

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

Bureau of Primary Health Care
Health Center Program

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

Announcement Type: New, Competing Continuation
Funding Opportunity Number: HRSA-17-058

Catalog of Federal Domestic Assistance (CFDA) No. 93.129

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date in Grants.gov: December 12, 2016
Supplemental Information Due Date in HRSA EHBs:
January 23, 2017

*Ensure SAM and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov, Grants.gov and EHBs,
may take up to one month to complete.*

Issuance Date: October 13, 2016

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2017 National Training and Technical Assistance Cooperative Agreements (NCA). The purpose of this funding opportunity is to provide funding to establish or maintain cooperative agreements with national organizations to provide training and technical assistance (T/TA) to existing and potential health centers. Existing health centers include Health Center Program award recipients and look-alikes. Potential health centers include organizations that are applying for or seeking information about applying for an award or look-alike designation.

Funding Opportunity Title:	National Training and Technical Assistance Cooperative Agreements (NCA)
Funding Opportunity Number:	HRSA-17-058
Due Date for Applications – Grants.gov	December 12, 2016
Due Date for Supplemental Information - EHBs	January 23, 2017
Anticipated Total Annual Available Funding:	Approximately \$18.5 million
Estimated Number and Type of Awards:	Approximately 19 cooperative agreements
Estimated Award Amount:	See Section II.2 for annual funding amount description
Cost Sharing/Match Required:	No
Project Period:	July 1, 2017 through June 30, 2020 (up to three years)
Eligible Applicants:	<p>Eligible applicants include public, non-profit, and for-profit entities, including tribal and faith-based organizations, that can provide T/TA on a national basis to existing and potential health centers. New organizations and organizations currently receiving funding as NCAs under Section 330(l) may submit applications.</p> <p>[See Section III.1 of this funding opportunity announcement (FOA) for complete eligibility information.]</p>

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>, except where instructed in this FOA to do otherwise. A short video explaining the *Application Guide* available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance

Please visit the [NCA Technical Assistance Website](#) for NCA-related information and resources. HRSA will hold a pre-application Technical Assistance (TA) call for applicants seeking funding through this opportunity. This TA call will provide an overview of this FOA and will include a question and answer session. Visit the website above for the call details (date, time, dial-in number), frequently asked questions (FAQs), sample documents, and additional resources.

Summary of Changes

The FY 2017 NCA FOA reflects the following changes from previous NCA FOAs:

- Health Center Program award recipients were previously referred to as “grantees” in past funding opportunity announcements.
- Goals and Metrics were modified or added to address current HRSA priorities.
- HRSA will conduct a formal NCA site visit for each NCA award recipient during the project period.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for National Training and Technical Assistance Cooperative Agreements (NCA)¹ to provide training and technical assistance (T/TA) to existing and potential Health Center Program award recipients and look-alikes (hereafter referred to as health centers).² The Health Resources and Services Administration (HRSA) is seeking to fund approximately 19 organizations to provide T/TA directly and through collaborative partnerships to support health centers in providing comprehensive, high quality primary health care and improving the health of individuals and communities, consistent with the goals of the Department of Health and Human Services' (HHS) National Quality Strategy.³

2. Background

Health centers provide access to comprehensive, culturally competent, quality primary health care services to the Nation's neediest populations. The Health Center Program currently funds nearly 1,400 health centers that operate more than 9,800 service delivery sites in every state, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin. In 2015, health centers provided care to more than 24 million patients.

NCAAs coordinate with State and Regional Primary Care Associations (PCA) and Health Center Controlled Networks (HCCN) to provide T/TA to existing and potential health centers, regardless of award or designation status, to improve health center operational and clinical outcomes.

Program Overview

NCA funding in fiscal years (FY) 2017 through 2020 will support the provision of T/TA to health centers nationwide through the development and dissemination of promising practices, facilitation of trainings, coordination of activities, and other T/TA activities. NCAAs work with HRSA to identify emerging issues and trends that are affecting, or have the potential to affect, health centers. They also provide support to health centers, both directly and through coordinated activities with other HRSA-supported T/TA providers, to develop and implement promising practices to effectively address these issues and trends and advance HRSA priorities.

¹ As authorized under section 330(l) of the Public Health Service Act, as amended (42 U.S.C 254b).

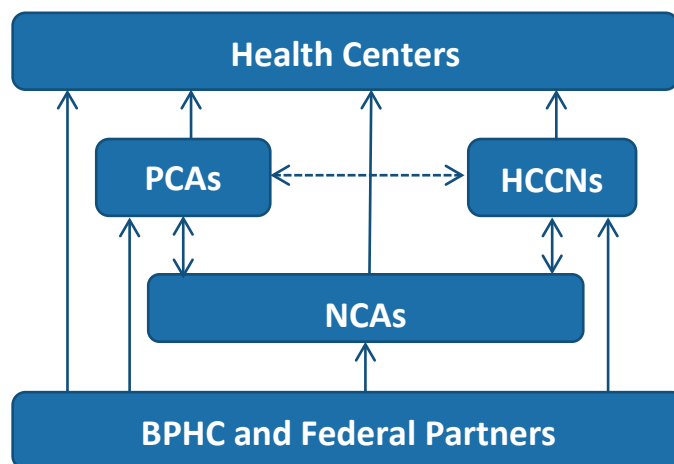
² Health Center Program award recipients are organizations funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act, as amended. Health Center Program look-alikes are organizations with look-alike designation per Sections 1861(aa)(4)(B) and 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1395x(aa)(4)(B) and 42 U.S.C. 1396d(l)(2)(B)(iii)).

³ More information on the National Quality Strategy is available at <http://www.ahrq.gov/workingforquality/about.htm#develngs>

Effective linkages are an essential part of HRSA's strategy to promote increased access to primary health care services and foster partnerships between federal, state, and local organizations. Because NCAs work with safety-net providers across the country, they are uniquely positioned to improve the health of underserved communities, including special and vulnerable populations, and play a vital role in providing innovative, data-driven T/TA that strengthens health centers' operations and supports performance improvement.

To maximize impact and reduce duplication of effort, NCA award recipients must engage with other BPHC-supported T/TA providers to share the tools and resources developed by other HRSA-supported NCAs, coordinate and align T/TA activities, and solicit T/TA activity needs and evaluation data. To improve outcomes for future activities, NCAs are expected to collect, analyze, and disseminate evaluation results to health centers and key T/TA partners, including:

- PCAs that provide T/TA to health centers to increase access to care, achieve operational excellence, and enhance health outcomes and health equity within their state and regional contexts.
- HCCNs that develop tools and resources for health centers to support meaningful use of electronic health records (EHRs), adoption of technology-enabled quality improvement strategies, and engagement in health information exchange (HIE) to strengthen the quality of care and improve patient health outcomes.



NCAs must engage and represent health centers nationally, consistent with the NCA's area of focus, to inform the development of T/TA activities. This includes data-driven strategic planning to ensure T/TA activities address the diverse needs of health centers across the country, while targeting resources and activities to have the maximum impact in improving clinical and operational outcomes relevant to the type of T/TA provided by the NCA.

Organizational Attributes and Capabilities

Applicants must demonstrate the following organizational attributes and capabilities:

- **Knowledgeable:** The organization demonstrates an understanding of and responsiveness to the T/TA needs of health centers across the country, and has a commitment to ensuring access to comprehensive, culturally competent, quality primary care services for underserved vulnerable populations.
- **Effective:** The organization has appropriate and effective infrastructure and capacity to carry out the proposed activities.
- **Collaborative:** The organization has demonstrated success in forming and sustaining collaborations and partnerships that strengthen the national health care safety net. The organization also fosters collaboration among a diverse membership as well as other national and state T/TA organizations with similar missions.
- **Experienced:** The organization has a demonstrated ability to assess national needs and priorities, develop short and long-term plans to effectively address the identified needs and priorities, assess progress toward goals, and achieve results through the implementation of activities.

Applicants with no experience collaborating with T/TA providers such as, or similar to, PCAs and HCCNs, and working with potential or existing health centers and community-based providers with similar missions at a national level will not be considered competitive.

T/TA Activities and Audiences

To address each required goal outlined in [Appendix B](#), you must propose at least four and a maximum of ten T/TA activities, to include at least two activities designed for each of the Activity Audiences:

- **Learning Collaborative Audience:** Activities engage a subset of existing and potential health centers to facilitate information exchange and support implementation of best practices (e.g., collecting promising practices from successful health centers, experimenting with new methods of improving health center performance). This T/TA should inform National Audience activities.
- **National Audience:** Activities engage health centers, PCAs, and HCCNs across the country and are focused primarily on disseminating information (e.g., webinars on innovative strategies, fact sheets on promising practices).

Proposed activities should be based on current national health center needs described in the application's Project Narrative. Proposed activities will be updated annually to

address evolving health center needs. Award recipients will report on all outcomes and revise Project Work Plans annually.

