U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Primary Health Care
Health Center Program

Fiscal Year 2022 Health Center Controlled Networks

Funding Opportunity Number: HRSA-22-009
Funding Opportunity Type(s): New
Assistance Listings (AL/CFDA) Number: 93.527

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date in Grants.gov: January 4, 2022
Supplemental Information Due Date in EHBs: January 25, 2022

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

Issuance Date: October 26, 2021

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HCCN Technical Assistance webpage

Authority: Section 330(e)(1)(C) of the Public Health Service Act, (42 U.S.C. 254b(e)(1)(C))

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Health Center Controlled Networks (HCCNs) cooperative agreement. The purpose of this funding is for HCCNs to support health centers in leveraging health information technology (IT) and data to deliver high-quality, culturally competent, equitable, and comprehensive primary health care, with a specific focus on improvements in:

- Clinical quality,
- Patient-centered care, and
- Provider and staff well-being.

Funding Opportunity Title:	Fiscal Year 2022 Health Center Controlled Networks
Funding Opportunity Number:	HRSA-22-009
Due Date for Applications – **Grants.gov**:	January 4, 2022 (11:59 p.m. ET)
Due Date for Supplemental Information – **HRSA Electronic Handbooks (EHBs)**	January 25, 2021 (5 p.m. ET)
Anticipated Total Annual Available FY 2022 Funding:	$42,000,000
Estimated Number and Type of Awards:	Approximately 49 awards
Estimated Award Amount:	Varies, dependent on the proposed number of participating health centers (PHCs) within the HCCN
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2022 through July 31, 2025 (up to 3 years)

Eligible Applicants:	Organization must be either: • A network that is at least majority controlled and, as applicable, at least majority owned by Health Center Program award recipients; or • An individual Health Center Program award recipient, funded for at least the two consecutive preceding years, applying on behalf of an HCCN. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Two-Tier Application Guide,* available online at https://www.hrsa.gov/sites/default/files/hrsa/grants/apply/applicationguide/sf-424-app-guide-2-tier.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA will hold a pre-application Technical Assistance (TA) webinar for applicants seeking funding through this opportunity. Webinar details and application resources, as well as form instructions and samples, and frequently asked questions are available at the HCCN technical assistance webpage. Refer to "How to Apply for a Grant", available at http://www.hrsa.gov/grants/apply, for general (i.e., not HCCN specific) information on a variety of application and submission components.

The HRSA Primary Health Care Digest is a weekly email newsletter containing information and updates pertaining to the Health Center Program, including competitive funding opportunities. Organizations interested in seeking funding under the Health Center Program are encouraged to have several staff subscribe at: https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic_id=USHHSHRSA_118.

The Health Information Technology Evaluation, and Quality Center (HITEQ), the current health IT National Training and Technical Assistance Partner (NTTAP), has materials that may advance your Project Work Plan and support its successful implementation. For a list of HRSA supported PCAs and other NTTAPs, refer to HRSA's Strategic Partnerships webpage.

Summary of Changes since the FY 2019 HCCN Funding Opportunity

- The funding mechanism has changed from a grant to a cooperative agreement.

- HCCN award recipients may request supplemental funding at any point in their period of performance to address unique or emerging health IT and data needs of PHCs that are aligned with, but not duplicative of, the funded scope of work.
- Attachment 1: Proof of Public or Nonprofit Status is required for all applicants.
- Applicants will submit a PHC communication plan.
- The Project Work Plan contains two new fields, one that links proposed activities with identified PHC needs, and another that indicates which partner organization(s) will support achieving the Objectives.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the fiscal year (FY) 2022 Health Center Controlled Networks (HCCNs) cooperative agreement. With FY 2022 funding, HCCNs will support health centers in leveraging health information technology (IT) and data to deliver high-quality, culturally competent, equitable, and comprehensive primary health care, with a specific focus on improvements in:

- Clinical quality,
- Patient-centered care, and
- Provider and staff well-being.

For the purposes of this funding opportunity, HCCNs are networks of health centers[1] that work together to strengthen and leverage health IT to improve health centers' operational and clinical practices that result in better health outcomes for the communities the health centers serve.

