# U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

# HRSA
## Health Resources & Services Administration

Bureau of Primary Health Care
Office of Policy and Program Development

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**National Health Center Training and Technical Assistance Partners Cooperative Agreements (NTTAP)**

**Funding Opportunity Number:**  HRSA-20-022
**Funding Opportunity Type(s):**  Competing Continuation, New
**Assistance Listings (CFDA) Number:**  93.129

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## NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

## Application Due Date in Grants.gov:  November 18, 2019
## Supplemental Information Due Date in HRSA EHBs: December 17, 2019

**MODIFIED on October 18, 2019 to clarify requirements for the National T/TA Center NTTAP type related to the national health center T/TA needs assessment, and to extend the Application due date in Grants.gov**

*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 16, 2019**

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NTTAP Technical Assistance Webpage:
https://bphc.hrsa.gov/program-opportunities/funding-opportunities/nttap

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

# EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2020 National Health Center Training and Technical Assistance Partners (NTTAP) Cooperative Agreements.[1]  This funding will establish or maintain cooperative agreements with organizations to provide national-level training and technical assistance (T/TA) to existing and potential health centers to increase access to high quality, comprehensive primary care services for underserved populations in an evolving health care landscape.  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.  NTTAPs provide health center T/TA directly and through collaborations with HRSA-funded and other T/TA partners.

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|---|---|
| Funding Opportunity Title: | National Health Center Training and Technical Assistance Partners (NTTAP) Cooperative Agreements |
| Funding Opportunity Number: | HRSA-20-022 |
| Due Date for Applications in Grants.gov: | November 18, 2019 (11:59 pm ET) |
| Due Date for Supplemental Information in HRSA Electronic Handbooks (EHBs): | December 17, 2019 (5:00 pm ET) |
| Anticipated Total Annual Available FY 2020 Funding: | $22 million |
| Estimated Number and Type of Awards: | Up to 21 cooperative agreements |
| Estimated Award Amount: | Varies |
| Cost Sharing/Match Required: | No |
| Period of Performance: | July 1, 2020 through June 30, 2023 |
| 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 NCAs may submit applications.  See Section III of this notice of funding opportunity (NOFO) for complete eligibility information. |

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[1] NTTAP Cooperative Agreements were previously referred to as National Training and Technical Assistance Cooperative Agreements or NCAs.

**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, frequently asked questions (FAQs), and sample forms and documents are available at the NTTAP Technical Assistance webpage (https://bphc.hrsa.gov/program-opportunities/funding-opportunities/nttap).
HRSA will hold a pre-application technical assistance (TA) call for applicants seeking funding through this opportunity.  This TA session will provide an overview of this NOFO and an opportunity for applicants to ask questions.  Visit the webpage above for TA webinar details (date, time, dial-in number, web link).

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# I. Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the National Health Center Training and Technical Assistance Partners (NTTAP) cooperative agreements, formerly known as National Training and Technical Assistance Cooperative Agreements (NCA). NTTAPs provide training and technical assistance (T/TA) to existing and potential Health Center Program award recipients and look-alikes (health centers) nationwide, both directly and through collaborations with other Health Resources and Services Administration (HRSA) funded T/TA partners.

HRSA will provide funding to organizations to identify health center T/TA needs and develop and deliver T/TA for health centers at a national level. NTTAPs will provide T/TA to support health centers that serve statutorily defined special populations and vulnerable populations,[2] and to support all health centers through [development area](development area)-specific T/TA. NTTAPs maximize the impacts of Health Center Program investments through T/TA that strategically positions health centers to increase access to high quality, comprehensive primary care services for underserved populations in an evolving health care landscape.

## 2. Background

NTTAPs are authorized by the [Public Health Service Act, Title III, Section 330(l), (42 U.S.C. 254b(l))](link). For more than 25 years, HRSA has provided funding to partners that maximize the impact of the Health Center Program through the development and delivery of T/TA to health centers. The Health Center Program currently includes nearly 1,400 Health Center Program award recipients and approximately 50 look-alikes that operate approximately 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 nearly 28.4 million patients.

NTTAPs provide national-level T/TA to support health centers to innovate and otherwise advance their operations and care delivery models to adapt to current and anticipated changes in the health care environment and in their local communities. T/TA provided by NTTAPs is an integral component of HRSA's continuous learning health center system through which T/TA activities support health centers to systematically integrate internal data and experience with external evidence and shared knowledge to inform and improve the treatment and care of patients. NTTAPs identify health center T/TA needs and develop and coordinate T/TA resources with other HRSA-supported T/TA providers, including other NTTAPs, State and Regional Primary Care Associations (PCAs), and Health Center Controlled Networks (HCCNs).

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

**Program Overview**

NTTAP funding is for a 3-year period of performance (July 1, 2020 to June 30, 2023) and will support the development, provision, coordination, and evaluation of national T/TA activities for health centers to maximize the impact of Health Center Program investments and thereby assist health centers to increase access to high quality, comprehensive primary care services for underserved populations in an evolving health care landscape.

NTTAPs will accomplish these goals and the related Objectives outlined in Appendix B: NTTAP Types and Required Objectives through identifying and disseminating promising practices,[3] developing and delivering trainings, and other T/TA activities.

To effectively meet the required objectives, at a national level, NTTAPs must:

- Monitor factors that affect health centers to inform T/TA activities and support HRSA awareness of issues that may affect health centers' ability to maximize their impact and effectively address HRSA priorities.
- Support health centers to identify and implement evidence-based and promising practices to address HRSA priorities in ways that are most effective for the population or development area.
- Leverage health centers' shared experience and data, along with evidence-based and promising practices knowledge, to improve the treatment and care of patients.

NTTAPs must engage and collaborate with other HRSA-supported T/TA partners (e.g., PCAs, HCCNs) 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, as illustrated on the next page.  To improve the outcomes of future T/TA activities, NTTAPs must collect, analyze, and disseminate T/TA evaluation results to health centers and HRSA T/TA partners, and contribute to a national health center T/TA needs assessment.  T/TA provided by other HRSA T/TA partners includes:

- State and region-specific T/TA developed by PCAs to support increased access to comprehensive primary care services, accelerated value-based care delivery, a health center workforce that addresses current and emerging needs, enhanced emergency preparedness and response, and advanced health center clinical quality and performance.
- Tools and resources developed by HCCNs to increase participation in value-based care through enhancing the patient and provider experience, advancing interoperability, and using data to enhance value.

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[3] A promising practice is an activity, procedure, approach, or policy that leads to, or is likely to lead to, improved outcomes or increased efficiency for health centers.

**Health Centers**

**PCAs**  **HCCNs**

**NTTAPs**

**HRSA and Federal Partners**
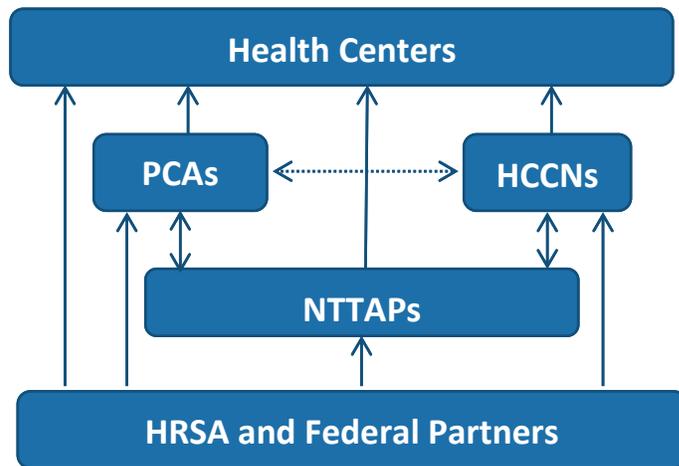
## Training and Technical Assistance

For the purposes of this funding opportunity, training is defined as an educational tool designed to teach key concepts related to a particular topic, which is often delivered in small or large group settings (in-person seminars, distance webinars, 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, which could include:

- Providing training such as webinars, networking meetings, and conferences to build knowledge, skills, or abilities;
- Conducting consultations on particular challenges to advance strategic priorities;
- Developing and sharing resources such as readiness tools, implementation manuals, and fact sheets; and
- Identifying, disseminating, and facilitating the implementation of evidence-based and promising practices.