NCA Program Requirements

You must propose to provide national T/TA to existing and potential health centers by applying under one of the NCA types presented below. Required Goals and corresponding Metrics specific to each NCA type are outlined in [Appendix B](#). Current NCA award recipients and new applicants that are unsure of the correct NCA type to apply under should contact HRSA for guidance via bphcnca@hrsa.gov. The approximate number of awards for each NCA type are indicated below.

T/TA supported by NCA funding must be made available to all existing and potential health centers (i.e., Health Center Program award recipients and look-alikes). NCAs that refuse to work with an existing or potential health center may be deemed noncompliant with the terms and conditions associated with this award, and subject to penalties for noncompliance as outlined by [45 CFR 75.371](#).

NCAs must also ensure access to T/TA services without regard to health center award/designation status, NCA membership status, or location. NCAs should ensure that resources are accessible to the widest health center audience possible, which may include use of webinars and on-demand recordings.

Failure to meet NCA program requirements may jeopardize NCA funding per Uniform Guidance [2 CFR part 200](#) as codified by HHS at [45 CFR part 75](#). HRSA will assess award recipients for program compliance prior to and during the project period. 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 grant award (see penalties for noncompliance outlined by [45 CFR 75.371](#)).

Special and Vulnerable Populations NCA Applicants: You must propose to provide specialized T/TA to existing and potential health centers serving one of the special populations defined below or a vulnerable population in order to increase access to care, improve health outcomes, and promote health equity for the selected population.

Special populations, as defined in Section 330 of the Public Health Service Act, include Migratory and Seasonal Agricultural Workers, People Experiencing Homelessness, and Residents of Public Housing. The NCA types in this category include:

- Special Population: Migratory and Seasonal Agricultural Workers NCA (5 awards)
- Special Population: People Experiencing Homelessness NCA (2 awards)
- Special Population: Residents of Public Housing NCA (2 awards)

Vulnerable populations have unique social, cultural, and communication factors that affect culturally and linguistically competent health care access and utilization.

Currently, HRSA funds NCAs that each provide specialized T/TA to health centers focused on the health care needs and access issues of one of the following vulnerable populations: Lesbian, Gay, Bisexual and Transgender Populations; Asian Americans, Native Hawaiians and other Pacific Islanders; and School-Aged Children. Applicants may propose to provide specialized T/TA to health centers serving one of the vulnerable populations listed above or another vulnerable population. The NCA type in this category is:

- Vulnerable Populations NCA (3 awards)

Health Center Development Area Applicants: You must propose to provide developmental T/TA to existing and potential health centers specific to the NCA type selected that is specifically designed to meaningfully advance excellence in health center operations, performance, and/or patient outcomes. The NCA types in this category include the following areas:

- Clinical Workforce Development – Pipeline NCA (1 award)
- Clinical Workforce Development – Recruitment and Retention NCA (1 award)
- Capital Development and Growth NCA (1 award)
- Health Information Technology and Data NCA (1 award)
- Oral Health Care NCA (1 award)
- Medical-Legal Partnerships NCA (1 award)

National Resource Center Applicants: You must propose to meaningfully advance health center excellence through the coordination and dissemination of T/TA on leadership, organizational development, clinical and financial performance, operational staff training, and practice transformation for health centers across the nation. In part, this will be achieved by establishing a national T/TA resource center and continuous learning system that includes contributions of and feedback to other T/TA partners (e.g., other NCAs, PCAs, and HCCNs). The NCA type in this category is:

- National Resource Center for Health Center T/TA NCA (1 award)

II. Award Information

1. Type of Application and Award

Types of applications sought:

- **Competing continuation** – A current NCA award recipient with a project period ending June 30, 2017 that seeks to continue providing national T/TA.
- **New** – An organization not currently receiving NCA funding that seeks to provide national T/TA as one of the NCA types noted in the [Program Requirements section](#) and listed in [Appendix B](#).

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where

substantial involvement is anticipated between HRSA and the award 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 environment through such activities as identifying and prioritizing T/TA needs to be addressed using federal funds;
- Monitor and support implementation of the Project Work Plan through collaborative meetings and progress report reviews;
- Review and support the development of key deliverables, including approval of the publication plan and specialized materials for general distribution prior to publication, distribution, and/or online posting;
- Attend and participate in NCA-related meetings, as appropriate;
- Coordinate with other Bureaus within HRSA to identify and support synergies across and within programs;
- Identify opportunities to coordinate activities with other federally-funded cooperative agreements; and
- Conduct an NCA site visit once per project period to review and assess activities, share key accomplishments, and identify promising practices in supporting the T/TA needs of health centers.

The cooperative agreement recipient's responsibilities shall include the following:

- Collaborate with HRSA on refining and implementing the Project Work Plan based on HRSA priorities and changes taking place in the health care environment;
- Negotiate 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 goals/activities once current goals are met);
- Provide a plan for publications that are created or disseminated with NCA funds and intended for general audiences. The plan should include each publication's purpose, target audience, title, publication mode or type, summary description, expected impact/benefit, and projected publication draft date in accordance with HRSA's Publication Protocol;
- Adhere to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced through HRSA award funds, as noted on the Notice of Award;
- Participate in HRSA and related stakeholder meetings, as appropriate;
- Coordinate with national, federal, and state organizations to strengthen Project Work Plan development and implementation;
- Ensure that activities supported in whole or in part with NCA funds are equally available to all existing and potential health centers, regardless of Health Center Program award/look-alike status or NCA organization membership; and
- Participate in a HRSA-led NCA site visit once during the three-year project period.

2. Summary of Funding

Approximately \$18.5 million is expected to be available annually to fund approximately 19 awards. The project period is July 1, 2017 through June 30, 2020 (three years). You may apply for a funding amount that is equal to or less than the maximum amount permitted for the NCA type selected per the guidance below. This applies to each of the three years of the proposed project period.

- **Special or Vulnerable Populations NCAs:** New applicants in this category may request up to \$450,000; currently funded NCAs may request up to \$450,000, or the equivalent of the FY 2016 award amount.
- **Health Center Development Areas NCAs:** New applicants and currently funded NCAs in this category may request up to the following maximum annual funding amount:
 - Clinical Workforce Development – Pipeline NCA: \$500,000
 - Clinical Workforce Development – Recruitment and Retention NCA: \$450,000
 - Capital Development and Growth NCA: \$850,000
 - Health Information Technology and Data NCA: \$500,000
 - Oral Health Care NCA: \$500,000
 - Medical-Legal Partnerships NCA: \$450,000
- **National Resource Center for Health Center T/TA NCA:** New applicants and currently funded NCAs in this category may request up to \$6,375,000.

This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is July 1, 2017 through June 30, 2020 (three years). Funding beyond the first year is dependent on the availability of appropriated funds for National Training and Technical Assistance Cooperative Agreements in subsequent fiscal years, satisfactory award recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative, audit requirements, and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance [2 CFR part 200](#) as codified by HHS at [45 CFR part 75](#), which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit, or for-profit entities that can provide T/TA on a national level to community-based organizations and public entities 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 NCA funding. New organizations and organizations currently receiving funding as NCAs under Section 330(l) may submit applications.

Foreign entities are not eligible for HRSA awards unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities. Foreign entities are not eligible to apply for NCA funding.

2. Cost Sharing/Matching

Cost sharing or matching is not required for this program.

3. Other

- 1) Applications that fail to satisfy the deadline requirements referenced in [Section IV.1](#) will be considered non-responsive and will not be considered for funding under this announcement.
- 2) You may only apply to provide T/TA as one type of NCA listed in the [Program Requirements section](#) and [Appendix B](#).
- 3) You may only submit one application for Health Center Program T/TA funding in Fiscal Year 2017. Therefore, HRSA will only consider the first validated electronic submission in Grants.gov from an organization that applies for both this NCA funding opportunity (HRSA-17-058) and the State and Regional Primary Care Association Cooperative Agreements (PCA) funding opportunity for FY 2017 (announcement number HRSA-17-057). Any subsequent applications will not be considered eligible for funding under either announcement.
- 4) You must submit a complete Project Work Plan that proposes four to ten activities for each Goal with at least two activities for each pre-defined Activity Audience (Learning Collaborative and National Audience). Proposed activities must support attainment of the Goal Target by the end of the project period, as described in [Appendix A](#). Applications that include a Project Work Plan that does not include requested information in all required fields as outlined in [Appendix A](#) will not be considered eligible for funding under this announcement.

- 5) **The application must include all forms and documents indicated as “required for completeness” in [Table 1](#).** Applications that do not include all required elements will be considered incomplete or non-responsive and will not be considered for funding under this announcement.
- 6) The Project Narrative must be organized by section headers with the requested information appearing in the appropriate section of the Project Narrative or the designated forms and attachments. An application that fails to provide responses within each of the following five Project Narrative sections will be considered incomplete or non-responsive and will not be considered for funding under this announcement: Need, Response, Collaboration, Evaluative Measures, and Resources/Capabilities.
- 7) The annual funding request (as presented on the SF-424A and Budget Narrative) **must not** exceed the maximum allowable funding request for the proposed NCA type as outlined in the [Summary of Funding](#) section. Applications with requests that exceed this amount for Year 1 of the project period will be considered non-responsive and will not be considered for funding under this announcement.
- 8) You cannot apply on behalf of another organization. Your organization is expected to perform a substantive role in the proposed project. For example, your organization as entered on the SF-424 must meet all eligibility criteria. Applications submitted on behalf of another organization will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable. HRSA will only accept your first validated electronic submission, under the correct funding opportunity number, in Grants.gov. Applications submitted after the first submission 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 (EHBs) application phase.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** applicants for this FOA to apply electronically through Grants.gov and EHBs. You must use the two-tier submission process associated with this FOA and follow the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html> and EHBs.