Health IT has become essential in enabling the delivery of high-quality, culturally competent, equitable, and comprehensive primary health care, which has increased the need for health centers to expand their use of digital health tools. HCCNs will help health centers access and efficiently use digital health tools such as Electronic Health Records (EHRs), telehealth, patient portals, and electronic registries, along with virtual care platforms that support their integration. HCCNs will also support health centers with translating robust clinical and population data into quality improvement and culturally competent, patient-centered care using, in part, data collected through digital health tools. With this data, health centers' can improve clinical quality, while more effectively advancing health equity.

2. Background

HCCNs are authorized by Section 330(e)(1)(C) of the Public Health Service Act (42 U.S.C. 254b(e)(1)(C)).

The Department of Health and Human Services (HHS) is committed to improving the health and well-being of the nation through Healthy People 2030 (HP2030), which establishes national health objectives with targets and monitors and catalyzes progress over time to measure the impact of research and prevention efforts. HP2030 includes health IT objectives, which highlight the need for providers and patients to access health IT and use it more effectively. In addition, health IT and data support health centers in addressing health disparities by enabling providers to develop data-informed and coordinated interventions.

[1] For the purposes of this document, the term "health center" encompasses Health Center Program (H80) award recipients, as well as organizations with look-alike (LAL) designation. For more information on LALs, see: https://bphc.hrsa.gov/programopportunities/lookalike/index.html.

When addressing issues of equity[2], you should apply your understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.[3] HRSA encourages you to consider how your proposed activities will support the cultural and clinical competence of your participating health centers (PHCs), and patients' barriers to seeking care, such as trauma, stigma, and other social determinants of health (SDOH).[4,5,6] Addressing SDOH is a HRSA objective with the purpose of improving the health and well-being of individuals and the communities in which they reside.

Collection and analysis of disaggregated, patient-level data is needed for health centers to advance health equity in the communities they serve. Currently, the Uniform Data System (UDS) primarily collects aggregated patient data from health centers. HRSA will collect disaggregated, deidentified patient-level data in UDS+, a reporting section of UDS. The UDS+ structure will increase the understanding of PHC patients while simultaneously reducing burden within the annual UDS reporting cycle. HCCNs will assist PHCs with having their clinical data mapped, interoperable, and ready for reporting with standards-based application programming interfaces (API). UDS+ will be specified and reported using HL7 Fast Healthcare Interoperability Resources (FHIR) as the underlying standard. More information about the transition will be released in the future.

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[2] HHS defines equity as "[T]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality." Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

[3] Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021).

[4] HHS defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health can be grouped into 5 domains: economic stability; education access and quality; health care access and quality; neighborhood and built environment; social and community context. Healthy People 2030: https://health.gov/healthypeople/objectives-and-data/social-determinants-health.

[5] You can explore evidence-based resources at the following link: https://health.gov/healthypeople/tools-action/browse-evidence-based-resources.: CDC:https://www.cdc.gov/socialdeterminants/index.htm; CDC Social Vulnerability Index (SVI) County Maps: https://svi.cdc.gov/prepared-county-maps.html; HHS National Partnership to End Health Disparities: Toolkit for Community Action; Opportunity Zones: Guidance and Examples of language.

[6] Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse patients. By tailoring services to an individual's culture and language preference, health professionals can help bring about positive health outcomes for diverse populations. US Department of Health and Human Services-Office of Minority Health: Cultural and Linguistic Competency.

To effectively support health centers, HCCNs work with state and regional Primary Care Associations (PCAs) and HRSA's National Training and Technical Assistance Partners (NTTAPs), including the Health Information Technology, Evaluation, and Quality Center (HITEQ), the current health IT NTTAP, as appropriate.

HCCNs have provided health IT and data support to health centers for over 20 years, with approximately 86 percent of current health centers participating in HCCNs. The partnership between the HCCNs and PHCs has demonstrated success in improving access to care, enhancing quality of care, and supporting practice redesign to integrate services and optimize patient outcomes. HCCN activities include:

- Sharing resources and providing training and technical assistance,
- Performing data analytics to support quality measurement and improvement,
- Facilitating cost effective procurement processes by leveraging economies of scale, and
- Supporting Health Information Exchange (HIE) and interoperability between platforms.

FY 2022 award recipients will build upon the demonstrated success of previous HCCN awards. Funds will advance progress on the Objectives to achieve the Purpose of leveraging health IT and data to deliver high-quality, culturally competent, equitable, and comprehensive primary health care.