## NTTAP Requirements

For the purposes of this funding opportunity, applicants must propose to provide T/TA *for only one NTTAP type in one category* as summarized below.  The number of projected awards for each NTTAP type is also indicated.

- **Special Populations (9 awards) category:**
  - Migratory and Seasonal Agricultural Workers type (5 awards)
  - People Experiencing Homelessness type (2 awards)
  - Residents of Public Housing type (2 awards)
- **Vulnerable Populations (4 awards) category:**
  - Lesbian, Gay, Bisexual and Transgender (LGBT) Populations type (1 award)
  - Asian Americans, Native Hawaiians and other Pacific Islanders type (1 award)
  - School-Aged Children type (1 award)
  - Older Adults type (1 award)

- **Development Areas (7 awards) category:**
    - Clinical Workforce Development type (1 award)
    - Health Workforce Recruitment and Retention type (1 award)
    - Capital Development and Growth type (1 award)
    - Health Information Technology and Data type (1 award)
    - Oral Health Care type (1 award)
    - Medical-Legal Partnerships type (1 award)
    - Intimate Partner Violence Prevention type (1 award)
- **National T/TA Center category and type (1 award)**

NTTAPs must monitor and share data on health center T/TA needs for the proposed NTTAP type.  Specifically, the National Training and Technical Assistance Center NTTAP category and type must coordinate and conduct a national health center T/TA needs assessment once per period of performance, and all NTTAPs must contribute to the national health center T/TA needs assessment.

NTTAPs must ensure access to T/TA resources without regard to health center award or designation status, NTTAP membership status, or location.[4]  The ability for an NTTAP to charge for T/TA varies:
- NTTAPs 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 NTTAP can demonstrate that the charge is not a barrier to access.

NTTAPs should ensure that T/TA resources are accessible to the widest possible health center audience nationwide, which may include use of free webinars and on-demand recordings, following any live events.  NTTAPs must also make T/TA available through the health center resource clearinghouse.[5]

In addition to providing T/TA to national health center audiences, NTTAPs must establish and conduct learning collaborative activities.  NTTAP learning collaboratives must have:
- A minimum of 10 health center participants, with the majority being funded health centers.
- Documentation of commitment from participating health center leadership.
- At least 4 in-person and/or distance learning sessions in each budget period.
- A curriculum tailored to health center needs that contains planning periods, action periods, coaching, scaled implementation of models, and evaluation.
- Health center-level objectives that are clear, specific, data-driven, and measurable.

See Appendix A:  Instructions for Completing Application Forms in EHBs and Appendix B:  NTTAP Types and Required Objectives for additional details, including the required number of national and learning collaborative activities.

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[5] To see the current version of the health center resource clearinghouse, visit
https://www.healthcenterinfo.org/

Failure to meet NTTAP Requirements may jeopardize NTTAP funding per Uniform Guidance 2 CFR part 200 as codified by HHS at 45 CFR part 75.  HRSA will assess award recipients for compliance during the period of performance.  When non-compliance is identified, HRSA will 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

Type(s) of applications sought:

- **Competing continuation** – A current National Training and Technical Assistance Cooperative Agreement (NCA) award recipient whose period of performance ends June 30, 2020 that seeks to continue providing national health center T/TA.
- **New** – An organization not currently receiving NCA funding that seeks to provide national T/TA as one of the NTTAP types outlined in the Requirements section and listed in Appendix B:  NTTAP Types and Required Objectives.

HRSA will provide NTTAP funding in the form of a cooperative agreement.  A cooperative agreement 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, monthly calls, 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 NTTAP-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.
- Conduct an NTTAP site visit once per period of performance to review and assess NTTAP Requirements compliance, review activities and key accomplishments, and identify promising practices that support the T/TA needs of health centers.

**The cooperative agreement recipient's responsibilities will include:**

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

2. **Summary of Funding**

HRSA expects approximately $22 million to be available annually to fund 21 recipients. You may apply for up to the maximum annual award amount for the NTTAP type you selected. The actual amount available will not be determined until enactment of the final FY 2020 federal 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.

- **Special and Vulnerable Populations NTTAPs**: New applicants in this category may request up to $550,000 annually[6]; currently funded applicants will receive communication directly from HRSA with the maximum annual award amount, based on the FY 2019 award.

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[6] LGBT NTTAP type may request up to $625,000 annually due to required effort to support the Ending the HIV Epidemic: A Plan for America.

- **Development Areas NTTAPs**: New and currently funded applicants in this category may request up to the following maximum annual funding amount:
  - Clinical Workforce Development:  $550,000
  - Health Workforce Recruitment and Retention:  $550,000
  - Capital Development and Growth:  $1,168,750
  - Health Information Technology and Data:  $693,000
  - Oral Health Care:  $550,000
  - Medical-Legal Partnerships:  $550,000
  - Intimate Partner Violence Prevention:  $550,000

- **National T/TA Center:** New and currently funded applicants in this category may request up to $6,625,000 annually.

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 NTTAPs 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 national health center T/TA needs that are connected to, but not duplicative of, the funded scope of work.  HRSA may provide support 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 provide T/TA to community-based organizations that have or are seeking Health Center Program award recipient or look-alike designation status.  Faith-based, tribes, and tribal organizations are eligible to apply for NTTAP funding.  New organizations and organizations currently receiving funding as NCAs under Section 330(l) may submit applications.

### 2. Cost Sharing/Matching

Cost sharing or matching is not required for this cooperative agreement.

### 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.

Applications 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 VI.4: Submission Dates and Times 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-20-022), in Grants.gov. Subsequent applications will be marked as duplicates and considered ineligible for review. If you wish to change information submitted in a 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.

You may apply for only one NTTAP type listed in the NTTAP Requirements section and Appendix B: NTTAP Types and Required Objectives.

Your annual funding request (as presented on the SF-424A and Budget Narrative) must not exceed the maximum allowable funding request for your proposed NTTAP type as outlined in the Summary of Funding section or communicated by HRSA. 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** the 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 NTTAP EHBs user guide located on the NTTAP Technical Assistance webpage.

- **Phase 1 – Grants.gov** – Required information must be submitted and validated via Grants.gov with a due date of  November 18, 2019 at 11:59 p.m. ET; **and**

- **Phase 2 – HRSA EHBs** –Supplemental information must be submitted via HRSA EHBs with a due date of December 17, 2019 at 5 p.m. ET.  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 you will not be able to begin Phase 2 of your application in HRSA EHBs until October 18.

**You must successfully submit the workspace application package associated with this NOFO in Grants.Gov (Phase 1) by the Grants.gov due date to 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 **80 pages** when printed by HRSA.  The page limit includes the abstract, project and budget narratives, attachments, and letters of agreement 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 your proposal, that neither it nor its 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, an explanation shall be included in Attachment 8:  Other Relevant Documents.

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

**Project-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*
See Section 5.1.ix of HRSA's *SF-424 Two-Tier Application Guide*.

**ii.** *Project Narrative*
This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, supported by and consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

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

**NEED** -- *Corresponds to Section V's Review Criterion 1: Need*

Information provided in this section must serve as the basis for and align with the Objectives specific to the proposed NTTAP type (see Appendix B: NTTAP Types and Required Objectives) and Activities described in the Project Work Plan.