- **Phase 1 – Grants.gov** – Required information must be submitted via Grants.gov with a due date of December 12, 2016 at 11:59 P.M. Eastern Time; and

- **Phase 2 – EHBs** – Supplemental information must be submitted via EHBs with a due date of January 23, 2017 at 5:00 P.M. Eastern Time.

Only applicants who successfully submit an application in Grants.gov (Phase 1) by the due date may submit the additional required information in EHBs (Phase 2).

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 FOA to do otherwise.

See Section 9.5 of the [SF-424 Two-Tier 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, and attachments. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement (see [Attachment 8](#) for details) and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to 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 prior to the Grants.gov and EHBs deadlines to be considered under this announcement.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal in [Attachment 8: Other Relevant Documents](#).

See Section 5.1.viii of HRSA's [SF-424 Two-Tier Application Guide](#) for additional information on this and other certifications.

Refer to [Table 1](#) below for a list of application components that includes whether they are required for completeness or review. Unless otherwise noted, attachments count toward the application's 80-page limit. See [Section VI.2.vi](#) for details on the application attachments.

Table 1: Application Components

Application Component	Submission Location	Counted or Not Counted in the Page Limit	Required for Completeness or Review
SF-424 Basic Information Form	Grants.gov	Not counted	Completeness
Project Abstract	Grants.gov	Counted	Review
SF-424A Budget Information Form	EHBs	Not counted	Completeness
Project Narrative	EHBs	Counted	Completeness
Budget Narrative	EHBs	Counted	Completeness
Form 1A: General Information Worksheet	EHBs	Not counted	Completeness
Project Work Plan Form	EHBs	Not counted	Completeness
Attachment 1: Staffing Plan	EHBs	Counted	Review
Attachment 2: Organizational Chart	EHBs	Counted	Review
Attachment 3: Position Descriptions for Key Personnel	EHBs	Counted	Review
Attachment 4: Biographical Sketches for Key Personnel	EHBs	Counted	Review
Attachment 5: Letters of Support	EHBs	Counted	Review
Attachment 6: Summary of Contracts and Agreements (as applicable)	EHBs	Counted	Review, if applicable
Attachment 7: Summary Progress Report (as applicable)	EHBs	Counted	Review, if applicable
Attachment 8: Other Relevant Documents and Indirect Cost Rate Agreement (as applicable)	EHBs	Other relevant documents counted in the page limit, with the exception of the Indirect Cost Rate agreement	Review, if applicable

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.

Application for Federal Assistance SF-424 *(submitted in Grants.gov)*

See Section 3.2 of HRSA's [SF-424 Two-Tier Application Guide](#). Further information for noted fields is provided below.

- **Box 2: Type of Applicant:** Incorrect selection may delay EHBs access.
 - **Continuation** – Current NCA award recipients applying to continue to provide national T/TA: Select “Continuation” and include your U30 award number in Box 4.
 - **New** – If you are not a currently funded NCA: Select “New” and leave Box 4 blank.
- **Box 5b:** Current NCA award recipients must provide the 10-digit award number starting with U30. New applicants should leave this blank.
- **Box 8c:** Provide your organization's DUNS number. *Note:* An incorrect or mistyped DUNS number will cause the application to be rejected.
- **Box 14:** Leave this field blank (it is not required and does not apply to NCA applicants).
- **Box 15:** Upload the project abstract ([see below](#)).
- **Box 16:** Provide the Congressional District where the organization's administrative office is located for both parts a and b.
- **Box 17:** Provide the start (July 1, 2017) and end dates (June 30, 2020) for the proposed three-year project period.
- **Box 18:** Complete the required information based on the funding request for the first year of the proposed project period. Refer to the [Summary of Funding](#) section for details.
- **Box 19:** See [Section IV.5](#) for guidance in determining applicability.

i. Project Abstract (submitted in Grants.gov)

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

ii. Project Narrative (submitted in EHBs)

Provide a comprehensive framework and description of all aspects of the proposed project. It should be succinct, consistent with other application components, and organized by section headers (Need, Response, Collaboration, Evaluative Measures, Resources/Capabilities, and Support Requested).

Reminder: An application that fails to provide responses within each of the following five Project Narrative sections will be considered incomplete/non-responsive and will not be considered for funding: **Need, Response, Collaboration, Resources/Capabilities, and Evaluative Measures.**

Note: The Project Work Plan should address ONLY those activities to be supported under the NCA cooperative agreement and should not include activities supported by other sources of funding.

NEED – Corresponds to [Section V.1 Criterion 1: NEED](#)

Information provided in this section must serve as the basis for, and align with, the proposed goals and T/TA activities described in the Project Work Plan. Need data must

be specific to the target population or technical area to be addressed by the applicant (e.g., organizations applying for the Oral Health Care NCA must outline oral health care needs of existing and potential health centers nationally).

- 1) Describe current conditions and recent or upcoming changes in the national health care environment relevant to the [selected NCA type](#) impacting existing and potential health centers and other safety net providers. This could include, but is not limited to, changes in insurance coverage; cultural, employment, or environmental changes affecting special or vulnerable populations; shifting health information technology (health IT) priorities and resources; and provider shortages or surpluses.
- 2) Describe the T/TA needs of existing and potential health centers nationwide with specific reference to each Goal applicable to the NCA type selected (see [Appendix B](#) for list of Goals by NCA type). Reference data from current T/TA needs assessments as well as related Health Center Program data (e.g., Uniform Data System (UDS) reports, annual NCA satisfaction survey results, participant feedback from past T/TA trainings).
- 3) Discuss short- and long-term national health center T/TA priorities specific to the [selected NCA type](#) over the next three years. Short-term needs apply to the first 12 months of funding, while long-term needs apply to the remaining two years of the three-year project period.

RESPONSE – Corresponds to [Section V.1 Criterion 2: RESPONSE](#)

- 1) Complete the structured Project Work Plan electronically in EHBs, outlining activities to be completed in the first 12 months of the project period. The Project Work Plan must include at least two activities for each pre-defined Activity Audience (Learning Collaborative and National Audience) that will drive progress toward the Goal Target. Scale Goal Targets and activities based on need, capacity, and funding requested. The Project Work Plan must demonstrate that staff will be in place and T/TA activities will begin within 60 days of award.

Refer to [Appendix A](#) for details on how to complete the Project Work Plan and definitions of key components, such as Activity Audiences. A sample Project Work Plan is provided on the [NCA TA website](#).

- 2) Discuss how and to what extent the activities included in the Project Work Plan will address the most pressing T/TA needs for each Goal applicable to the NCA type selected (see [Appendix B](#) for list of Goals and NCA types), as outlined in the [NEED](#) section. Describe how you will modify and supplement the first year's activities in Years 2 and 3 of the project period to achieve the stated Goals by the end of Year 3.
- 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 Contributing Factors identified in the Project Work Plan as appropriate.

- 4) Discuss current federal and/or national initiatives (e.g., [Opening Doors: Federal Strategic Plan to Prevent and End Homelessness](#)) that may impact Goal Target attainment or result in the need to shift activities and/or Goal Targets.
- 5) Discuss how the proposed T/TA activities (e.g., training sessions, learning collaboratives, webinars) will be made available and accessible (e.g., costs not covered by NCA funding, location, remote accessibility) to existing and potential health centers nationally, regardless of NCA membership or Health Center Program award or look-alike designation status.

*REMINDER: Any T/TA activity in which NCAs use HRSA funds must be made available to **all** existing and potential health centers (i.e., Health Center Program award recipients and look-alikes). NCAs must also provide access to T/TA services without regard to health center award/designation status, NCA membership status, or location.*

- 6) Describe a plan to regularly solicit and incorporate input on T/TA plans and resources from existing and potential health centers nationwide, as well as other T/TA providers, including PCAs, HCCNs, and other NCAs, to guide current and future strategic NCA planning, development, and activities.

COLLABORATION – Corresponds to [Section V.1 Criterion 3: COLLABORATION](#)

- 1) Describe both formal and informal collaboration and coordination with other HRSA and BPHC supported T/TA providers and partners (e.g., other NCAs, PCAs, HCCNs, Primary Care Organizations, Area Health Education Centers, Public Health Training Centers) and other regional and national organizations (e.g., Regional Extension Centers, national clinical associations) in order to:
 - a. Maximize the impact of T/TA activities on Goals for the selected NCA type;
 - b. Form linkages among a diverse membership to strengthen the national safety net;
 - c. Share T/TA resources and tools; and
 - d. Reduce duplication of efforts among health center T/TA providers.
- 2) Provide evidence of 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.⁴ At a minimum, applicants must include a current dated letter of support from the primary formal collaborators noted in the response to Item 1 above. If such letters cannot be obtained, include documentation of efforts made to obtain the letters along with an explanation for why they could not be obtained.