Funding Requirements

Your application must document an understanding of your PHCs' needs, with specific focus on clinical quality improvement, patient-centered care, and provider and staff well-being.

For the purposes of this funding opportunity:

- You must demonstrate written commitment of PHC participation by at least 10 unique Health Center Program (H80) award receipients and look-alikes (LALs), the majority of which must be H80 award recipients, as described in the Eligibility Information section.
- You cannot require PHCs to become network members or pay to receive the services provided through this award.
- If you are an H80 award recipient, you may apply to be an HCCN and also be a PHC within your HCCN.
- A health center may contract for or otherwise receive services from multiple HCCNs, but may be a PHC of only one HCCN for HCCN funding purposes.
- A single health center with multiple sites counts as one PHC and all sites of a PHC must participate in HCCN activities.
- You must develop an individualized work plan with each PHC within 90 days of award, which should be reviewed and updated at least annually. Work plans will be required for review during site visits and must be available on request by HRSA.
- You must engage all PHC in HCCN activities.
- If your HCCN is also a PCA, you must submit scope differentiation documentation post-award.
- You must inform HRSA of changes to the number of PHCs in your HCCN.

- You must utilize health IT systems and products, including EHRs, certified to the 2015 Edition of certification criteria under the ONC Health IT Certification Program, where available.[7,8,9]

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project. Current HCCN award recipients will apply for funding as new awardees under this funding mechanism. The amount of funding that may be requested by each applicant is based on the number of PHCs, as outlined in Table 1.

HRSA program involvement will include:

- Collaborate with award recipients to refine and approve the Project Work Plan according to HRSA priorities and changes in the health care landscape through such activities as identifying and prioritizing health IT and data 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 a publication plan and specialized materials for general distribution prior to publication, distribution, and/or online posting;
- Attend and participate in HCCN-related meetings, as appropriate;
- Coordinate with other federally-funded cooperative agreements, and Bureaus and Offices within HRSA to support collaboration in achieving the Purpose;
- Conduct an HCCN site visit during the 3-year period of performance to review and assess activities, review key accomplishments and PHC individualized work plans, and identify promising practices in supporting the health IT and data needs of PHCs.

The cooperative agreement recipient's responsibilities shall include:

- Collaborate with HRSA on refining and implementing the Project Work Plan based on HRSA priorities and changes in the health care landscape;
- Engage with HRSA to update the Project Work Plan at least annually, or more frequently as needed (e.g., in response to site visit findings, to establish new

[7] See 2015 Edition certification criteria at https://www.healthit.gov/topic/certification-ehrs/2015-edition.
[8] Where certified health IT systems are not available or where there are no relevant certification criteria for the use case, you must utilize health IT systems and products that meet standards and implementation specifications adopted under section 3004 of the PHSA (these standards are identified in 45 CFR Part 170).
[9] Where funded activities and/or a specific use case are not addressed by either certification criteria or standards in 45 CFR Part 170, you must consider use of additional standards identified in the ONC Interoperability Standards Advisory. See Interoperability Standards Advisory at https://www.healthit.gov/isa/.

activities to address significant changes in HRSA priorities);
- Provide a plan for publications and specialized materials to be created or disseminated with HCCN funds. Information should include each publication's purpose, target audience, title, publication mode or type, summary description, expected impact/benefit, and projected publication date.
- Adhere to the requirements to acknowledge Federal funding by adding disclaimers on all publications and specialized materials produced with HRSA funds (see https://www.hrsa.gov/grants/manage/acknowledge-hrsa-funding);
- Participate in HRSA and related stakeholder meetings, as appropriate;
- Coordinate with national, federal, state, and local organizations to strengthen Project Work Plan development and implementation;
- Engage all PHCs in HCCN activities based on PHC needs; and
- Participate in a HRSA-led HCCN site visit during the 3-year period of performance.

2. Summary of Funding

HRSA estimates approximately $42,000,000 to be available annually to fund approximately 49 recipients. You may apply for a ceiling amount of up to the maximum annual award amount (includes both direct and indirect, facilities and administrative costs) listed in Table 1 below, based on your number of PHCs.

The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner.