Data must be specific to NTTAP type's population of focus or developmental area and must reflect the needs of existing and potential health centers (e.g., organizations applying for the Oral Health Care NTTAP must outline oral health care needs of health centers).

1) Describe current conditions and recent or expected changes in the national health care environment relevant to your selected NTTAP type impacting existing and potential health centers and other safety net providers, including:
   a. Natural disasters or emerging health issues and priorities (e.g., hurricanes, floods, the opioid crisis, the HIV epidemic).
   b. Socio-cultural or environmental changes affecting statutorily defined special populations (migratory and seasonal agricultural workers, people experiencing homelessness, or residents of public housing) or vulnerable populations.
   c. Shifting health information technology (health IT) opportunities, priorities, and resources.
   d. Changing workforce needs and related recruitment and retention challenges.
   e. New and emerging reimbursement mechanisms for primary health care (e.g., value-based; insurance coverage changes).

2) Describe the data sources that inform your understanding of national T/TA needs of existing and potential health centers within your NTTAP type. Current data sources may include Health Center Program data (e.g., Uniform Data System (UDS) reports), annual T/TA satisfaction survey results, participant feedback from past T/TA trainings, and the national health center T/TA needs assessment. You must include needs related to each Objective applicable to the NTTAP type you selected in Appendix B: NTTAP Types and Required Objectives.

3) Based on your current understanding of national T/TA needs of health centers as described above, discuss short- and long-term health center T/TA priorities specific to your proposed NTTAP type over the next 3 years. For the purpose of this NOFO, short-term refers to the first 12 months of funding, while long-term refers to the remaining two years of the 3-year period of performance.

***RESPONSE*** -- *Corresponds to Section V's Review* *Criterion 2 Response*

**Note:** The Project Work Plan should address ONLY activities that will be funded under the proposed cooperative agreement and will fulfill this NOFO's Objectives.

1) Complete the structured Project Work Plan form electronically in EHBs, outlining activities to be completed in the first 12 months of the period of performance. The Project Work Plan must:
   a. Demonstrate compliance with all NTTAPs Requirements.
   b. Outline a complete plan to make progress toward achieving the NOFO's Objectives within the first 12 months.
   c. Propose activities that are tailored to the needs of existing and potential health centers nationwide under one of the NTTAP types listed in NTTAPs Requirements and detailed in Appendix B: NTTAPs Types and Required Objectives.
   d. Propose Objective Targets and activities based on current national health center T/TA needs that: (1) you describe in the application Project Narrative, and (2) are scaled to your capacity and level of funding requested.
   e. Include at least two Activities for the national audience and one Activity for the learning collaborative audience for each Objective.

   Instructions for completing the Project Work Plan are available in Appendix A: Instructions for Completing Application Forms in EHBs. Required Goals and Objectives can be found in Appendix B: NTTAP Types and Required Objectives. Appendix B also provides information on baseline data calculations for the Project Work Plan. A sample Project Work Plan is also provided on the NTTAP Technical Assistance webpage.

2) Describe how you will evolve and/or add new activities in Years 2 and 3 of the period of performance to achieve the stated Objectives by the end of the period of performance (June 30, 2023).

3) Describe strategies to overcome potential challenges in implementing the activities described in the Project Work Plan, approaches that will be used to

resolve them, and how these approaches build on your organization's current strengths, referencing the Key Factors identified in the Project Work Plan as appropriate.

4) Discuss current or anticipated federal and/or national initiatives that may affect Objective Target attainment or result in the need to adjust planned activities to better support health center achievement, take maximum advantage of new resources, avoid duplication of effort, and/or develop new or reprioritize existing partnerships.

5) Discuss how the proposed T/TA activities (e.g., training sessions, learning collaboratives, and webinars) will be made available and accessible (e.g., cost, location) to existing and potential health centers, regardless of health center award or designation status, NTTAP membership, or location.

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

1) Describe both current and proposed T/TA collaboration and coordination (formal and informal) with other HRSA supported T/TA providers and partners (e.g., other NTTAPs, PCAs, HCCNs, Area Health Education Centers, Public Health Training Centers), and other regional and national organizations (e.g., Regional Extension Centers, national clinical associations) to:
   a. Accelerate achievement of the Objectives for your proposed NTTAP type.
   b. Form linkages among a diverse membership to strengthen the nation's primary health infrastructure.
   c. Share, align, and coordinate T/TA resources to reduce duplication of effort among health center T/TA providers.
   d. Make T/TA available through the health center resource clearinghouse.
   e. Contribute to the national health center T/TA needs assessment.

   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 dated letter of support from the primary formal collaborators noted in the response to Item 1 above.  If you did not obtain one or more letters of support, include documentation of your efforts/requests to obtain the letters and any additional explanatory information.

3) **Organizations applying as Special Populations NTTAPs ONLY:**  Describe how your T/TA plans and activities will be coordinated and aligned with other NTTAPs focusing on your proposed special population (i.e., Migratory and Seasonal Agricultural Workers, People Experiencing Homelessness, or Residents of Public Housing).

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

1) Within the Project Work Plan (see Appendix A: Instructions for Completing Application Forms in EHBs for field descriptions):
   a. Set Objective Targets that are realistic, achievable, and advance achievement of Objectives by the end of the 3-year period of performance.
   b. Write meaningful Objective Impact Narratives that link activities to achievement of the Objective Targets by the end of the 3-year period of performance.
   c. Project appropriately scaled and achievable targets for required process measures.
   d. Provide clear Expected Outcomes for each Activity that will enable the tracking of progress over time.

2) Describe a plan for evaluation of the T/TA activities that will:
   a. Solicit and incorporate regular input from existing and potential health centers, as well as from other T/TA providers (e.g., PCAs, HCCNs, other NTTAPs), not duplicating the national health center T/TA needs assessment.
   b. Include the use of valid, reliable, and consistent quantitative and qualitative data sources from existing and potential health centers, collaborative partners, and other national stakeholders to assess the quality, reach, and perceived usefulness of T/TA activities.
   c. Ensure utilization of consistent data sources to frequently monitor and measure impact, including progress towards Objectives and Expected Outcomes.
   d. Ensure the use of evaluation results to improve T/TA performance as part of continuous quality improvement.

3) Describe your plan for dissemination of evaluation results to health centers, other NTTAPs, PCAs, HCCNs, and other relevant T/TA providers, including the health center resource clearinghouse and national health center T/TA needs assessment.

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

1) Demonstrate your capability to successfully provide national T/TA to existing and potential health centers by documenting your experience and expertise in:
   a. Coordinating and providing health center T/TA activities of similar scope (focusing on both national and learning collaborative audiences), including a description of past performance, accomplishments, and lessons learned.
   b. Responding rapidly to changes taking place in the health care environment related to the NTTAP type you selected.

2) **Current NCA award recipients ONLY**: Document successes and capabilities in Attachment 7: Summary Progress Report for Current NCAs, to include a

summary of the accomplishments achieved since submission of the last Non-Competing Continuation (NCC) Progress Report.

3) **Describe** how the organizational structure, including any contracts or agreements, (consistent with <u>Attachment 1: Organizational Chart</u> and <u>Attachment 6: Summary of Contracts and Agreements</u>) is appropriate for the operational and oversight needs of the project.[7]
   a. Describe how the proposed staffing plan <u>Attachment 2: Staffing Plan</u> is appropriate for the projected number and variety of T/TA activities (national and learning collaborative) to be provided during the period of performance.
   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, will reflect Generally Accepted Accounting Principles (GAAP).[8]

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

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

***SUPPORT REQUESTED*** *– Corresponds to Section V's Review* <u>*Criterion 6: Support Requested*</u>

1) Provide a consistent and detailed budget presentation through the submission of the following: SF-424A and Budget Narrative. Refer to Section IV.2.iv <u>Budget Narrative</u> for budget presentation instructions.