⁴ Letters of support should be 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.

- 3) **Organizations applying as Special Populations NCAs ONLY:** Describe the collaborative approach you will take to ensure your development and provision of T/TA will be coordinated with other NCAs funded to provide T/TA to health centers serving your targeted special population (Migratory and Seasonal Agricultural Workers, People Experiencing Homelessness, Residents of Public Housing).

EVALUATIVE MEASURES – Corresponds to [Section V.1 Criterion 4: EVALUATIVE MEASURES](#)

- 1) Within the Project Work Plan (see [Appendix A](#) for field descriptions):
 - a. Provide valid and reliable Baseline Data (as required) and Baseline Narratives that demonstrate your understanding of the needs of existing and potential health centers specific to the target population or technical area of the [selected NCA type](#).
 - b. Set Goal Targets that are realistic, achievable, and will advance appropriate Goals and Metrics by the end of the three-year project period.
 - c. Write Impact Narratives that clearly link how the activities will support the achievement of the Goal Targets by the end of the three-year project period.
 - d. Identify Collaborative Partners that will have a meaningful impact on achieving the projected outcome and reaching the Goal Target (e.g., HCCNs, NCAs) and describe their unique added value.
 - e. Identify a minimum of two unique Key Factors for each Goal that will either be mitigated or maximized to ensure Goal Target achievement.
 - f. Project an appropriately scaled and achievable Formal T/TA Session Target and Participation Target (or other comparable targets, as applicable to the [NCA type selected](#)) to be achieved by the end of the project period given the identified needs and the level of funding requested.
 - g. 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 carried out under the cooperative agreement that:
 - a. Includes the use of valid and reliable quantitative and qualitative data sources from health centers, collaborative partners, and other national stakeholders to assess reach and perceived usefulness of T/TA activities.
 - b. Ensures frequent monitoring and measurement of progress towards Goals and Expected Outcomes (i.e., the plan does not solely rely on annual UDS data).
 - c. Ensures the use of evaluation results to improve performance.
- 3) Describe a strategy for sharing T/TA resources and evaluation results with health centers, other NCAs, PCAs, HCCNs, and other relevant T/TA providers.

RESOURCES/CAPABILITIES – Corresponds to [Section V.1 Criterion 5: RESOURCES AND CAPABILITIES](#)

- 1) Demonstrate how the applicant organization is the appropriate entity to receive NCA funding by:
 - a. Documenting your experience and expertise in:
 - Providing national level T/TA to potential or existing health centers or other community-based providers or organizations with similar missions, emphasizing experience related to the NCA type selected, including a description of past performance, accomplishments, and lessons learned. If national level T/TA is not currently provided (e.g., current T/TA efforts focus on a region of the country), describe T/TA experience that positions your organization to successfully implement the proposed national-level plan.
 - Identifying and responding to changes among health centers and in the larger national health care environment to improve health center quality, efficiency, and operations, emphasizing experience related to the [selected NCA type](#).
 - b. **Current NCA award recipients ONLY:** Documenting the organization's demonstrated success and capabilities in [Attachment 7: Summary Progress Report for Current NCAs](#), to include a summary of the accomplishments achieved during the current project period.
- 2) Describe how the organizational structure, including any contracts or agreements, (consistent with [Attachment 2: Organizational Chart](#)) is appropriate for the operational and oversight needs of the project. NCA award recipients and contractors are subject to the HHS grant requirements set forth in [Uniform Guidance 2 CFR part 200 as codified by HHS at 45 CFR part 75](#) as applicable.
 - a. Consistent with the [Budget Narrative](#) and [Attachment 6: Summary of Contracts and Agreements](#), provide a brief summary of the affiliated agencies, type of agreements (e.g., contract, affiliation agreement), and purpose and scope of the agreements (i.e., type of services provided, how/where these are provided) in support of the T/TA delivery plan.
 - b. Describe how the proposed staffing plan ([Attachment 1](#)) is appropriate for the projected number of T/TA activities to be provided during the project period.
 - c. Describe a plan for recruiting and retaining staff to achieve or maintain the proposed staffing plan ([Attachment 1](#)).
 - d. Discuss how the organization ensures that the financial accounting and internal control systems, as well as related policies and procedures, reflect Generally Accepted Accounting Principles (GAAP).
- 3) Describe how your organization's management team (Chief Executive Officer (CEO), Clinical Director (CD), Chief Financial Officer (CFO), Chief Information Officer (CIO), Chief Operation Officer (COO) and Project Director (PD), as applicable) is appropriate for the operational and oversight needs, scope, and complexity of the proposed project, including:

- a. Defined roles (consistent with [Attachment 3: Position Descriptions for Key Management Staff](#)), in particular the Project Director's (or equivalent position, such as CEO) responsibilities for day-to-day program management of the NCA's activities.
 - b. Skills and experience for the defined roles (consistent with [Attachment 4: Biographical Sketches for Key Management Staff](#)).
 - c. If applicable, recent changes in key management staff or significant changes in roles and responsibilities.
- 3) **New applicants ONLY:** Describe how you will ensure that NCA T/TA delivery can and will be initiated within 60 days of award by documenting that appropriate staff will be in place. Provide a timeline for their hiring, onboarding, and staff development, as needed.

SUPPORT REQUESTED – Corresponds to [Section V.1 Criterion 6: SUPPORT REQUESTED](#)

- 1) Provide a complete, consistent, and detailed budget presentation through the submission of the following: SF-424A and Budget Narrative. Refer to [Section IV.2.iii](#) and [Section IV.2.iv](#) for budget presentation instructions.
- 2) Describe how your budget is appropriate for the proposed project and how it aligns with the proposed T/TA activities outlined in the Project Work Plan and information provided in the attachments (e.g., [Attachment 1: Staffing Plan](#), [Attachment 6: Summary of Contracts and Agreements](#)).

NARRATIVE GUIDANCE	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the Project Narrative sections and where each section falls within the individual Review Criteria detailed in Section V.1 .	
<u>Narrative Section</u>	<u>Review Criteria</u>
Need	(1) Need – 15 points
Response	(2) Response – 25 points
Collaboration	(3) Collaboration – 15 points
Evaluative Measures	(4) Evaluative Measures – 15 points
Resources/Capabilities	(5) Resources/Capabilities – 25 points
Support Requested	(6) Support Requested – 5 points

iii. Budget (completed in EHBs)

See Section 5.1.iv of HRSA's [SF-424 Two-Tier Application Guide](#). Note: The directions offered in the [SF-424 Two-Tier Application Guide](#) may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the award recipient to carry out a HRSA-supported project or activity.

Complete Sections A, B, and F (if applicable) of the SF-424A: Budget Information form. The federal funding requested may not exceed the maximum funding amount allowable for the NCA type selected as outlined in the [Summary of Funding](#) section. Applicants may also obtain information on the annual level of funding allowable for the proposed NCA type by contacting bphcnca@hrsa.gov. All budget amounts must be rounded to the nearest whole dollar.

Note: NCA applications should only include information regarding the activities to be supported with federal funding under the NCA cooperative agreement. Do not include non-federal funding in the budget presentation.

When completing the SF-424A:

- In **Section A – Budget Summary**, provide the budget amount for each year of the three-year project period in the first three tabs. The form will display five budget years in total; complete Years 1-3 only and leave Years 4 and 5 blank. Enter the budget amount in the “New or Revised Budget” column. Do not provide information on non-federal sources of funding. Leave the “Estimated Unobligated Funds” section blank. **Note:** You may apply for a funding amount that is equal to or less than the maximum funding amount allowable for the [NCA type selected](#). Exceeding the amount allowable for the [NCA type selected](#) will result in the application being deemed ineligible.
- In **Section B – Budget Categories**, provide the object class category breakdown for the annual federal request for Years 1-3 specified in Section A (e.g., personnel costs, contractual costs). Each line represents a distinct object class category that must be addressed in the [Budget Narrative](#) attachment.

Note: Enter costs in the Equipment line item for tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000. Equipment items that do not meet the \$5,000 threshold should be included in the Supplies line item.

- For **Section F – Other Budget Information** (if applicable):
 - Explain amounts for individual direct object class categories that may appear to be out of the ordinary.
 - Enter the type of indirect rate (provisional, predetermined, final, or fixed) that will be in effect during the project period (if any), the estimated amount of the base to which the rate is applied, and the total indirect expense.
 - Provide other explanations as necessary.

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) 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.” Please 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 FY 2017 as required by law.

A salary table consistent with the sample below must be included as a part of the Budget Narrative (see additional instructions below) with each staff member, both direct hire and contracted, listed individually. Do not include groups of staff members exceeding 100 percent FTE. For contracted staff, the federal limit for an hourly rate is \$185,100/2080 hours, or \$88.99 per hour, based on the FY 2016 limits. Note that consultants are not bound by the salary limit; consultants included in the budget must be clearly identified as such.