The period of performance is August 1, 2022 through July 31, 2025 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for HCCNs in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

If an HCCN maintains fewer PHCs than required for a given funding tier for a period of longer than 90 days, HRSA may reduce funding in accordance with the funding tiers in Table 1, or may reduce or discontinue funding if the number drops below 10 unique PHCs for a period of longer than 90 days.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75. See Section IV.2.iii for instructions on developing the application budget.

Table 1: Maximum Annual Awards

Number of PHCs	Maximum Annual Award
< 10	Not eligible for funding
10 - 14	$500,000
15 - 19	$625,000

Number of PHCs	Maximum Annual Award
20 - 24	$750,000
25 - 29	$875,000
30 - 34	$1,000,000
35 - 39	$1,125,000
40 - 44	$1,250,000
45 - 49	$1,375,000
50 - 54	$1,500,000
55 - 59	$1,625,000
60 - 64	$1,750,000
65 - 69	$1,875,000
70 - 74	$2,000,000
75 - 79	$2,125,000
80 - 84	$2,250,000
85 - 89	$2,375,000
90 - 94	$2,500,000
95 - 99*	$2,625,000

*HCCNs may apply for an additional $125,000 for each 5 additional PHCs after 99.

HCCN award recipients may request supplemental funding at any point in their period of performance to address unique or emerging health IT and data needs of PHCs that are aligned with, but not duplicative of, the funded scope of work. HRSA may support such supplemental projects if funding is available and allocable, the request is reasonable and allowable, sufficient time remains in the budget period to approve the request, and the activities are aligned with HRSA priorities and nonduplicative of work performed by HRSA or other funding recipients.

III. Eligibility Information

1. Eligible Applicants

a) Eligible applicants include domestic public or private nonprofit entities, as demonstrated through Attachment 1: Proof of Public of Nonprofit Status. Domestic faith-based and community-based organizations, Tribes, and tribal organizations are also eligible to apply.

b) You must be one of the following (see Section 330(e)(1)(C) of the Public Health Service Act (42 U.S.C. 254b(e)(1)(C)):
- An HCCN (see definition above) or
- A current Health Center Program award recipient, funded for at least the 2 consecutive preceding years, applying on behalf of an HCCN.

c) The HCCN must be at least majority controlled and, as applicable, at least majority owned by Health Center Program award recipients (i.e., the majority of governing board members are Health Center Program (H80) award receipients), as demonstrated by Attachment 9: Network Bylaws.

d) The HCCN must have its own governing board, independent of the boards of its health center members as demonstrated by Attachment 9: Network Bylaws.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Your PHCs must be either Health Center Program (H80) award recipients or LALs, with the majority (51 percent or more) being Health Center Program (H80) award recipients.[10] HRSA will consider any application that does not demonstrate that the majority of PHCs are H80 awardees as non-responsive and will not consider it for funding under this notice.

You must demonstrate commitment of a minimum of 10 unique PHCs through submission of the Memorandum of Agreement (MOA) template and MOA signature page(s) that provides an authorizing signature for each PHC, as described in Attachment 2: PHC Memorandum of Agreement Template and Signatures. MOAs must correspond with each PHC in the Participating Health Center List. HRSA will consider any application that does not demonstrate commitment of at least 10 unique PHCs as non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that exceeds the funding tier ceiling amount for the proposed number of PHCs (see Table 1) on the SF-424A and Budget Narrative as non-responsive and will not consider it for funding under this notice.

Applications that do not include all documents indicated as "required for completeness" in Section IV.2 will be considered incomplete or non-responsive and will not be considered for funding under this notice. This includes the following:

- Project Narrative described in Section IV.2.ii
- Proof of Public or Nonprofit Status as described Attachment 1: Proof of Public or Nonprofit Status
- PHC MOA template and signatures as described in Attachment 2: PHC Memorandum of Agreement Template and Signatures that correspond with the Participating Health Center List
- Network Bylaws described in Attachment 9: Network Bylaws

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

NOTE: Multiple applications from an organization are not allowable.

[10] For example, an application including 10 PHCs must have at least 6 H80 award recipients, and may have up to 4 LALs.

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 attachments submitted in a Grants.gov application, you may do so in the HRSA Electronic Handbooks (EHBs) application phase.

