. Costs must be consistently charged as either indirect or modified total direct costs, and may not be double charged or inconsistently charged as both. If the de minimis rate is chosen, this methodology must be used consistently for all your federal awards until such time as you choose to negotiate an indirect cost rate agreement. If applicable, upload your indirect cost rate agreement as [Attachment 6: Other Relevant Documents](#).

v. Equipment List(s) (as applicable)

If you propose to use ARP-NH funds for equipment, complete and upload the Equipment List Form(s) (available on the [ARP-NH technical assistance webpage](#)) for year 1 and/or year 2 (consistent with Section B of the SF-424A and your [budget](#)

[narrative](#)) and upload as [Attachment 4: Equipment List\(s\)](#). Include a line-item for each piece of moveable equipment that has a useful life of more than 1 year and a per-unit acquisition cost of at least \$5,000, including information technology systems. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space. Any equipment purchased with ARP-NH funds must be procured, maintained, tracked, and disposed of in accordance with [45 CFR Part 75](#).

Note: The purchase of major medical equipment, either directly or through contract, is not allowed, per 42 U.S.C. 11705(f).

Complete the following fields for each item on the Equipment List Form:

- **Type** – Select clinical or non-clinical.
- **Item Description** – Provide a description of each item.
- **Unit Price** – Enter the price of each item.
- **Quantity** – Enter the number of each item to be purchased.
- **Total Price** – Calculate the total by multiplying the unit price by the quantity.

The selection of equipment should be based on a preference for recycled content, non-hazardous substances, non-ozone depleting substances, energy and water efficiency, and consideration of final disposal (disposed in a manner that is safe, protective of the environment, and compliant with all applicable regulations), unless there are conflicting health, safety, and performance considerations. You are strongly encouraged to employ the standards established by either the Electronic Product Environmental Assessment Tool (EPEAT) or ENERGY STAR®, where practicable, in the procurement of equipment. Following these standards will mitigate the negative effects on human health and the environment. Additional information for these standards can be found at <http://www.epeat.net> and <http://www.energystar.gov>.

vi. Minor A/R Information (if applicable)

You may use up to \$500,000 for minor A/R activities at one or more sites to support ARP-NH activities as described above and in Appendix A. The total site-specific minor A/R project cost must be less than \$500,000 (excluding the cost of moveable equipment).

Minor A/R includes work required to modernize, improve, and/or reconfigure the interior arrangements or other physical characteristics of a facility. Permanently affixed equipment (e.g., heating, ventilation, and air conditioning (HVAC), generators, lighting) and its installation is categorized as minor A/R. Minor A/R projects may not increase the total square footage of existing buildings (e.g., by construction of a building addition) and may not be part of larger construction projects.

If you propose to use ARP-NH funds for minor A/R, provide the minor A/R information below for each site-specific minor A/R project and submit it as [Attachment 5: Minor A/R Information](#). See the Other Requirements for Sites form on the [ARP-NH technical](#)

[assistance webpage](#) for instructions. The site address for each minor A/R project must align with a site address in your scope of project (discussed in HRSA-21-009 and/or approved by your project officer through a change in scope request). Contact your project officer for guidance.

For each site where minor A/R activities will occur, you must provide all of the following documents:

- Other Requirements for Sites form addressing site control, federal interest, cultural resources, and historic preservation considerations. This form can be found on the [ARP-NH technical assistance webpage](#).
- Minor A/R Project Budget Justification. See the minor A/R budget example and instructions on the [ARP-NH technical assistance webpage](#).
- Environmental Information and Documentation (EID) Checklist. See the [EID template](#) and instructions.
- Schematics and/or Floor Plans showing the location and dimensions of the proposed minor A/R in the existing building.
- Property information (title, deed, or lease).
- Signed Landlord Letter of Consent (required for leased property). See [Landlord Letter of Consent sample](#).

vii. Attachments

In addition to completing the forms associated with HRSA-21-116 in Grants.gov, attach the following:

Attachment 1: ARP-NH Activities Plan or Project Work Plan

- See [Section IV.2.i](#) for instructions.