SAMPLE
Personnel Justification Table
(must be included in the Budget Narrative)

Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary*	Federal Amount Requested
J. Smith	CEO	50	\$190,000	\$185,100	\$92,550
R. Doe	Program Lead	100	\$75,950	No adjustment needed	\$75,950
D. Jones	Data Specialist	25	\$33,000	No adjustment needed	\$8,250
H. Black	Program Coordinator	50	\$65,000	No adjustment needed	\$32,500
	TOTAL		\$778,950		\$469,350

iv. Budget Narrative (submitted in EHBs)

See Section 5.1.v of HRSA’s [SF-424 Two-Tier Application Guide](#). In addition, the following items are required.

A detailed Budget Narrative and table of personnel to be paid with federal funds for each 12-month budget period of the three-year project period must be provided (for example, the first budget period starts July 1, 2017 and ends June 30, 2018). For subsequent budget years, the Budget Narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive changes during the project period. For a sample Budget Narrative, see the [NCA TA website](#). 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 (completed in EHB)

Program Specific Forms include Form 1A and the Project Work Plan. Refer to [Appendix A](#) of this funding opportunity announcement for instructions on how to complete and submit these forms in EHBs.

vi. Attachments *(submitted in EHBs)*

Provide the following items in the order specified below to complete the content of the application. **All attachments count toward the application page limit**, with the exception of the Indirect Cost Rate Agreement (to be submitted as part of [Attachment 8](#), if applicable).

Each attachment must be clearly labeled (e.g., Attachment 1: Staffing Plan). Merge similar documents into a single file and provide a table of contents for attachments with multiple components (e.g., letters of support). Attachment-specific table of contents are not counted toward the page limit. **Note:** EHBs will not accept file attachments with names that exceed 100 characters.

Applications that do not include attachments required for completeness will be considered incomplete or non-responsive and will not be considered for funding.

Failure to include attachments required for review may negatively impact an application's objective review score. Refer to [Table 1](#) of this funding opportunity announcement for details on which attachments are required for completeness and which ones are required for review.

Attachment 1: Staffing Plan *(required for review)*

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

Attachment 2: Organizational Chart *(required for review)*

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

Attachment 3: Position Descriptions for Key Personnel *(required for review)*

Upload current position descriptions for key management staff: CEO, CD, CFO, CIO, COO, and PD. Indicate on the position descriptions if key management positions are combined and/or part time (e.g., CFO and COO roles are shared). Limit each position 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 for Key Personnel *(required for review)*

Upload biographical sketches for individuals occupying the positions described in the Position 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. In the event that the identified individual is not yet

hired, include a letter of commitment from the individual along with the biographical sketch.

Attachment 5: Letters of Support (required for review)

Provide evidence of proposed collaborations through letters of support, commitment, and/or investment that reference specific collaboration and/or coordinated activities in support of the proposed project. At a minimum, applicants must include a current dated letter of support from the primary formal collaborators noted in the [COLLABORATION](#) section of the Project Narrative. 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 (required for review, if applicable)

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

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

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

Attachment 7: Summary Progress Report for Current NCAs (required for review for current NCA award recipients ONLY)

Provide a summary of the accomplishments achieved under the current project period (ending June 30, 2017). Include quantitative and qualitative data to describe the progress made in addressing the proposed goals. Include the following:

- (1) The project period covered (the start and end dates).
- (2) Specific Objectives – Briefly summarize the current NCA T/TA activities with reference to the NCA evaluative measures and the goals outlined in the current Project Work Plan.
- (3) Results – Describe the impact of activities conducted throughout the current project period. Include a discussion of challenges that impacted goal attainment with reference to expected outcomes outlined in the current Project Work Plan.

The Summary Progress report will be evaluated as part of [Review Criterion 5: RESOURCES/CAPABILITIES](#).

Attachment 8: Other Relevant Documents (required for review, if applicable)

If indirect costs are requested, the current Indirect Cost Rate Agreement must be provided in this attachment. Applicants that have never received a negotiated indirect cost rate may elect to charge a de Minimis rate of 10 percent, which may be used indefinitely. Once elected, this methodology must be used consistently for all Federal awards until such time as the organization chooses to negotiate for a rate, which they may apply to do at any time (see [45 CFR part 75](#) for details). Applicants must clearly indicate if the organization intends to use the 10 percent de minimis rate.

If desired, include other relevant documents to support the proposed project (e.g., charts, organizational brochures). Maximum of five uploads.

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in their 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 to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- 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](#).

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov 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 FOA in Grants.gov (Phase 1) is *December 12, 2016 at 11:59 P.M. Eastern Time*.

The due date to complete all other required information in EHBs (Phase 2) is *January 23, 2017 at 5:00 P.M. Eastern Time*.

See Section 9.2.5 – Summary of e-mails from Grants.gov in HRSA's [SF-424 Two-Tier Application Guide](#) for additional information.

5. Intergovernmental Review

NCA funding is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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 project period of up to three years, at no more than the annual level of federal funding allowable for the NCA type selected, as outlined in the [Summary of Funding](#) section. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may only be used for allowable costs. Examples of unallowable costs under this announcement include, but are not limited to:

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

The [HHS Grants Policy Statement](#) includes information about allowable expenses. Funds must be requested and utilized by the applicant organization identified on the SF-424 submitted in Grants.gov. Applicants are expected to perform the activities indicated in the application and may not apply on behalf of another organization.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113), apply to this program. Please see Section 5.1 of HRSA's [SF-424 Two-Tier](#)

[Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures and controls is subject to audit.

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

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. Review criteria are outlined below with specific detail and scoring points. Reviewers will use the HRSA Scoring Rubric available on the [NCA Technical Assistance website](#) when assigning scores to each criterion.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. This funding opportunity has six review criteria:

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

Information provided on need should serve as the basis for, and align with, the proposed goals and T/TA activities described in the Project Work Plan. Need data must be specific to the target population or technical area to be addressed by the applicant (e.g., organizations applying for the Oral Health Care NCA must outline oral health care needs of existing and potential health centers nationally).

- 1) The extent to which the applicant describes current conditions and recent or upcoming changes in the national health care environment relevant to the [selected NCA type](#) impacting existing and potential health centers and other safety net

providers. The description may include, but is not limited to, changes in insurance coverage; cultural, employment, or environmental changes affecting special or vulnerable populations; shifting health information technology (health IT) priorities and resources; and provider shortages or surpluses.

- 2) The extent to which the applicant thoroughly describes the T/TA needs of existing and potential health centers nationwide with specific reference to each Goal applicable to the NCA type selected (see [Appendix B](#) for list of Goals by NCA types). The description should reference data from current T/TA needs assessments as well as related Health Center Program data (e.g., Uniform Data System (UDS) reports, annual NCA satisfaction survey results, participant feedback from past T/TA trainings).
- 3) The extent to which the proposed short-term (first 12 months of funding) and long-term (remaining two years of the three-year project period) T/TA activities are appropriate to address immediate as well as projected health center T/TA priorities specific to the [selected NCA type](#) over the next three years.

Criterion 2: RESPONSE (25 points) – *Corresponds to [Section IV.2.ii RESPONSE](#)*

- 1) The extent to which applicant provides a comprehensive Project Work Plan, completed as instructed in [Appendix A](#), that details activities for the first 12 months of the project period and includes relevant and achievable Goal Targets. The Project Work Plan must include at least two activities for each pre-defined Activity Audience (Learning Collaborative and National Audience) that will drive progress toward the Goal Target. Goal Targets and activities should be scaled based on need, capacity, and funding requested. The Project Work Plan must demonstrate that staff will be in place and T/TA activities will begin within 60 days of award.
- 2) The extent to which the applicant describes:
 - a. How and to what extent the activities proposed in the Project Work Plan will address the most pressing T/TA needs for each Goal applicable to the NCA type selected (see [Appendix B](#) for list of Goals and NCA types), as outlined in the [NEED](#) section.
 - b. Plans to modify and supplement the first year's activities in Years 2 and 3 of the project period to achieve the stated goals by the end of Year 3.
- 3) The extent to which the applicant describes strategies to overcome potential challenges in implementing the activities in the Project Work Plan, approaches that will be used to resolve them, and how these approaches build on the organization's current strengths, with reference to the Contributing Factors identified in the Project Work Plan as appropriate.
- 4) The extent to which the applicant describes current federal and/or national initiatives (e.g., [Opening Doors: Federal Strategic Plan to Prevent and End Homelessness](#))

that may impact Goal Target attainment or result in the need to shift activities and/or Goal Targets.

- 5) The strength of the proposed strategy to ensure T/TA activities (e.g., training sessions, learning collaboratives, webinars) will be made available and accessible (e.g., costs not covered by NCA funding, location, remote accessibility) to existing and potential health centers nationally, regardless of NCA membership or Health Center Program award or look-alike designation status.
- 6) The strength of the proposed plan to regularly solicit and incorporate input on T/TA plans and resources from existing and potential health centers nationwide, as well as other T/TA providers, including PCAs, HCCNs, and other NCAs, to guide current and future strategic NCA planning, development, and activities.