2) Describe how your budget is appropriate and reasonable for the proposed project, including alignment with the Project Work Plan and information provided in the attachments (e.g., <u>Attachment 2: Staffing Plan</u>, <u>Attachment 6: Summary of Contracts and Agreements</u>).

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[7] NTTAP award recipients and contractors are subject to the HHS grant requirements set forth in <u>Uniform Guidance 2 CFR part 200 as codified by HHS at 45 CFR part 75</u> as applicable.
[8] GAAP are used as defined in HHS Grants Policies and Regulations <u>45 CFR Part 75</u>

## 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*

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 or activity.

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* (submitted in 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 period of performance. You are required to budget funding for at least 1 HRSA-sponsored NTTAP-related conference in year 1. For a sample Budget Narrative, see the NTTAP 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 Form 1A and the Project Work Plan.  Refer to Appendix A:  Instructions for Completing Application Forms in EHBs for instructions on how to complete and submit these forms in EHBs.

**vi. *Attachments***

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 will *not* count toward the page limit.  **You must clearly label each attachment**.

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

*Attachment 2:  Staffing Plan*
> Upload a table that identifies the total personnel to be supported under the NTTAPs cooperative agreement.  The staffing plan is a presentation and justification of all staff required to execute the project, education, experience qualifications, and rationale for the amount of time being requested for each position.  Refer to the NTTAP 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/CMO, CFO, CIO, COO, and PD.  Indicate on the position descriptions if key management positions are combined and/or part time.  Limit each job description to **one page** and include, at a minimum, the position title; description of duties and responsibilities; position qualifications; supervisory relationships; skills, knowledge, and experience requirements; travel requirements; salary range; and work hours.  Indicate if any of the positions are currently vacant.

*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 evidence of endorsements and other proposed and/or current collaborations that reference specific partnerships and/or coordinated activities in

support of the proposed NTTAP project.  At a minimum, applicants must include a current letter of support from the primary formal collaborators noted in the [Collaboration](#) section of the Project Narrative.  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:  Summary of Contracts and Agreements *(if applicable)*

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

- Name of organization.
- Type of contract or agreement (e.g., contract, Memorandum of Understanding or Agreement).
- Brief description of the purpose and scope of the agreement and how/where services are or will be provided.
- Timeframe for each contract or agreement (e.g., ongoing contractual relationship, specific duration).

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

### Attachment 7:  Summary Progress Report for Current NCAs *(required for current NCA award recipients only)*

Provide a summary of the accomplishments achieved since submission of your last NCC progress report.  Include T/TA progress and how this progress has, or is expected to, impact achievement of the goal targets outlined in your most recent Project Work Plan.

### Attachment 8:  Other Relevant Documents *(if applicable)*

If indirect costs are requested, upload your current Indirect Cost Rate agreement. If desired, include other relevant documents to support the proposed project (e.g., charts, organizational brochures).  Maximum of two uploads are permitted.

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

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 18, 2019 *at 11:59 p.m. ET*. The due date to complete all other required information in HRSA EHBs (Phase 2) is December 17, 2019 *at 5 p.m.ET*. 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 you will not be able to begin Phase 2 of your application in HRSA EHBs until October 18. 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.

## 5. Intergovernmental Review

The National Training and Technical Assistance Partners 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 **maximum allowable funding request for your proposed NTTAP type** (inclusive of direct and indirect costs) as outlined in the Summary of Funding section or communicated by HRSA. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's Objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division 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 FY 2020 appropriation.  The NoA will reference the FY 2020 appropriation act and any restrictions that may apply. Note these or other restrictions may be updated, as required by law, upon enactment of a 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 NTTAP 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 grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

# V.  Application Review Information

## 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 this 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 staff after the objective review process.

Review criteria are used to review and rank applications. The NTTAP 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 Need*

Need data must be specific to the proposed NTTAP type and must reflect the conditions of existing and potential health centers (e.g., organizations applying for the Oral Health Care NTTAP must outline oral health care needs).

- The extent to which the applicant demonstrates a comprehensive understanding of the population of focus or developmental area by describing the current conditions and recent or upcoming changes in the national health care environment impacting existing and potential health centers and other safety net providers, including:
    a. Natural disasters or emerging public health issues and priorities (e.g., hurricanes, floods, the opioid crisis, the HIV epidemic).
    b. Socio-cultural or environmental changes affecting statutorily defined special populations (migratory and seasonal agricultural workers, people experiencing homelessness, or residents of public housing), or vulnerable populations.
    c. Shifting health information technology (health IT) opportunities, priorities and resources.
    d. Changing workforce needs and related recruitment and retention challenges.
    e. New and emerging reimbursement mechanisms for primary health care (e.g., value-based; insurance coverage changes).

- The extent to which the applicant describes data sources that inform their understanding of national T/TA needs of existing and potential health centers within the selected NTTAP type (see Appendix B: NTTAP Types and Required Objectives for a list of Objectives by NTTAP type), citing data sources.

- The extent to which the application discusses short- and long-term national health center T/TA priorities specific to the proposed NTTAP type. For the purpose 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 period of performance.

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

- The extent to which the Project Work Plan:
  a. Demonstrates compliance with NTTAP Requirements.
  b. Outlines a complete, well designed, and achievable plan to make progress within the first 12 months toward achieving each of the NTTAP type-specific objectives.
  c. Propose activities that are clearly linked to the needs of the target population or development area listed in Requirements and detailed in Appendix B: NTTAP Types and Required Objectives.
  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 applicant described Years 2 and 3 evolution and modification of and supplements to Year 1 activities will enable achievement of the Goals and Objectives by the end of Year 3 (June 30, 2023).

- 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 identifies current or anticipated federal and/or national initiatives that may affect Objective Target attainment, or result in the need to adjust planned activities to support health center achievement, take advantage of new resources, avoid duplication of effort, and/or develop new or reprioritize existing partnerships.

- 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, regardless of NTTAP membership or Health Center Program award or look-alike designation status.

- The strength of the applicant's plans for disseminating promising practices identified through health center T/TA to other health centers and HRSA supported T/TA providers.

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

- The extent to which the applicant describes both formal and informal collaboration and coordination – noted as current, planned, or both –  with: (1) other HRSA-supported T/TA providers and partners (e.g., other NTTAPs, PCAs, HCCNs, Area Health Education Centers, Public Health Training Centers) and (2) other regional and national organizations (e.g., Regional Extension Centers, national clinical associations) in order to:
  a. Accelerate achievement of the Objectives for the proposed NTTAP type.
  b. Form linkages among a diverse membership to strengthen the nation's primary health infrastructure.

c. Share, align, and coordinate T/TA resources to reduce duplication of effort
　　　d. Make T/TA available through the health center resource clearinghouse.
　　　e. Contribute to the national health center T/TA needs assessment coordinated by the National T/TA Center.

- The extent to which the application 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 response to the collaboration section.  If the application does not include one or more letters of support, the extent to which the application documents efforts/requests to obtain the letters and any additional explanatory information.

- **For organizations applying as Special Populations NTTAPs ONLY**:  The extent to which the application describes how T/TA plans and activities ensure the provision of T/TA in coordination with other NTTAPs focused on the proposed special population (i.e., Migratory and Seasonal Agricultural Workers, People Experiencing Homelessness, or Residents of Public Housing).