Attachment 2: Project Narrative

- See [Section IV.2.ii](#) for instructions.

Attachment 3: Budget Narrative

- See [Section IV.2.iv](#) for instructions. See the sample budget narrative on the [ARP-NH technical assistance webpage](#).

Attachment 4: Equipment List(s) (if applicable)

- See [Section IV.2.v](#) for instructions. A sample form is available on the [ARP-NH technical assistance webpage](#).

Attachment 5: Minor A/R Information (if applicable)

- See [Section IV.2.iv](#) for instructions. Sample templates and instructions for minor A/R information are available on the [ARP-NH technical assistance webpage](#).

Attachment 6: Other Relevant Documents (optional)

- Upload additional items to support your application, as desired. If you include indirect costs in your budget, you must upload your indirect cost rate agreement.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

The requirements for SAM (System of Award Management) registration have temporarily changed due to the federal government's response to the COVID-19 pandemic. To support entities impacted by COVID-19, applicants are not required to have an active SAM registration at the time of submission of the application under this Notice of Funding Opportunity (NOFO). If not registered at time of award, HRSA requires the recipient to obtain a unique entity identifier (i.e., DUNS) and complete SAM registration within 30 days of the Federal award date.

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.

Currently, 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 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 forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. You must validate the federally required common certifications and representations annually at [SAM.gov](#).

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *July 2, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for resolution of any unforeseen issues. See Section 8.2.5 of HRSA's [SF-424 Application Guide](#) for additional information.

See Section 4.1.ii of HRSA's [SF-424 Application Guide](#) for additional information.

5. Funding Restrictions

You may request funding for a period of performance of up to 2 years, at no more than the ceiling amount listed in [Table 1](#) in [Section II.2 Summary of Funding](#) (inclusive of direct and indirect costs).

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information.

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 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: 2021-01](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be 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

The FY 2021 American Rescue Plan—Funding for Native Hawaiian Health Care is available to current NHHCIA award recipients (see [Section II.2 Summary of Funding](#)). 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 will use the following criteria in order to complete the review. HRSA will review each application for completeness and eligibility, and compliance with the requirements outlined in this NOFO.

1. **ARP-NH Activities Plan** (NHHCS Only) (submitted as [Attachment 1: ARP-NH Activities Plan or Project Work Plan](#))
 - Does the ARP-NH Activities Plan include activities that align with the purpose of ARP-NH funding? List any selected activities that do not appear to be aligned with the purpose of the ARP-NH funding.

- Are all Other activities (those written in by the applicant) consistent with the purposes of the ARP-NH funding ([items \(1\)–\(6\)](#))? List any Other activities that do not appear to be consistent with the purpose of the ARP-NH funding.
 - Do all proposed activities align with the project narrative and budget proposal? List any activities that do not appear to be aligned with the project narrative and budget proposal.
2. **ARP-NH Project Work Plan** (POL Only) (submitted as [Attachment 1: ARP-NH Activities Plan or Project Work Plan](#))
- Does the proposed Project Work Plan outline activities under the ARP-NH activity categories as listed in [Section IV.2.i](#) that align with the purposes of ARP-NH funding ([items \(1\)–\(6\)](#))? List any activities in the Project Work Plan that do not appear to be aligned with the purpose of the ARP-NH funding.
 - Will the proposed activities support the NHHCS activities (see [Appendix A: ARP-NH Activities Plan](#) for a complete list of eligible activities)? List any activities that do not appear to support the NHHCS activities.
 - Does the proposed Project Work Plan align with the project narrative and budget proposal? List reasons why the Project Work Plan does not appear to be aligned with the project narrative and budget proposal.
3. **Project Narrative** (submitted as [Attachment 2: Project Narrative](#))
- Does the information provided in the project narrative describe the specific COVID-19, health care services, and infrastructure needs of your Native Hawaiian community? List any information in the project narrative that does not appear to describe the specific COVID-19, health care services, and infrastructure needs of the Native Hawaiian community.
 - Does the project narrative explain how the applicant’s organizational capacity is appropriate to use this funding to complete the selected activities to meet the needs of your Native Hawaiian community? List any concerns about organizational capacity related to the applicant’s ability to complete proposed activities.
 - Does the information provided serve as the basis for, and align with, the proposed activities in [Attachment 1: ARP-NH Activities Plan or Project Work Plan](#)? List any information that does not appear to serve as the basis for, and align with, the proposed activities.
4. **Budget Proposal** (submitted as the SF-424A and [Attachment 3: Budget Narrative](#))
- Do all proposed costs align with the five activity categories and the purposes of this funding ([items \(1\)–\(6\)](#))? List any proposed costs that do not appear to align with the five activity categories and the purpose of this funding.