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

- 1) The extent to which the applicant demonstrates its success in collaborating and coordinating with other HRSA and BPHC supported T/TA providers and partners (e.g., other NCAs, PCAs, HCCNs, Primary Care Organizations, Area Health Education Centers, Public Health Training Centers) and other regional and national organizations (e.g., Regional Extension Centers, national clinical associations) in order to:
 - a. Maximize the impact of T/TA activities on Goals for the selected NCA type;
 - b. Form linkages among a diverse membership to strengthen the national safety net;
 - c. Share T/TA resources and tools; and
 - d. Reduce duplication of efforts among health center T/TA providers.
- 2) The extent to which the letters of support, commitment, and/or investment provide evidence of specific collaboration and/or coordinated activities in support of the proposed project, to include a current dated letter of support from the primary formal collaborators noted in response to Item 1 in the [COLLABORATION](#) section of the Project Narrative. The letters of support must be specific to the nature of the support of the project. If required letter(s) are not included from all listed organizations, how well the applicant justifies why such letter(s) could not be obtained, including documentation of efforts made to obtain the letter(s).
- 3) **For organizations applying as Special Populations NCAs ONLY:** The extent to which the applicant describes the collaborative approach it will take to ensure the development and provision of T/TA will be coordinated with other NCAs funded to provide T/TA to health centers serving the same targeted special population (Migratory and Seasonal Agricultural Workers, People Experiencing Homelessness, Residents of Public Housing).

Criterion 4: EVALUATIVE MEASURES/IMPACT (15 points) – *Corresponds to [Section IV.2.ii EVALUATIVE MEASURES/IMPACT](#)*

- 1) The extent to which the applicant's Project Work Plan includes:
 - a. Valid and reliable Baseline Data (as required) and Baseline Narratives that demonstrate an understanding of the needs of existing and potential health centers specific to the target population or technical area of the [selected NCA type](#).
 - b. Goal Targets that are realistic, achievable, and will advance appropriate Goals and Metrics by the end of the three-year project period.
 - c. Impact Narratives that clearly link how the activities will support achievement of the Goal Targets by the end of the three-year project period.
 - d. Collaborative Partners that will have a meaningful impact on achieving the projected outcome and reaching the Goal Target (e.g., HCCNs, NCAs), including a description of their unique added value.
 - e. A minimum of two unique Key Factors for each Goal that will either be mitigated or maximized to ensure Goal Target achievement.
 - f. An appropriately scaled and achievable Formal T/TA Session Target and Participation Target (or other comparable targets, as applicable to the [NCA type selected](#)) to be achieved by the end of the project period given the identified needs and the level of funding requested.
 - g. Clear Expected Outcomes for each activity that will enable the tracking of progress over time.
- 2) The strength and appropriateness of the applicant's plan for evaluation of the T/TA activities carried out under the cooperative agreement that:
 - a. Includes the use of valid and reliable quantitative and qualitative data sources from health centers, collaborative partners, and other national stakeholders to assess reach and perceived usefulness of T/TA activities.
 - b. Ensures frequent monitoring and measurement of progress towards Goals and Expected Outcomes (i.e., the plan does not solely rely on annual UDS data).
 - c. Ensures the use of evaluation results to improve performance.
- 3) The extent to which the applicant describes a strategy for sharing T/TA resources and evaluation results with health centers, other NCAs, PCAs, HCCNs, and other relevant T/TA providers.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – *Corresponds to [Section IV.2.ii RESOURCES/CAPABILITIES](#)*

- 1) The extent to which the applicant demonstrates the appropriateness of the organization to receive funding by:
 - a. Documenting the organization's experience and expertise in:
 - Providing national level T/TA to potential or existing health centers or other community-based providers or organizations with similar missions, emphasizing experience related to the [selected NCA type](#), including a

description of past performance, accomplishments, and lessons learned. If national level T/TA is not currently provided, the description should outline past T/TA experience that positions the applicant to successfully implement the proposed national-level plan.

- Identifying and responding to changes among health centers and in the larger national health care environment to improve health center quality, efficiency, and operations, emphasizing experience related to the [selected NCA type](#).
 - b. **For current NCA award recipients ONLY** Documenting the organization's demonstrated success and capabilities in [Attachment 7: Summary Progress Report for Current NCAs](#), including a summary of the accomplishments achieved during the current project period.
- 2) The extent to which the applicant establishes that the proposed organizational structure (including any contracts or agreements), staffing plan, plans for recruiting and retaining staff, and financial accounting and control systems, policies, and procedures are appropriate for the operational and oversight needs of the project and reflect Generally Accepted Accounting Principles (GAAP).
- 3) The extent to which the applicant establishes that the management team (CEO, CFO, CIO, COO and Project Director, as applicable) is appropriate for the operational and oversight needs, scope, and complexity of the proposed project, and includes descriptions of:
- a. Defined roles (consistent with [Attachment 3: Position Descriptions for Key Management Staff](#)), in particular the Project Director's (or equivalent position, such as CEO) responsibilities for day-to-day program management of the NCA's activities.
 - b. Skills and experience for the defined roles (consistent with [Attachment 4: Biographical Sketches for Key Management Staff](#)).
 - c. If applicable, recent changes in key management staff or significant changes in roles and responsibilities.
- 4) **For new applicants ONLY:** The extent to which the applicant demonstrates that appropriate staff will be in place and NCA T/TA delivery can and will be initiated within 60 days of award, including a timeline for hiring, onboarding, and staff development, as needed.

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

- 1) The extent to which the budget presentation (i.e., SF-424 and Budget Narrative) is complete, reasonable, and supports the proposed Project Work Plan and staffing plan.
- 2) The extent to which the proposed budget is appropriate for the proposed project and aligns with the proposed T/TA activities outlined in the Project Work Plan and information provided in the attachments (e.g., [Attachment 1: Staffing Plan](#), [Attachment 6: Summary of Contracts and Agreements](#)).

2. Review and Selection Process

Please see section 6.3 of HRSA's [SF-424 Two-Tier Application Guide for more details](#). All applications will be reviewed initially for eligibility (see [Section III](#)), completeness (see [Section IV.2](#)), and responsiveness. **Applications determined to be ineligible, incomplete, or non-responsive to this FOA will not be considered for funding.** Applications that pass the initial HRSA completeness and eligibility screening will be objectively reviewed and scored by a panel based on the review criteria presented in this FOA.

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

3. Assessment of Risk and Other Pre-Award Activities

The Health Resources and Services Administration 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](#)).

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or grants 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 an award will be made. Following review of all applicable information, the HRSA approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

As part of HRSA's required review of risk posed by applicants for this program, as described in [45 CFR § 75.205](#) (HHS Review of Risk Posed by Applicants), when selecting applications for funding and determining project period length, HRSA will consider the factors outlined above in this section, as well as application responsiveness during the review process and current compliance status (if the applicant is a current NCA award recipient).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing and announcing awards prior to the start date of July 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2017. 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 of HRSA's [SF-424 Two-Tier Application Guide](#) for additional information.

3. Reporting

The successful applicant under this FOA must comply with Section 7 of HRSA's [SF-424 Two-Tier Application Guide](#) and the following reporting and review activities:

- 1) Progress Report.** A non-competing continuation progress report, to include updates and progress on the Project Work Plan activities, Goal 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 project period ends, if you are not funded for a new project period.
- 3) Prevention and Public Health Fund Reporting Requirements.** Division H, Title II, section 221 of the Consolidated Appropriations Act, 2016 (P.L. 114-113) requires

that recipients awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more shall produce reports on a semi-annual basis. The reporting cycle is January 1 – June 30 and July 1 – December 31; e-mail such reports (in 508 compliant format) to the HHS grants management official assigned to the grant or cooperative agreement no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Recipient reports shall reference the Notice of Award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the [sub] recipient).

- 4) Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

VII. Agency Contacts

You may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Brian Feldman
Senior Grants Management Specialist
Division of Grants Management Operations
Office of Federal Assistance Management
5600 Fishers Lane, Room 10SWH03
Rockville, MD 20857
301-443-3190
bfeldman@hrsa.gov

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

Kathleen Shannon
Public Health Analyst
Office of Policy and Program Development
Bureau of Primary Health Care
Health Resources and Services Administration
301-594-4300
bphcnca@hrsa.gov
[NCA Technical Assistance website](#)

You may need assistance when working online to submit your application forms electronically. You should 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, seven days a week, excluding federal holidays:

Grants.gov Contact Center

1-800-518-4726 (International Callers, please dial 606-545-5035)

support@grants.gov

[Self-Service Knowledge Base](#)

You may need assistance when completing the remainder of your application in EHBs. For assistance with submitting the application in EHBs, Contact the Bureau of Primary Health Care (BPHC) Helpline, Monday-Friday, 8:30 a.m. to 5:30 p.m. ET:

BPHC Helpline

1-877-974-2742, select option 3

Web: www.hrsa.gov/about/contact/bphc.aspx, select 'Grant Application' as the Issue Type

VIII. Other Information

Technical Assistance

You may access copies of forms, FAQs, and other resources that will help you submit a competitive application on the [NCA Technical Assistance website](#).