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

- The extent to which the Project Work Plan includes:
　　　a. Objective Targets that are realistic, achievable, and supportive of NTTAPs-specific Objective advancement by the end of the 3-year period of performance.
　　　b. Meaningful Objective Impact Narratives that link the activities to achievement of the Objective Targets by the end of the 3-year period of performance.
　　　c. Appropriately scaled and achievable targets for required process measures.
　　　d. 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. Ensure regular input from health centers and other collaborative partners and will not duplicate the national health center T/TA needs assessment.
　　　b. Include the use of valid and reliable quantitative and qualitative national data sources from health centers, collaborative partners, and other stakeholders to assess quality, reach and perceived usefulness of T/TA activities.
　　　c. Ensure frequent monitoring and measurement of impact, including progress towards Objectives and Expected Outcomes.
　　　d. Ensure the use of evaluation results to improve performance.

- The strength of the plan for disseminating evaluation results to health centers, other NTTAPs, PCAs, HCCNs, and other relevant T/TA providers, including a health center resource clearinghouse and national health center T/TA needs assessment.

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

- The extent to which the applicant demonstrates its capability to successfully provide national 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 national health care environment.
    c. Mobilizing resources to meet the objectives for the NTTAP type selected.
- ***For current NCA award recipients ONLY*** - The extent to which a current NCA documents successes and capabilities in Attachment 7:  Summary Progress Report for NCAs, including a summary of the accomplishments achieved since submission of the last NCC) Progress Report.

- The extent to which the organizational structure, including any contracts or agreements, (consistent with Attachment 1:  Organizational Chart and Attachment 6:  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 period of performance.
    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 establishes that the management team (CEO, COO, CFO, CD/CMO, CIO, and Project Director, 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 NTTAP's activities.
    b. Skills and experience for the defined roles (Attachment 4:  Biographical Sketches of 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* *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 and Attachment 6: Summary of Contracts and Agreements).

## 2. Review and Selection Process

The independent 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 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 content or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award if special conditions are required, and what level of funding is appropriate.

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

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You

may review and comment on any information about your organization that a federal awarding agency previously entered.  HRSA will consider 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 Sub-Awards**
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 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 sub-recipients 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 [NTTAP Requirements](#).  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 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**(s).  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 national 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, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the Federal Government).  Award recipients will receive an email message via HRSA EHBs when it is time to begin working on their progress reports.

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

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

## VII.  Agency Contacts

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

Brian Feldman
Senior Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD  20857
Telephone:  (301) 443-3190
Email:  bfeldman@hrsa.gov

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

Kathleen Shannon
Public Health Analyst, Office of Policy and Program Development
Bureau of Primary Health Care
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD  20857

Telephone:  (301) 594-4300 or
Contact: BPHC Contact Form
NTTAP 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:
HRSA Contact Center – 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 NTTAP 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.  Organizations interested in NTTAP funding 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 Completing Application Forms in EHBs

You must complete Form 1A and the Project Work Plan in HRSA EHBs.  Detailed instructions for completing the forms in EHBs are available in the NTTAP User Guide, posted on the NTTAP 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 pre-populated information as needed.

- Section 2:  NTTAP Type:  Indicate your organization's selected NTTAP type.  You may select only one.  See Required Objectives for the list of NTTAP types.

- Section 3:  Budget Information:  The form will pre-populate the maximum amount of annual funding you may request based on the NTTAP type you selected and, if you are a current award recipient, current award number, in Section 2.  Below that amount, the form will pre-populate the amount of funding you requested on the SF-424A.  If the amount requested on the SF-424A is greater than the pre-populated 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 required 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:  NTTAP Types and Required Objectives for metric 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.

For objectives where you provide baseline data, utilize data that are valid, reliable, and whenever possible, derived from current national-level data sources related to health centers and/or population of focus or development area.  If baselines are not yet available, you may enter "0" for the numerator or number and state in the comments field the date when baseline data will be available.

**Table 1: Project Work Plan Instructions Table**

| Field | Instructions |
|---|---|
| Objective | Each NTTAP type has its own unique, required Objectives that will be prepopulated (See Appendix B:  NTTAP Types and Required Objectives for a list of objectives by NTTAP type).  Ensure all proposed Activities will drive progress under these Objectives.  You cannot add new Objectives. |
| Objective Description | Describes the Objective and includes a metric for the Objective outcome. |
| Baseline Data Source | Provide details of how the Numerator and Denominator, if applicable, 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 those terms relative to the proposed Activities.<br><br>Additionally, if your baseline data is prepopulated with national-level data, use this section to discuss how this national-level data relates to data for your NTTAP type. |
| Numerator/Number | See Appendix B:  NTTAP Types and Required Objectives. |
| Denominator | See Appendix B:  NTTAP Types and Required Objectives. |
| Baseline Percentage | If applicable, 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 period of performance. |
| Objective Impact Narrative (maximum 2,500 characters) | Describes 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 estimates of 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) for each audience type through the end of the period of performance (from July 1, 2020 through June 30, 2023).<br>Audience Types:<br>• National<br>• Learning Collaborative |
| Participation Target | Provide an estimate of the number of health center representatives who will participate in the formal T/TA sessions for each audience type through the end of the period of performance (from July 1, 2020 through June 30, 2023).  Individuals that participate in more than one T/TA session may be counted more than once.<br>Audience Types:<br>• National<br>• Learning Collaborative |

| Field | Instructions |
|---|---|
| Participant Satisfaction Target | Provide an estimate of 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 to be completed within 90 days of session. Use a 5-point scale. |
| Key Factors (maximum 500 characters) | Identify 2-5 factors that will contribute to and restrict progress on achieving the Objectives. Cite supporting data sources (e.g., needs assessments, focus groups). <br><br> At least 1 contributing and 1 restricting Key Factor must be identified. |
| Activity Name (maximum 200 characters) | Provide a unique name for each Activity that can be used to quickly distinguish between similar Activities. |
| Activity Audience | Select one predefined Activity Audience for each proposed Activity: Learning Collaborative or National Audience. At least 2 Activities must be proposed for the national audience and 1 Activity for the learning collaborative audience for each Objective. |
| Activity Description (maximum 7,500 characters) | Propose 3-10 Activities for each Objective. Describe the major planned Activities to be conducted **in the first 12 months** that will begin to lead towards Objective Target attainment by the end of the 3-year period of performance. The number and variety of Activities should be commensurate with the requested annual funding amount, identified health center T/TA needs, and Objective Targets. <br><br> Activities for Years 2 and 3 of the period of performance will be outlined in future non-competing continuation progress reports and should not be included in the Project Work Plan for FY 2020 NTTAP funding. |
| 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)e | 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:  NTTAP Types and Required Objectives

Applicants must use this guide to calculate baseline data for each Objective specific to the NTTAP type selected.  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.