- Does the budget (SF-424A and budget narrative) align with the activities described in the project narrative and [Attachment 1: ARP-NH Activities Plan or Project Work Plan](#)? List reasons why the budget does not appear to align with the activities described in the project narrative and Attachment 1.
 - Are past expenses (dating back to January 31, 2020) included in the budget narrative and, if so, are they sufficiently justified and clearly aligned with the purpose of this funding ([items \(1\)–\(6\)](#))? List any past expenses that do not appear to be sufficiently justified and clearly aligned with the purpose of this funding.
5. **Equipment List(s)** (submitted as [Attachment 4: Equipment List\(s\)](#)), if applicable
- Do proposed equipment purchases align with the activities described in [Attachment 1: ARP-NH Activities Plan or Project Work Plan](#), and the purposes of this funding ([items \(1\)–\(6\)](#))? List any proposed equipment purchases that do not appear to be aligned with the activities described in Attachment 1.
 - Do proposed equipment costs align with equipment costs documented in Section B of the SF-424A and the budget narrative? List any proposed equipment costs that do not appear to be aligned with equipment costs documented in the SF-424A and the budget narrative.
6. **Minor A/R Information** (submitted as [Attachment 5: Minor A/R Information](#)), if applicable
- Does each proposed minor A/R project align with the activities described in [Attachment 1: ARP-NH Activities Plan](#) and the purposes of this funding ([items \(1\)–\(6\)](#))? Describe any proposed minor A/R project that does not appear aligned with the proposed activities and funding purpose.
- Note:** HRSA will review all minor A/R information for alignment with minor A/R requirements.

2. Review and Selection Process

HRSA has procedures for assessing the technical merit of applications to provide for an objective review. HRSA reserves the right to request budget modifications and/or narrative and activities plan revisions as part of pre-award negotiations, or apply special conditions of award, if an application is not fully responsive to the ARP-NH NOFO, additional documents or information is required, or if ineligible activities or costs are proposed.

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 will review fundable applications 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 \(FAPIS\)](#). 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 [FAPIS](#) 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 FAPIS 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) on or around the start date of August 1, 2021. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

If you are successful and receive a 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 Departmental regulations and policies in effect at the time of the award, and applicable statutory provisions.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

Accessibility Provisions and Non-Discrimination Requirements

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion [website](#).

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 and Outcomes

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Reports.** You must submit quarterly progress reports into the HRSA Electronic Handbooks (EHBs). Reports will describe the status of the activities and use of the ARP-NH funds and include submissions related to minor A/R-related activities, if applicable. Details about progress reporting will be posted to the [ARP-NH technical assistance webpage](#) when available.

2) **Native Hawaiian Data System Reports (NHHCS only).** Your annual data report will be updated to ensure reporting on, at a minimum, the following, aligned with Uniform Data System (UDS) metrics, where relevant:

- Number of COVID-19 vaccinations completed, including by race and ethnicity
- Number of COVID-19 tests, including by race and ethnicity
- Number of patients screened for social determinants of health
- Number of NHHCS patients/visits, including those receiving COVID-19 treatment
- Number and type of virtual care visits
- Number of enabling services patients
- Number of new mobile units

HRSA will use the Native Hawaiian Data System Reports and other data sources to assess the outcomes of this funding, understanding that ARP-NH resources are one-time, the allowable uses of funds are expansive within the parameters noted above, and there is flexibility to use funds to address evolving needs, as well as costs incurred dating back to January 31, 2020.