BPHC Primary Health Care Digest

The BPHC 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 NCA funding are encouraged to subscribe several staff.

Health Centers Hire Veterans Challenge

HRSA encourages organizations to consider hiring qualified veterans for positions supported by federal funding.

IX. 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 EHBs. Detailed instructions for completing the forms are available in the NCA User Guide, posted on the [NCA Technical Assistance website](#), 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. Information will be pre-populated for applicants that are currently funded NCAs, and must be updated as needed.
- **Section 2 - NCA Type:** Indicate your organization's selected NCA type. You may select only one. See [Appendix B](#) for the list of NCA types.
- **Section 3 - Budget Information:** The form will pre-populate the maximum amount of annual funding you may request based on the NCA type selected in Section 2 and your organization's status as a new applicant or current NCA award recipient (as outlined in the [Summary of Funding](#) section). 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 Form:

The Project Work Plan outlines the proposed T/TA activities and Goal Targets. You must propose activities that will address the Goal and lead to Goal Target attainment by the end of the three-year project period (by June 30, 2020).

Applicants must describe the baseline data, and propose Goal Targets and T/TA activities based on **all relevant existing and potential health centers**. Information included in the Project Work Plan should not be developed based only on a sample or subset of health centers.

Follow the instructions provided in Table 3 below to ensure that all fields are completed accurately. Applications that include a Project Work Plan that does not respond to all requirements will not be considered eligible for funding under this announcement.

Table 3: Project Work Plan Instructions

Field	Instructions
Goal	Address each required Goal for the selected NCA type.

Field	Instructions
Metric	Each Goal has one pre-defined Metric that you are required to address.
Baseline Data	Provide baseline data when data is not pre-populated.
Baseline Narrative (maximum 2,500 characters)	Provide a narrative description of the baseline data informed by recent needs assessments.
Goal Target	Provide a numerical Goal Target to be achieved by the end of the project period (by June 30, 2020) for each Metric.
Impact Narrative (maximum 2,500 characters)	Describe the overall impact the planned activities are predicted to have on the Goal by the end of the project period (by June 30, 2020). Reference data sources used to determine the expected impact.
Collaborative Partners (maximum 2,500 characters)	Identify the collaborative partners the NCA will engage to achieve the projected impact and Goal Target (e.g., HCCNs, NCAs) and their unique added value.
Key Factors (maximum 500 characters)	<p>Identify the factors that will contribute to and restrict progress on achieving the Goal Target. Cite supporting data sources (e.g., needs assessments, focus groups).</p> <p>A minimum of 2 and a maximum of 5 Key Factors may be included. At least 1 Contributing and 1 Restricting Key Factor must be identified.</p>
Formal T/TA Session Target (Applies to all Goals except Goals 5, 6A, 6B, and 6C for the National Resource Center NCA)	Provide the number of formal training and technical assistance (T/TA) sessions planned (e.g., scheduled and structured T/TA sessions with specific objectives and outcomes to include virtual and in-person sessions) through the end of the project period (from July 1, 2017 through June 30, 2020) in order to address the Goal and reach the Goal Target.
Participation Target (Applies to all Goals except Goals 5, 6A, 6B, and 6C for the National Resource Center NCA)	Provide the number of health center representatives that will participate in the formal training and technical assistance (T/TA) sessions through the end of the project period (from July 1, 2017 through June 30, 2020) in order to address the Goal and reach the Goal Target. Individuals that participate in more than one T/TA session may be counted more than once.
Website Activity Target (Applies to Goal 5 for the National Resource Center NCA only)	Provide the anticipated number of website hits through the end of the project period in order to address the Goal and meet the Goal Target.
Technical Assistance User Target (Applies to Goal 5 for the National Resource Center NCA only)	Provide the anticipated number of individuals who will access training and technical assistance (T/TA) resources through the end of the project period in order to address the Goal and meet the Goal Target.

Field	Instructions
Activities (limit 500 characters)	<p>Propose 4-10* Activities under each Goal, with at least two Activities for each pre-defined Activity Audience (Learning Collaborative and National Audience – see row below). Describe the major planned activities to be conducted <u>in the first 12 months of the project period</u> that will begin to address the Goal and lead to Goal Target attainment by the end of the three-year project period.</p> <p>Activities for Years 2 and 3 of the project period will be described in future non-competing continuation progress reports and should not be included in the Project Work Plan for FY 2017 NCA funding. This Project Work Plan should only include activities to be conducted in the first 12 months of funding.</p> <p>See Appendix B for Activity examples.</p> <p>*For Goals 6A, 6B, and 6C for the National Resource Center NCA type only, applicants must propose 2-4 activities, with at least one activity for each pre-defined Activity Audience.</p>
Activity Audience	<p>Identify the Activity Audience for the proposed Activity:</p> <ul style="list-style-type: none"> • Learning collaborative activities engage a subset of health centers to facilitate information exchanges and support implementation of promising practices and should inform national audience activities. • National audience activities engage health centers across the country and are focused primarily on disseminating information.
Activity Description ⁵ (maximum 1,000 characters)	Describe the major planned activities to be conducted in the first 12 months of the project period that will address the Goal, and lead to Goal Target attainment by the end of the three year project period.
Person or Group Responsible (maximum 1,000 characters)	Identify the person, position, or group that will be responsible and accountable for carrying out each activity.
Time Frame (maximum 1,000 characters)	Provide a timeline for accomplishing each activity. The timeline should demonstrate that the activity will occur within the first 12 months of funding.
Expected Outcome (maximum 1,000 characters)	Identify the principal outcome for each activity.
Comments (Optional) (maximum 2,500 characters)	Include additional information relevant to the proposed activity, as desired.

⁵ Applications that do not address the minimum requirements for the Activity Audience and Activity Description fields will not be eligible for funding.

Appendix B: NCA Types and Required Measures

The tables below list the NCA types, required Goals and Metrics per NCA type, and example activities for applicants to reference for demonstration purposes only.

<p align="center"><u>Special and Vulnerable Populations NCAs</u></p> <ul style="list-style-type: none"> • Special Population: People Experiencing Homelessness NCA • Special Population: Residents of Public Housing NCA • Special Population: Migratory and Seasonal Agricultural Workers NCA • Vulnerable Populations NCA
<p>Goal 1: Increase access to care Increase the number of special and vulnerable population patients served by health centers.</p>
<p><u>Activity Examples:</u> Provide training and technical assistance on promising practices for:</p> <ul style="list-style-type: none"> • Identification of current and potential special and vulnerable population patients. • Using outreach and enabling services to support and increase the number of special and vulnerable population patients using comprehensive primary care services. • Considering the needs of special and vulnerable population patients in effective health center governance.
<p>Goal 2: Improve health outcomes Decrease the percentage of patients with A1c greater than 9 percent. Note: Baseline data will be national Health Center Program patient data. Other sections of the Project Work Plan (e.g., Key Factors, Activities) should be utilized to note how special/vulnerable populations' data differs from national data.</p>
<p><u>Activity Examples:</u> Provide training and technical assistance on promising practices for:</p> <ul style="list-style-type: none"> • Engaging special and vulnerable population patients in diabetes self-management. • Treatment of diabetes in special and vulnerable population patients.
<p>Optional Goal: Improve health outcomes for one of the following: hypertension control, colorectal cancer screening, or cervical cancer screening If desired, applicants may propose an additional goal to improve health outcomes specific to the needs of the special or vulnerable population of focus from the following options: hypertension control, colorectal cancer screening, or cervical cancer screening. Note: Baseline data will be national Health Center Program patient data. Other sections of the Project Work Plan (e.g., Key Factors, Activities) should be utilized to note how special/vulnerable populations' data differs from national data.</p>
<p><u>Activity Examples:</u> Provide training and technical assistance on promising practices for:</p> <ul style="list-style-type: none"> • Engaging special and vulnerable population patients in self-management of hypertension, colorectal cancer, or cervical cancer. • Treatment of hypertension, colorectal cancer, or cervical cancer in special and vulnerable population patients.
<p>Goal 3: Promote health equity Increase the number of health centers providing services or engaged in partnerships that address social determinants of health (SDOH), such as housing, education, employment, transportation, and food security.</p>
<p><u>Activity Examples:</u> Provide training and technical assistance on promising practices, evidence-based, or innovative models to:</p> <ul style="list-style-type: none"> • Promote health equity and reduce health disparities for special and vulnerable populations. • Train health profession students, residents, and licensed clinicians on social determinants of health.