| NTTAP Category:  Special and Vulnerable Populations | |
|---|---|
| **Objective Description** | **Metric Definition** |
| **Objective 1: Emerging issues**<br>(Optional)<br><br>Increase the number of health centers that receive T/TA to address population-specific emerging issues and/or maximize impacts of supplemental funding in one of the following areas<br><br>Menu of Options (select one):<br>-Substance use disorder<br>-Mental health<br>-HIV prevention (HIV testing, PrEP, and/or linkage to care)<br>-Maternal mortality<br>-Emergency preparedness<br>-Other<br><br>Note: The LGBT NTTAP type is required to select HIV prevention in support of Ending the HIV Epidemic effort. | Number of health centers that have received T/TA in the selected area to address population-specific emerging issues and/or maximize impacts of supplemental funding |
| **Objective 2: Diabetes control**<br>(Not required for the School-Aged Children (SAC) NTTAP type)<br><br>Reduce the percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c greater than 9.0 percent during the measurement period | Numerator:  Number of patients age 18 – 75 years of age whose most recent HbA1c level performed during the measurement year is greater than 9.0 percent or who had no test conducted during the measurement period<br><br>Denominator:  Number of health center patients age 18 – 75 with diabetes with a medical visit during the measurement period<br><br>*(Numerator and Denominator prepopulated from 2018 UDS Table 7)* |

| NTTAP Category:  Special and Vulnerable Populations | |
|---|---|
| **Objective Description** | **Metric Definition** |
| **Objective 3: Diabetes prevention – juveniles**<br>(Mandatory for SAC NTTAP only; all others, select objective 3, 4, or both)<br><br>Increase the percentage of patients 3-17 years of age who had an outpatient visit and documented evidence of height, weight, and body mass index (BMI) percentile, counseling for nutrition, and counseling for physical activity during the measurement period | Numerator:  Number of children and adolescents age 3-17 who have had their BMI percentile recorded during the measurement period and counseling for nutrition during a visit that occurred during the measurement period and counseling for physical activity during a visit that occurs during the measurement period<br><br>Denominator: Number of patients 3 – 17 years of age with at least one medical visit<br><br>*(Numerator and Denominator prepopulated from 2018 UDS Table 6B)* |
| **Objective 4: Diabetes prevention – adults**<br>(Not required for the SAC NTTAP; all others, select objective 3, 4, or both)<br><br>Increase the percentage of patients aged 18 years of age and older with BMI documented and follow-up plan documented if BMI is outside normal parameters | Numerator: Number of health center patients aged 18 years and older with BMI outside of normal parameters documented during most recent visit or within previous 12 months of that visit and has a documented follow-up plan<br><br>Denominator: Number of health center patients aged 18 years and older with at least one medical visit during the measurement period<br><br>*(Numerator and Denominator prepopulated from 2018 UDS Table 6B)* |
| **Objective 5: Other health outcomes**<br>(Optional)<br><br>Increase access to services for NTTAP type in one of the following areas<br><br>Menu of Options:<br>-Substance Use Disorder<br>-Mental Health<br>-HIV Prevention (HIV testing, PrEP, and/or  linkage to care)<br>-Maternal Mortality<br>-Other | Applicant to define numerator and denominator |
| **Objective 6: Social determinants of health**<br><br>Increase the number of health centers that receive T/TA on screening and documenting social determinants of health (SDOH) for NTTAP type | Number of health centers that have received T/TA on screening and documenting social determinants of health (SDOH) for NTTAP type |

| NTTAP Category: Special and Vulnerable Populations | |
|---|---|
| **Objective Description** | **Metric Definition** |
| **Objective 7: Improve population health**<br><br>Increase the number of health centers that screen for SDOH to improve health outcomes for NTTAP type | Number of health centers that screen for SDOH to improve health outcomes for NTTAP type |
| **Objective 8: Community partnerships for health equity**<br>(Optional)<br><br>Increase the number of health centers that add one or more community partnerships to develop solutions that address SDOH for NTTAP type | Number of health centers that have added one or more community partnerships to develop solutions that address SDOH for NTTAP type |

| NTTAP Category: Development Area NTTAPs | |
|---|---|
| NTTAP Type: Clinical Workforce Development | |
| **Objective Description** | **Metric Definition** |
| **Objective 1: Access to comprehensive care**<br><br>Increase the number of health centers that develop their clinical care teams to provide access to integrated, comprehensive primary health care (e.g., primary medical, oral, mental, substance use disorder, vision, enabling services) | Number of health centers with clinical care teams that provide access to integrated, comprehensive primary health care (e.g., primary medical, oral, mental, substance use disorder, vision, enabling services) |
| **Objective 2: Emerging issues**<br>(Optional)<br><br>Increase the number of health centers that receive clinical workforce development-focused T/TA to address emerging issues and/or maximize impacts of supplemental funding in one of the following areas<br><br>Menu of Options (select one):<br>-Substance use disorder<br>-Mental health<br>-HIV prevention (HIV testing, PrEP, and/or linkage to care)<br>-Diabetes prevention and management<br>-Maternal mortality<br>-Emergency preparedness<br>-Other | Number of health centers that have received clinical workforce development-focused T/TA in the selected area to address emerging issues and/or maximize impacts of supplemental funding |

| NTTAP Category: Development Area NTTAPs | |
|---|---|
| **NTTAP Type: Clinical Workforce Development** | |
| **Objective Description** | **Metric Definition** |
| **Objective 3: Clinical pipeline development**<br><br>Increase the number of health centers with programs to advance the education of clinical workforce students and trainees either directly or through formal agreement with an external organization | Number of health centers with programs to advance the education of clinical workforce students and trainees either directly or through formal agreement with an external organization<br><br>*(Aligns with 2019 UDS Manual Appendix F Question 2)* |
| **Objective 4: Health care team development**<br><br>Increase the number of health centers providing health professional education/training | Number of health centers providing health professional education/training<br><br>*(Aligns with 2019 UDS Manual Appendix F Question 1)* |
| **Objective 5: Team based care**<br><br>Increase the number of health centers using team-based practice models | Number of health centers using team-based practice models (e.g., teams that include community health workers, peer navigators) |

| NTTAP Category: Development Area NTTAPs | |
|---|---|
| **NTTAP Type: Health Workforce Recruitment and Retention** | |
| **Objective and Objective Description** | **Metric Definition** |
| **Objective 1: Access to comprehensive care**<br><br>Increase the number of health centers that have a health workforce recruitment, retention, and development plan to support the delivery of high-quality, integrated, comprehensive primary health care (e.g., primary medical, oral, mental, substance use disorder, vision, enabling services) | Number of health centers that have a health workforce recruitment, retention, and development plan to support the delivery of high-quality, integrated, comprehensive primary health care (e.g., primary medical, oral, mental, substance use disorder, vision, enabling services) |

| NTTAP Category:  Development Area NTTAPs | |
|---|---|
| **Objective 2: Emerging issues**<br>(Optional)<br><br>Increase the number of health centers that receive health workforce recruitment and retention-focused T/TA to address emerging issues and/or maximize impacts of supplemental funding in one of the following areas<br><br><u>Menu of Options (Select one):</u><br>-Substance use disorder<br>-Mental health<br>-HIV prevention (HIV testing, PrEP, and/or linkage to care)<br>-Diabetes prevention and management<br>-Maternal mortality<br>-Emergency preparedness<br>-Other | Number of health centers that have received health workforce recruitment and retention-focused T/TA in the selected area to address emerging issues and/or maximize impacts of supplemental funding |
| **Objective 3: Health workforce satisfaction**<br><br>Increase the number of health centers that measure workforce engagement and well-being | Number of health centers that measure engagement and well-being of their workforce |

| NTTAP Type:  Capital Development and Growth | |
|---|---|
| **Objective and Objective Description** | **Metric Definition** |
| **Objective 1: Access to comprehensive care**<br><br>Increase the number of health centers that receive T/TA on capital development projects to provide access to integrated, comprehensive primary health care (e.g., primary medical, oral, mental, substance use disorder, vision, enabling services) | Number of health centers that have received T/TA on capital development projects to provide access to integrated, comprehensive primary health care (e.g., primary medical, oral, mental, substance use disorder, vision, enabling services) |
| **Objective 2: Emerging issues**<br>(Optional)<br><br>Increase the number of health centers that receive capital development and growth-focused T/TA to address emerging issues and/or maximize impacts of supplemental funding in one of the following areas<br><br><u>Menu of Options:</u><br>-Substance use disorder<br>-Mental health<br>-HIV prevention (HIV testing, PrEP, and/or linkage to care)<br>-Diabetes prevention and management<br>-Maternal mortality<br>-Emergency preparedness<br>-Other | Number of health centers that have received capital development and growth-focused T/TA in the selected area to address emerging issues and/or maximize impacts of supplemental funding |