In aggregate, HRSA expects that ARP-NH funding will result in outcomes in several areas that may be evaluated by increases in the metrics outlined above.

Because resources are one-time and flexible (as detailed above), HRSA will consider your performance as indicated through progress reports and measures noted above as they relate to your approved project to inform decisions regarding potential future extension without funds requests at the end of your period of performance.

3) **Federal Financial Report:** The annual Federal Financial Report (SF-425) is required no later than October 30 for each year of the period of performance. The report is an accounting of expenditures under the project that year. The recipient must submit financial reports electronically through HRSA's Electronic Handbooks (EHBs). HRSA will provide more specific information in the NoA.

4) **Integrity and Performance Reporting.** The NoA will contain a provision for integrity and performance reporting in [FAPIS](#), 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.

VII. Agency Contacts

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

Christie Walker
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-7742
Email: CWalker@hrsa.gov

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

Rael Ammon
Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 16N-09
Rockville, MD 20857
Telephone: (301) 594-4300
Contact: [BPHC Contact Form](#)

- Select “Applicant” for Requestor Type
- Select “Health Center” for Health Center or EHBs Question
- Select “Applications” for BPHC Category
- Select “Native Hawaiian Health Care Improvement Act (NHHCIA)” for BPHC Sub Category

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, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov>

VIII. Other Information

Technical Assistance

HRSA will hold a pre-application technical assistance webinar for current NHHCIA award recipients seeking funding through this opportunity. Visit the [ARP-NH technical assistance webpage](#) for webinar details, sample documents, and additional resources.

COVID-19 frequently asked questions and resources are available at [Emergency Preparedness and Recovery Resources for Health Centers](#).

508 Compliance Disclaimer

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

Appendix A: ARP-NH Activities Plan

Instructions for Completing the ARP-NH Activities Plan (NHHCS)

Use the ARP-NH Activities Plan template included in the email sent to your organization announcing the availability of this funding to indicate activities you plan to conduct using your ARP-NH funds. Upload the completed plan as [Attachment 1: ARP-NH Activities Plan or Work Plan](#).

When completing the ARP-NH Activities Plan, ensure that the selected activities are consistent with the purposes of the funding ([items \(1\)–\(6\)](#)) and align with your NHHCIA scope of project.

- Select activities under one or more categories to outline your proposed 2-year activities by indicating “YES”.
- To ensure a complete plan, select “NO” for all activities you do NOT propose for the 2-year period of performance.
- You may write in self-defined activities under “Other” for each category. You may add as many “Other” rows as required to fully outline your proposed activities.
- To propose to use funds for activities dating back to January 31, 2020, select “Other” under the appropriate category and provide a detailed description.

ARP-NH Activities Plan Sample

COVID-19 Vaccination Capacity		
Support to plan, prepare for, promote, distribute, administer, and track COVID-19 vaccines, and to carry out other vaccine-related activities, including outreach and education.		
Vaccine Administration	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Administer vaccinations at permanent and temporary sites or other locations, including through mobile, drive-up, walk-up, or community-based vaccination events. Such vaccine administration activities should address the unique and evolving access barriers experienced by underserved and vulnerable populations and be carried out in alignment with CDC, state/jurisdiction, and other public health guidance.		
Outreach	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Perform vaccine-related outreach and education, including promoting vaccination efforts and supporting COVID-19 vaccine acceptance. Such activities should include a focus on providing services to Native Hawaiians.		
Facilitating Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expand or increase services (e.g., transportation) that facilitate access to COVID-19 vaccination.		