Clinical Workforce Development – Pipeline NCA
Goal 1: Increase formal clinical pipeline development Increase the percentage of health centers with formal programs to advance the education of health care professionals, either directly or through formal agreement with an external organization (e.g., pre- or post-doctoral academic programs, nursing programs, teaching health centers).
<u>Activity Example:</u> <ul style="list-style-type: none"> Provide training and technical assistance on evidence-based or innovative strategies to implement education and training programs at health centers.
Goal 2: Increase the utilization of team-based practice models Increase the percentage of health centers utilizing team-based practice models.
<u>Activity Example:</u> <ul style="list-style-type: none"> Provide training and technical assistance on evidence-based or innovative strategies to train health professions students, residents, and clinicians to provide high quality care in a team-based primary care setting.

Clinical Workforce Development – Recruitment and Retention NCA
Goal 1: Increase the clinical workforce Increase the number of full-time equivalent health center providers.
<u>Activity Example:</u> <ul style="list-style-type: none"> Provide training and technical assistance on evidence-based or innovative recruitment and retention strategies for clinicians.
Goal 2: Develop a highly skilled, responsive, and sustainable clinical workforce Increase the tenure of health center providers.
<u>Activity Example:</u> <ul style="list-style-type: none"> Provide training and technical assistance on developing formal clinical recruitment and retention plans at health centers.

Capital Development and Growth NCA
Goal 1: Improve operations and infrastructure sustainability Increase the capacity of health centers to plan and finance successful capital development projects.
<u>Activity Example:</u> <ul style="list-style-type: none"> Provide training and technical assistance on evidence-based or innovative strategies to secure capital development funding at health centers.
Goal 2: Increase capital development partnerships to address social determinants of health (SDOH) Increase the capacity of health centers to form non-traditional partnerships with organizations addressing SDOH (e.g. schools, senior centers, recreation centers, health departments, grocery stores, food banks).
<u>Activity Example:</u> <ul style="list-style-type: none"> Provide training and technical assistance on promising approaches or innovative strategies to partner with other community-based organizations in capital planning and development.

Health Information Technology and Data NCA
<p>Goal 1: Increase the electronic health record (EHR) capabilities and quality recognition Increase the percentage of health centers with providers receiving Meaningful Use and other health IT related incentive payments due to their use of health center EHR systems. Note: Baseline data will be national Health Center Program Meaningful Use data. Applicants must project goals that include not only Meaningful Use data, but also data, to be collected and tracked by the applicant, related to other incentive payments.</p>
<p><u>Activity Examples:</u></p> <ul style="list-style-type: none"> • Provide training and technical assistance on evidence-based or innovative strategies to meet Meaningful Use standards at health centers. • Provide training and technical assistance on promising practices to expand health information exchange at health centers.
<p>Goal 2: Increase the use of EHR to report Uniform Data System (UDS) clinical measures Increase the percentage of health centers that extract data from EHRs for UDS reporting.</p>
<p><u>Activity Example:</u></p> <ul style="list-style-type: none"> • Provide training and technical assistance on evidence-based or innovative strategies for using EHRs to report UDS clinical performance measures.
<p>Goal 3: Promote health information technology (health IT) system transformation Increase the percentage of health centers integrating advanced health IT to promote population health management.</p>
<p><u>Activity Examples:</u> Provide training and technical assistance on:</p> <ul style="list-style-type: none"> • Emerging health IT issues, including telehealth, cloud based services, remote monitoring, virtual patient visits and predictive-risk modeling. • Promising practices for advanced and emerging health IT, alternative touch, and associated reimbursement models. • Promising practices related to decision support systems and process changes that promote quality outcomes.

Oral Health Care NCA
<p>Goal 1: Expand and integrate high-quality oral health services Increase the percentage of health center patients who receive oral health services at health centers.</p>
<p><u>Activity Examples:</u> Provide training and technical assistance on evidence-based or promising practices for:</p> <ul style="list-style-type: none"> • Engagement of current health center patients in oral health care services. • Establishing or expanding on-site oral health care services.
<p>Goal 2: Improve oral health outcomes Increase the percentage of health center patients age 6-9 years at elevated risk for cavities who received a dental sealant on a permanent first molar tooth in the calendar year.</p>
<p><u>Activity Example:</u></p> <ul style="list-style-type: none"> • Provide training and technical assistance on evidence-based clinical promising practices for use of dental sealants.

Medical-Legal Partnerships NCA
Goal 1: Increase or expand medical-legal partnerships Increase the number of health centers that implement medical-legal partnerships to address social determinants of health.
<u>Activity Example:</u> <ul style="list-style-type: none"> • Provide training and technical assistance on evidence-based or promising practices for integrating and expanding medical-legal partnerships.
Goal 2: Advance health equity by addressing the social determinants of health Increase the number of patients screened for social and environmental needs affecting health outcomes with appropriate, documented follow-up.
<u>Activity Example:</u> <ul style="list-style-type: none"> • Provide training and technical assistance on evidence-based or promising practices for training health centers staff to address social or legal problems that improve health outcomes.

National Resource Center for Health Center Training and Technical Assistance NCA
Goal 1: Advance organizational excellence at health centers Increase the number of health centers assisted via collection and dissemination of evidence-based or promising practices in the areas of governance, strategic planning, quality improvement/quality assurance, financial performance, and new health center development.
<u>Activity Examples:</u> <ul style="list-style-type: none"> • Provide training and technical assistance on evidence-based or promising practices in strategic planning, sustainability, quality improvement/quality assurance, organizational excellence, effective governance, health IT, patient-centered care models, and PCMH recognition. • Convene health centers that recently received initial Health Center Program funding or look-alike designation to provide T/TA targeted to new health centers, and connect new health centers with each other and other T/TA providers and resources.
Goal 2: Promote improved clinical outcomes Increase the percentage of health centers that meet or exceed national benchmarks for patients with A1c at or less than 9 percent.
<u>Activity Examples:</u> <ul style="list-style-type: none"> • Convene TA partners (e.g., PCAs, NCAs) to identify, collect, and share evidence-based and promising practices on diabetes. • Disseminate evidence-based and promising practices on diabetes care broadly to support assistance to health centers via TA partners.
Goal 3: Promote health center leadership development to drive clinical and operational improvement Increase the number of health center executive staff (CEO, COO, CFO, CD, CIO) that complete leadership development training.
<u>Activity Example:</u> <ul style="list-style-type: none"> • Provide training and technical assistance on evidence-based or promising practices for training and retaining health center executive staff.

Goal 4: Increase operational workforce competency through effective training strategies

Increase the number of operational health center staff receiving training to support development within their positions (e.g., billing, coding, administration, health IT).

Activity Examples:

Provide training and technical assistance on evidence-based or innovative strategies to:

- Train and expand the competency of non-clinical staff at health centers.
- Recruit and retain non-clinical staff, including finance, health IT, quality improvement, and administrative staff.

Goal 5: Establish and operationalize a T/TA resource clearinghouse to increase access to T/TA resources

Increase the accessibility of T/TA resources through the development, maintenance, and promotion of a publicly available clearinghouse of all Health Center Program-related T/TA resources.

Activity Examples:

- Develop continuous quality improvement processes that incorporate end-user feedback to ensure the resource clearinghouse products meet the needs of health centers and barriers to accessing tools are addressed.
- Coordinate among TA partners in developing and disseminating resources that meet emerging needs of health centers.
- Establish an advisory board for the T/TA resource center comprised of technical assistance partners and users (NCA, PCA and health center representatives).

Goal 6A: Develop a Continuous Health Center Learning System: Create and administer a national health center needs assessment to inform the work of all NCAs

Increase the number of health centers and stakeholders that respond to a national needs assessment conducted in Year 2 of the 3-year project period.

Activity Examples:

- Solicit input on needs assessment content from TA partners.
- Provide T/TA on needs assessment results that include data analyses for effective use and follow up by other T/TA providers (e.g., PCAs, NCAs).

Goal 6B: Develop a Continuous Health Center Learning System: Convene face-to-face planning sessions with technical assistance partners (e.g., NCAs, PCAs) to review and respond to the national needs assessment

Increase coordination of technical assistance partners and implementation of needs assessment feedback through face-to-face planning meetings in Years 1 and 3 of the three-year project period.

Activity Examples:

- Develop agendas for planning sessions that respond to national needs assessment results.
- Convene technical assistance partners to discuss emerging T/TA trends identified in needs assessment, develop targeted T/TA resources and tools that respond to health center needs, and encourage ongoing collaboration among TA partners.

Goal 6C: Develop a Continuous Health Center Learning System: Evaluate and disseminate results of national health center needs assessment

Develop an evaluation plan to collect ongoing feedback from T/TA users on the quality and usefulness of T/TA resources that includes evaluation, dissemination, and implementation of results.

Activity Example:

- Create and implement a T/TA user feedback tool as part of each T/TA resource that captures user impressions about the accessibility, quality, and usefulness of T/TA resources.

Goal 7: Advance value-based practice transformation at health centers

Increase the number of health centers receiving training and support in practice transformation to facilitate participation in value-based payment and other sustainable business models.

Activity Examples:

Provide training and technical assistance on evidence-based or innovative strategies to assist health centers in:

- Practice transformation,
- Engaging in value-based payment models, and
- Applying sustainable business models.