| NTTAP Type:  Capital Development and Growth | |
|---|---|
| **Objective and Objective Description** | **Metric Definition** |
| **Objective 3: Capital project planning and finance**<br><br>Increase the number of health centers that are provided information to support their interest in the HRSA loan guarantee program | Number of health centers that are provided information to support their interest in the HRSA loan guarantee program<br><br>*(Prepopulated from annual BPHC capital development report)* |
| **Objective 4: Operations and infrastructure sustainability**<br><br>Increase the capacity of health centers to plan and finance successful capital development projects | Number of health centers that have received financing (from any source) for capital development projects |


| NTTAP Type:  Health Information Technology and Data | |
|---|---|
| **Objective and Objective Description** | **Metric Definition** |
| **Objective 1: Access to comprehensive care**<br><br>Increase the number of health centers that utilize health IT and/or telehealth to enhance patient access to integrated, comprehensive primary health care | Number of health centers that utilize health IT and/or telehealth to enhance patient access to integrated, comprehensive primary health care (e.g., primary medical, oral, mental, substance use disorder, vision, enabling services) |
| **Objective 2: Emerging issues**<br><br>Increase the number of health centers that receive telehealth and/or health IT and data-focused T/TA to address one of the following emerging issues and/or maximize impacts of supplemental funding in one of the following areas<br><br>Menu Options:<br>-Substance use disorder<br>-Mental health<br>-HIV prevention (HIV testing, PrEP, and/or linkage to care)<br>-Diabetes prevention and management<br>-Maternal mortality<br>-Emergency preparedness<br>-Other<br><br>Note: The Health IT and Data NTTAP type is required to select HIV prevention in support of Ending the HIV Epidemic effort. | Number of health centers that have received  health IT and/or telehealth-focused T/TA in HIV prevention to address emerging issues and/or maximize impacts of supplemental funding |

| NTTAP Type: Health Information Technology and Data | |
|---|---|
| **Objective and Objective Description** | **Metric Definition** |
| **Objective 3: Operational excellence**<br><br>Increase the number of health centers that receive T/TA on health IT issues in at least one of the following areas<br><br>Menu of Options (Select all that apply):<br>-Data security<br>-Privacy and interoperability<br>-Clinical quality<br>-Patient engagement<br>-Health equity<br>-Other emerging issues | Number of health centers that received T/TA on health IT issues in one or more of the following areas:<br><br>-Data security<br>-Privacy and interoperability<br>-Clinical quality<br>-Patient engagement<br>-Health equity<br>-Other emerging issues |
| **Objective 4: Value based care – readiness**<br><br>Increase the percentage of health centers using health IT to advance value-based care | Numerator: Number of health centers using health IT and EHR data for any of the following areas: Quality improvement, Population health management, Program evaluation, Research<br><br>Denominator: Total number of health centers<br><br>*(Aligns with 2019 UDS Manual Appendix D Question 10)* |
| **Objective 5: Value based care - staff T/TA**<br><br>Increase the number of health center staff who receive training on applying health IT to support value-based care | Number of health center staff who received T/TA on applying health IT to support value-based care |
| **Objective 6: Advance interoperability**<br><br>Increase the number of health centers that electronically exchange EHR clinical information with external health care partners | Number of health centers that electronically exchange EHR clinical information with Hospitals/Emergency rooms, Specialty clinicians, or Other primary care providers<br>*(Aligns with 2019 UDS Manual Appendix D Question 4)* |

| NTTAP Type: Oral Health Care | |
|---|---|
| **Objective and Objective Description** | **Metric Definition** |
| **Objective 1: Access to comprehensive care**<br><br>Increase the number of health centers that receive T/TA on optimizing oral health care as part of integrated, comprehensive primary health care (e.g., primary medical, oral, mental, substance use disorder, vision, enabling services) | Number of health centers that receive T/TA on optimizing oral health care as part of integrated, comprehensive primary health care (e.g., primary medical, oral, mental, substance use disorder, vision, enabling services) |

| NTTAP Type:  Oral Health Care | |
|---|---|
| **Objective and Objective Description** | **Metric Definition** |
| **Objective 2: Emerging issues**<br>(Optional)<br><br>Increase the number of health centers that receive oral health care-focused T/TA to address emerging issues and/or maximize impacts of supplemental funding in one of the following areas<br><br>Menu Options:<br>-Substance use disorder<br>-Mental health<br>-HIV prevention (HIV testing, PrEP, and/or linkage to care)<br>-Diabetes prevention and management<br>-Maternal mortality<br>-Emergency preparedness<br>-Other | Number of health centers that have received oral health care-focused T/TA in the selected area to address emerging issues and/or maximize impacts of supplemental funding |
| **Objective 3:**<br>**Primary caries prevention**<br><br>Improve performance on the UDS oral health clinical quality measure | Numerator: Children who received a sealant on a permanent first molar tooth during the measurement period.<br><br>Denominator: Children 6 through 9 years of age with an oral assessment or comprehensive or periodic oral evaluation dental visit and are at moderate to high risk for caries in the measurement period.<br><br>*(Numerator and Denominator prepopulated from 2018 UDS Table 6B)* |
| **Objective 4: Oral health services**<br><br>Increase the number of health center patients who receive oral health services at health centers or through contracted providers | Number of health center patients who receive oral health services at health centers or through contracted providers<br><br>*(Number prepopulated from UDS Table 5)* |
| **Objective 5: Oral health workforce**<br>(Select at least one objective from objectives 5, 6, and 7)<br><br>Increase number of health centers that have a comprehensive oral health workforce recruitment and retention plan | Number of health centers that have a comprehensive oral health workforce recruitment and retention plan |
| **Objective 6: Care team capacity building**<br>(Select at least one objective from objectives 5, 6, and 7)<br><br>Increase the number of health centers that use oral health providers on integrated care teams | Number of health centers that use oral health providers on integrated care teams |

| NTTAP Type: Oral Health Care | |
|---|---|
| **Objective and Objective Description** | **Metric Definition** |
| **Objective 7: Oral health care integration**<br>(Select at least one objective from objectives 5, 6, and 7)<br><br>Increase the number of health centers that use health IT (e.g., EDR/EHR integration) to integrate oral health and primary care services | Number of health centers that use health IT (e.g., EDR/EHR integration) to integrate oral health and primary care services |

| NTTAP Type: Medical-Legal Partnerships | |
|---|---|
| **Objective and Objective Description** | **Metric Definition** |
| **Objective 1: Community health improvement**<br><br>Increase the number of health centers that address health related legal needs of patients to improve population and community health | Number of health centers that address health related legal needs of patients to improve population and community health |
| **Objective 2: Emerging issues**<br>(Optional)<br><br>Increase the number of health centers that receive medical-legal partnerships-focused T/TA to address emerging issues and/or maximize impacts of supplemental funding in one of the following areas<br><br>Menu Options:<br>-Substance use disorder<br>-Mental health<br>-HIV prevention (HIV testing, PrEP, and/or linkage to care)<br>-Diabetes prevention and management<br>-Maternal mortality<br>-Emergency preparedness<br>-Other | Number of health centers that received medical-legal partnerships-focused T/TA in the selected area to address emerging issues and/or maximize impacts of supplemental funding |
| **Objective 3: Health equity**<br><br>Increase the number of patients screened for unmet legal needs that may affect health outcomes | Number of patients screened for unmet legal needs that may affect health outcomes |
| **Objective 4: Medical-legal partnerships**<br><br>Increase the number of health centers that implement medical-legal partnerships to address social determinants of  health | Number of health centers that implement medical-legal partnerships to address social determinants of health |