COVID-19 Vaccination Capacity		
Support to plan, prepare for, promote, distribute, administer, and track COVID-19 vaccines, and to carry out other vaccine-related activities, including outreach and education.		
Supplies and Equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Purchase COVID-19 vaccination supplies (e.g., PPE, hygiene and other disposable supplies), storage (including back-up systems), sterilization equipment, and moveable physical barriers, along with temporary signage to promote vaccination locations.		
Vaccine Administration Workflows and Clinical Support	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Establish, modify, enhance, and expand systems and workflows to efficiently and effectively administer COVID-19 vaccine, including aligning workflows with current and evolving public health guidance, enhancing and maximizing use of patient registries, enhancing clinical decision support and use of data from electronic health records (EHR), and coordination and collaboration with jurisdictions and other community partners.		
Vaccine Management and Distribution	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Support vaccine ordering, distribution to administration sites, and inventory management, including activities necessary for participation in the CDC COVID-19 Vaccination Program .		
Personnel	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hire and/or contract additional providers, clinical staff, and other personnel (e.g., pharmacy personnel, community health workers, patient/community education specialists, billing staff, case managers, and information technology staff) as needed to support COVID-19 vaccination.		
Trainings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Train workforce on vaccine handling, storage, and administration; assessment and prioritization of patients; and social and other barriers to accessing care.		
Data Systems and Reporting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Establish and enhance data systems that ensure that vaccine administration data are available, secure, complete, timely, valid, and reliable and support related data reporting activities.		
Health Information Interoperability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Purchase or enhance health information technology software and hardware that support interoperability of your data systems with federal, state, and local vaccine administration and distribution data systems.		

COVID-19 Vaccination Capacity		
Support to plan, prepare for, promote, distribute, administer, and track COVID-19 vaccines, and to carry out other vaccine-related activities, including outreach and education.		
Adverse Events Monitoring	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Establish and enhance workflows and personnel skills to diagnose, treat, and report potential COVID-19 vaccination adverse events.		
Hours and Availability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Support increased access to COVID-19 vaccination through extended operating hours; enhanced telephone triage capacity; mobile, virtual, and home services; contracts with other sites and/or providers; and establishment of temporary service delivery sites and locations.		
Develop and Deploy Digital Tools	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Develop and/or enhance websites, patient portals, digital applications, and other tools to support scheduling, show rates, and follow up for COVID-19 vaccination.		
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide Details:		

COVID-19 Response and Treatment Capacity		
Support to detect, diagnose, trace, monitor, and treat COVID-19 infections and related activities necessary to mitigate the spread of COVID-19, including outreach and education.		
Testing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Support self, mobile, drive-up, and/or walk-up testing that addresses the unique and evolving access barriers experienced by Native Hawaiian populations.		
Hours and Availability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Support increased access to COVID-related services (e.g., screening, testing, and treatment) through extended operating hours; enhanced telephone triage capacity; mobile, virtual, and home services; and temporary sites.		
Develop and Deploy Digital Tools	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Develop and/or enhance websites, patient portals, digital applications, and other tools to support scheduling, show rates, and follow up for COVID-related services including screening, vaccination, testing, and contact tracing.		
Personnel	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hire and contract additional clinical staff and other personnel (e.g., community health workers, behavioral health specialists, billing staff, case managers) who will support outreach, testing, delivery of test results, COVID-19 treatment, and related behavioral health services.		

COVID-19 Response and Treatment Capacity		
Support to detect, diagnose, trace, monitor, and treat COVID-19 infections and related activities necessary to mitigate the spread of COVID-19, including outreach and education.		
Laboratory	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Support COVID-19 testing and laboratory costs, including purchasing COVID-19 tests ; distribution of home tests to patients; specimen handling and collection; and storage and processing equipment.		
Treatment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide treatment for patients with COVID-19, as appropriate (including monoclonal antibody therapy).		
Care Coordination	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Support care coordination with other health care providers for patients that require hospitalization or other advanced care and treatment not available through your organization.		
Workflows	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance workflows using CDC guidance to facilitate access to testing and necessary follow up services, including risk modification education, plans for repeat testing, and treatment.		
Interoperability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance health information exchange capacity to support communications with public health partners, emergency response teams, centralized assessment locations, reporting entities and registries, and/or other health care providers.		
Reporting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Report information on COVID-19 infection to federal, state, and local public health agencies consistent with applicable law (including laws relating to communicable disease reporting and privacy).		
Supplies and Equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Purchase equipment and supplies to diagnose and treat COVID-19 (e.g., COVID-19 tests, radiological equipment, health information technologies, PPE, hygiene and other disposable supplies), along with temporary signage to promote testing and treatment locations.		
Outreach	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Conduct outreach and education to patients who may be at risk of COVID-19 exposure or severe illness, have need for extra precautions, or who have barriers to accessing testing or treatment, including enrollment in affordable health insurance coverage options.		
Facilitating Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO

COVID-19 Response and Treatment Capacity		
Support to detect, diagnose, trace, monitor, and treat COVID-19 infections and related activities necessary to mitigate the spread of COVID-19, including outreach and education.		
Expand or increase services (e.g., transportation) that facilitate access to COVID-19 education, testing, and treatment.		
Contact Tracing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
In coordination with federal, state, and local public health activities, notify identified contacts of infected patients of their exposure to COVID-19, consistent with applicable law (including laws relating to communicable disease reporting and privacy).		
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide Details:		

Maintaining and Increasing Capacity		
Support to establish, modify, enhance, expand, and sustain the accessibility and availability of comprehensive primary care services to meet the ongoing and evolving needs of the service area and its vulnerable patient populations.		
Personnel	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ensure the availability of comprehensive health promotion, disease prevention, and primary health services, through in-person and virtual visits, to meet the needs of Native Hawaiians by supporting salaries and benefits for personnel providing NHHCIA services.		
Immunization (other than COVID-19 vaccination)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Establish and/or expand adult and childhood immunization/vaccination programs, including aligning workflows with current public health guidance, maximizing use of patient registries, enhancing clinical decision supports and use of data from electronic health records (EHR), leveraging community partners, increasing staff, purchasing vaccines and supplies, storage, and outreach.		
Facilitating Access	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expand or increase services (e.g., transportation, translation, outreach, eligibility assistance) and other strategies, such as home and/or virtual visits that facilitate access to care and address social and other risk factors, including those amplified or worsened by the public health emergency.		
Broadband	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Increase broadband capacity to support virtual care models and assist patients in connecting to virtual care by referring them to subsidy programs such as the Emergency Broadband Benefit program and the Lifeline program .		

Maintaining and Increasing Capacity		
Support to establish, modify, enhance, expand, and sustain the accessibility and availability of comprehensive primary care services to meet the ongoing and evolving needs of the service area and its vulnerable patient populations.		
Telehealth	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expand and enhance telehealth capacity to perform triage, deliver care, support care transitions, and support follow-up via telehealth, including the use of home monitoring devices and video to provide care to patients in their homes, community settings, and other locations. Support access to virtual care for patients with unstable or no housing or other barriers to accessing care.		
Training and Education	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Train personnel on digital platforms, devices, and workflows supporting the use of telehealth, and provide patient education that will increase digital literacy and competence using digital devices and applications that promote health.		
Develop and Deploy Digital Tools	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Develop and/or enhance software and digital applications to support patients' access to and engagement in virtual care, including patient self-management tools, remote patient monitoring, patient portals, digital applications, websites, and use of social media.		
Cybersecurity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance telehealth and health information technology cybersecurity infrastructure, including mobile device management, patient portals, and digital applications; develop and implement plans for data risk management, mitigation, and recovery; and update software and operating systems.		
Equipment and Supplies	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Purchase equipment and supplies to support the provision of comprehensive health promotion, disease prevention, and primary health services (e.g., clinical and diagnostic equipment; telehealth equipment; information technology systems to enhance data collection, exchange, reporting, and billing; equipment and supplies for use by remotely located staff to ensure continuity of services).		
Electronic Health Record (EHR)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Purchase or upgrade of an EHR that is certified by the Office of the National Coordinator for Health Information Technology to support patient data tracking and reporting.		
Recuperative Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide or support short-term care services to individuals recovering from an acute illness or injury. Such services do not include health services provided in lieu of or concurrent to hospitalization, skilled nursing, or other residential health care.		