| NTTAP Type: Intimate Partner Violence Prevention | |
|---|---|
| **Objective and Objective Description** | **Metric Definition** |
| **Objective 1: Community health improvement – IPV**<br><br>Increase the number of health centers that have a protocol for addressing intimate partner violence (IPV) to improve community health | Number of health centers that have a protocol for addressing intimate partner violence (IPV) to improve community health |
| **Objective 2: Emerging issues**<br>(Optional)<br><br>Increase the number of health centers that receive intimate partner violence-focused T/TA to address emerging issues and/or maximize impacts of supplemental funding in one of the following areas<br><br>Menu of Options:<br>-Substance use disorder<br>-Mental health<br>-HIV prevention (HIV testing, PrEP, and/or linkage to care)<br>-Diabetes prevention and management<br>-Maternal mortality<br>-Emergency preparedness<br>-Other | Number of health centers that received intimate partner violence-focused T/TA in the selected area to address emerging issues and/or maximize impacts of supplemental funding |
| **Objective 3: IPV service capacity**<br><br>Increase the number of health centers that receive T/TA on developing capacity for implementing a range of intimate partner violence related services, including prevention/education, assessment, referral, and care coordination | Number of health centers that received T/TA on developing capacity for implementing a range of intimate partner violence related services, including prevention/education, assessment, referral, and care coordination |
| **Objective 4 : Staff capacity to address IPV**<br><br>Increase the number of health center staff who receive T/TA to develop capacity for addressing intimate partner violence during patient visits | Number of health center staff who received T/TA to develop capacity for addressing intimate partner violence during patient visits |
| **Objective 5: IPV referral agreements**<br><br>Increase the number of health centers that have or establish formal bidirectional agreements with community-based organizations addressing intimate partner violence (e.g., domestic violence coalitions) | Number of health centers that have or establish formal bidirectional agreements with community-based organizations addressing intimate partner violence (e.g., domestic violence coalitions) |
| **Objective 6: Community health improvement – human trafficking**<br><br>Increase the number of health centers that have a protocol for addressing human trafficking to improve community health | Number of health centers that have a protocol for addressing human trafficking to improve community health |

| NTTAP Type: Intimate Partner Violence Prevention | |
|---|---|
| **Objective and Objective Description** | **Metric Definition** |
| **Objective 7: Human trafficking service capacity**<br><br>Increase the number of health centers that receive T/TA on developing capacity for implementing a range of human trafficking related services, including prevention/education, assessment, referral, and care coordination | Number of health centers that received T/TA on developing capacity for implementing a range of human trafficking related services, including prevention/education, assessment, referral, and care coordination |

| NTTAP Category and Type: National T/TA Center | |
|---|---|
| **Objective and Objective Description** | **Metric Definition** |
| **Objective 1: Access to comprehensive care**<br><br>Increase the number of health centers providing access to integrated, comprehensive primary health care (e.g., primary medical, oral, mental, substance use disorder, vision, enabling services) | Number of health centers that provide access to integrated, comprehensive primary health care (e.g., primary medical, oral, mental, substance use disorder, vision, enabling services) |
| **Objective 2: Emerging issues**<br>(Optional)<br><br>Increase the number of health centers that receive T/TA to address emerging issues and/or maximize impacts of supplemental funding in one of the following areas<br><br>Menu of Options:<br>-Substance use disorder<br>-Mental health<br>-HIV prevention (HIV testing, PrEP, and/or linkage to care)<br>-Diabetes prevention and management<br>-Maternal mortality<br>-Emergency preparedness<br>-Other | Number of health centers that received T/TA in the selected area to address emerging issues and/or maximize impacts of supplemental funding |
| **Objective 3: Diabetes control**<br><br>Reduce the percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c greater than 9.0 percent during the measurement period | Numerator: Number of patients age 18 – 75 years of age whose most recent HbA1c level performed during the measurement year is greater than 9.0 percent or who had no test conducted during the measurement period<br><br>Denominator: Number of health center patients age 18 – 75 with diabetes with a medical visit during the measurement period<br><br>*(Numerator and Denominator prepopulated from 2018 UDS Table 7)* |

| NTTAP Category and Type: National T/TA Center | |
|---|---|
| **Objective and Objective Description** | **Metric Definition** |
| **Objective 4: Health center expansion**<br><br>Increase number of New Access Point award recipients and/or Health Center Program look-alikes that receive T/TA on the fundamentals of a successful health center | Number of New Access Point award recipients and/or Health Center Program look-alikes that received T/TA on the fundamentals of a successful health center |
| **Objective 5: Organizational excellence**<br><br>Increase the number of health centers assisted through collection and dissemination of evidence-based or promising practices in the areas of governance, strategic planning, workforce, QA/QI, and value based care | Number of health centers assisted through collection and dissemination of evidence-based or promising practices in the areas of governance, strategic planning, workforce, QA/QI, and value based care |
| **Objective 6: Emergency preparedness and continuity of care**<br><br>Increase the number of health centers that receive T/TA to develop emergency preparedness plans that demonstrate alignment with and participation in federal, state, tribal, regional and local emergency preparedness systems to ensure continuity of care during disasters and public health emergencies | Number of health centers that received T/TA to develop emergency preparedness plans that demonstrate alignment with and participation in federal, state, tribal, regional and local emergency preparedness systems to ensure continuity of care during disasters and public health emergencies |
| **Objective 7: Leadership development**<br><br>Increase the number of health centers with executive staff (CEO, COO, CFO, CD/CMO, CIO) and Board members who complete leadership development training | Number of health centers with executive staff (CEO, COO, CFO, CD/CMO, CIO) and Board members who completed leadership development training |
| **Objective 8: Clinician engagement**<br><br>Establish a health center clinicians council to promote peer-to-peer learning and identify professional development areas of need | Number of clinicians council meetings held (Goal must be 4 in the first 12 months) |
| **Objective 9: Operational workforce competency**<br><br>Increase the number of health centers with operations staff who receive training to support development within their positions (e.g., billing, coding, administration, health IT) | Number of health centers with operations staff who received training to support development within their positions (e.g., billing, coding, administration, health IT) |
| **Objective 10: Health center resource clearinghouse – access**<br><br>Increase the number of users who access learning resources available on the clearinghouse platform | Number of users who accessed learning resources available on the clearinghouse platform |

| NTTAP Category and Type: National T/TA Center | |
|---|---|
| **Objective and Objective Description** | **Metric Definition** |
| **Objective 11: Health center resource clearinghouse – materials development**<br><br>Increase the number of learning resources and T/TA materials available on the clearinghouse platform, particularly on HRSA priorities and emerging issues (Substance use disorder, Mental health, HIV/AIDS prevention, testing, and linkage to care; Diabetes prevention and management, Maternal mortality, Emergency preparedness) | Number of learning resources and T/TA materials available on the clearinghouse platform, particularly on HRSA priorities and emerging issues (Substance use disorder, Mental health, HIV/AIDS prevention, testing, and linkage to care; Diabetes prevention and management, Maternal mortality, Emergency preparedness)<br>(count all T/TA resources) |
| **Objective 12: T/TA continuous quality improvement**<br><br>Increase the number of T/TA contributors and users who report positive feedback on the availability, quality, and usefulness of T/TA resources (including the health center T/TA needs assessment) | Number of T/TA contributors and users who report positive feedback on the availability, quality, and usefulness of T/TA resources (including health center T/TA needs assessment)[9] |
| **Objective 13: Value based practice transformation**<br><br>Increase the number of health centers receiving T/TA in practice transformation to facilitate participation in value-based payment and other sustainable business models | Number of health centers that have received T/TA in practice transformation to facilitate participation in value-based payment and other sustainable business models |

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[9] The National T/TA Center NTTAP type is required to coordinate and conduct the national health center T/TA needs assessment once during the period of performance.