Maintaining and Increasing Capacity		
Support to establish, modify, enhance, expand, and sustain the accessibility and availability of comprehensive primary care services to meet the ongoing and evolving needs of the service area and its vulnerable patient populations.		
Behavioral Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance or expand access to behavioral health (mental health and substance use disorder) services.		
Community Partnerships	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Establish and strengthen community partnerships and referrals for housing, child care, food banks, employment, education counseling, legal services, and other related services.		
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide Details:		

Recovery and Stabilization		
Support for ongoing recovery and stabilization, including enhancing and expanding the health care workforce and services to meet pent up demand due to delays in patients seeking preventive and routine care; address the behavioral health, chronic conditions, and other needs of those who have been out of care; and support the well-being of personnel who have been on the front lines of the pandemic.		
Pent Up Demand	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Bring sites, services, and staff to an operational capacity sufficient to meet a pent up demand for services, including addressing the needs of patients and other vulnerable populations who have been without care and whose conditions and needs may have been exacerbated by the social and financial impacts of COVID-19.		
Patient Registries	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Develop new and/or update existing patient registries to support continuity of services to patients, including those who have delayed care due to factors related to COVID-19.		
Virtual Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expand and enhance virtual care to respond to evolving service area and patient needs and to support access to equitable, high quality care for your Native Hawaiian population.		
Care Transitions and Coordination	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Support transitions in care settings and coordination with health care and public health partners to address changing needs by enhancing workflows, updating telehealth plans, and enhancing health information and data exchange capacity.		

Recovery and Stabilization		
Support for ongoing recovery and stabilization, including enhancing and expanding the health care workforce and services to meet pent up demand due to delays in patients seeking preventive and routine care; address the behavioral health, chronic conditions, and other needs of those who have been out of care; and support the well-being of personnel who have been on the front lines of the pandemic.		
Outreach	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Conduct outreach to patients and Native Hawaiian populations who have been out of care or who may be in need of a medical home.		
Facilitating Access	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expand or enhance enabling or other services to address the unique and evolving access barriers experienced by Native Hawaiian populations who have been without care and whose conditions and needs may have been exacerbated by the social and financial impacts of COVID-19.		
Population Health and Social Determinants	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance or update patient population and community needs assessments; update strategic plans, policies, and procedures to reduce disparities in access, care delivery, and clinical quality measures; expand or develop new partnerships with social services organizations that can address identified social determinants of health; and develop or enhance the data infrastructure necessary to track and close social service referral loops.		
Patient Engagement	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance patient activation and engagement, including through virtual and in-person outreach and education, self-management programs and techniques, partnerships with families and caregivers, patient-centered care coordination, and other evidence-based interventions to support self-care.		
Workforce Well-being	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Assess needs and develop interventions to support staff well-being and address needs related to burnout and recovery, productivity, stress, professional fulfillment, diversity, and inclusion.		
Training	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Adapt and deliver staff training to meet new and returning patients' needs, including training to assess and address social risk and other barriers to accessing and engaging in care.		
Continuity of Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Increase team-based and inter-professional service delivery through both in-person and virtual visits to provide continuity of care.		
Strategic Planning	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Recovery and Stabilization		
Support for ongoing recovery and stabilization, including enhancing and expanding the health care workforce and services to meet pent up demand due to delays in patients seeking preventive and routine care; address the behavioral health, chronic conditions, and other needs of those who have been out of care; and support the well-being of personnel who have been on the front lines of the pandemic.		
Develop or align strategic plans to reflect recovery and stabilization needs.		
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide Details:		

Infrastructure: Minor Alteration/Renovation (AR) ², Mobile Units, and Vehicles		
Modify and improve physical infrastructure, including minor A/R and the purchase of mobile units and vehicles to enhance or expand access to comprehensive primary care services, including costs associated with facilitating access to mobile testing and vaccinations, as well as other primary care activities.		
General Physical Infrastructure Improvements	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance the physical infrastructure to ensure continued access to comprehensive health promotion, disease prevention, and primary health services (e.g., roof repairs, ADA-compliant entrances, new foot traffic pathways to facilitate physical access to health center services).		
Facilitating Access	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Adjust space to support access through enhanced cultural and linguistic competency (e.g., examination rooms that can accommodate support staff/chaperones/family, screens to facilitate face-to-face translation) and provide enhanced facilitating services that address social determinants of health and promote health equity.		
Virtual Care Access	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reconfigure space to maximize the ongoing use of telehealth technology (e.g., configuring spaces to better accommodate video screens and creating telehealth command centers).		
Team-based Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Renovate space to support team-based and inter-professional service delivery models needed to provide continuity of care in public health emergencies, including new or further integration of behavioral health, oral health, vision, and/or pharmacy services.		

² Up to \$500,000 may be used for minor A/R projects, with no single A/R project totaling \$500,000 or more in federal and nonfederal funds.

Infrastructure: Minor Alteration/Renovation (A/R) ², Mobile Units, and Vehicles		
Modify and improve physical infrastructure, including minor A/R and the purchase of mobile units and vehicles to enhance or expand access to comprehensive primary care services, including costs associated with facilitating access to mobile testing and vaccinations, as well as other primary care activities.		
Physical Distancing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reconfigure space to support physical distancing of patients and/or maximize isolation precautions for individuals being evaluated for possible COVID-19 infection and those testing positive for COVID-19 and other communicable diseases.		
HVAC	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Enhance or install heating, ventilation, and air conditioning (HVAC) systems to improve facility air quality and hygiene, including addressing needs specific to mitigate the spread of COVID-19.		
Mobile Unit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Purchase and maintain a mobile unit(s) that may be used to provide comprehensive primary care services and to conduct COVID-19 testing and/or vaccination.		
Vehicles	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Purchase and maintain a vehicle to transport patients, including to vaccination and testing locations; deliver equipment, supplies, and vaccines to service sites and locations; and/or to transport personnel to service sites and locations.		
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide Details:		

Appendix B: ARP-NH Work Plan

Instructions for Completing the ARP-NH Work Plan (POL)

Use the ARP-NH Work Plan template included in the email sent to your organization announcing the availability of this funding to indicate activities you plan to conduct using your ARP-NH funds. Upload the completed plan as [Attachment 1: ARP-NH Activities Plan or Work Plan](#).

When completing the 2-year ARP-NH Work Plan, ensure that the selected activities are consistent with the purposes of the funding ([items \(1\)–\(6\)](#)) and align with your NHHCIA scope of project.

- Organize proposed activities and the associated additional details under each [category](#) that you propose to complete work under.
- Identify how each proposed activity links to your H1C goals:
 - Goal 1: Promoting comprehensive health promotion and disease prevention services
 - Goal 2: Conduct training for Native Hawaiian health care practitioners and other personnel
 - Goal 3: Identify, support, perform, and promote research
 - Goal 4: Develop an action plan outlining the contributions that each member organization will make
 - Goal 5: Serve as a clearing house for NHHCIA data maintenance, collection and project funds
 - Goal 6: Coordinate and assist with the health care programs and services provided
 - Goal 7: Administer special projects
- Note a timeframe for each activity. The timeframe could be general (e.g., Year 1, Year 2, ongoing) or more specific (i.e., start and end dates).
 - Use the Timeframe field to clearly document if the proposed activity (and its associated costs) already occurred (back to January 31, 2020).

ARP-NH Work Plan Sample

<p>ARP-NH Category</p>	<p>Identify the category the activity described below will address:</p> <ul style="list-style-type: none"> • COVID-19 Vaccination Capacity • COVID-19 Response and Treatment Capacity • Maintaining and Increasing Capacity • Recovery and Stabilization • Infrastructure: Minor Alteration/Renovation (A/R), Mobile Units, and Vehicles 		
<p>Activity Description</p>	<p>Link to H1C Goals</p>	<p>Person Responsible</p>	<p>Timeframe</p>
<p>List each proposed activity under its associated category.</p>	<p>Describe how each proposed activity aligns with one or more of the 7 goals specified on your H1C project work plan.</p>	<p>Identify the person(s)/position(s) that will be responsible for conducting each proposed activity.</p>	<p>Provide a timeframe for each proposed activity.</p> <p>Clearly document if the proposed activity already occurred (back to January 31, 2020).</p>