If you wish to change information submitted in EHBs before the deadline, you may reopen and revise your application. You must ensure that the application is resubmitted to HRSA before the EHBs deadline or HRSA will not consider it for funding under this notice.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically through Grants.gov and the EHBs. You must use a two-phase submission process associated with this notice of funding opportunity (NOFO) and follow the directions provided at http://www.grants.gov/applicants/apply-for-grants.html and the EHBs.

- **Phase 1 – Grants.gov** – Required information must be submitted and validated via Grants.gov with a due date of *January 4, 2022* at 11:59 p.m. ET; **and**

- **Phase 2 – EHBs** – Supplemental information must be submitted via EHBs with a due date of *January 25, 2022* at 5 p.m. ET.
  Note: The EHBs application module will be available starting November 19, 2021.

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

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-009 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

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, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Two-Tier Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

- Application for Federal Assistance (SF-424)
- Project Abstract
- Assurances for Non-Construction Programs (SF-424B)
- Project/Performance Site Locations (list only your administrative site address)
- Grants.gov Lobbying Form
- Key Contacts

The following application components must be submitted in EHBs:

- Project Narrative
- Budget Information – Non-Construction Programs (SF-424A)
- Budget Narrative
- Program-Specific Forms
- Attachments

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 included in the page limit may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and collaboration documentation. Note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form "Project Abstract Summary." Standard OMB-approved forms that are included in the application package do not count in the page limit. However, if you use an OMB-approved form that is not included in the application package for HRSA-22-009, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace and EHBs forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of nonprofit status (if applicable) do not count in the page limit. **It is important for you 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 HRSA-22-009 prior to the Grants.gov and EHBs deadlines.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 13: Other Documents*.

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

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

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the application package. Do not upload the abstract as an attachment. See Section 5.1.ix. of HRSA's *SF-424 Two-Tier Application Guide*.

In addition:

- Indicate if you are a Health Center Program or HCCN award recipient and provide your H80 or H2Q grant number, as applicable.
- Provide the proposed number of PHCs (distinguishing between Health Center Program (H80) award recipients and look-alikes).

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

Narrative Section, Forms, and Attachments[11]	Review Criteria
Need section of the Project Narrative Attachment 11: Participating Health Center Needs Assessment Summary	(1) Need
Response section of the Project Narrative Attachment 12: Communication Plan Form: Project Work Plan	(2) Response
Collaboration section of the Project Narrative Attachment 2: PHC Memorandum of Agreement Template and Signatures Attachment 8: Letters of Support Form: Participating Health Center List	(3) Collaboration
Evaluative Measures section of the Project Narrative	(4) Evaluative Measures
Resources/Capabilities section of the Project Narrative Attachment 3: Project Organizational Chart Attachment 6: Staffing Plan Attachment 7: Summary of Contracts and Agreements	(5) Resources/Capabilities
Governance section of the Project Narrative Attachment 3: Project Organizational Chart Attachment 9: Network Bylaws	(6) Governance
Support Requested section of the Project Narrative	(7) Support Requested

[11] Forms and attachments included in the table have a specific review criteria element. All forms and attachments referenced throughout the NOFO will be considered during the application review.

Narrative Section, Forms, and Attachments[11]	Review Criteria
Form: SF-424A Budget Narrative	

ii. *Project Narrative*

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

The project narrative is required for completeness. Use the following section headers for the narrative: Need, Response, Collaboration, Evaluative Measures, Resources/Capabilities, Governance, and Support Requested.

The Project Narrative must:

- Address the specific Project Narrative elements below, with the requested information appearing under the appropriate Project Narrative section header or the designated forms and attachments.
- Reference attachments and forms, as needed. Referenced items must be part of the EHBs submission.
- Address the objectives in Appendix A: Objectives and Measures.

NEED *– Corresponds to Section V.1 Review Criterion 1: NEED*
Information provided in the NEED section must serve as the basis for, and align with the objectives and proposed activities described throughout the application and in the Project Work Plan.

1. Describe the current health IT and data needs of your PHCs and how they relate to clinical quality, patient-centered care, and provider and staff well-being, as detailed in the required objectives (see Appendix A: Objectives and Measures for details). If you conducted a recent needs assessment with your PHCs, include a summary of key findings in Attachment 11: Participating Health Center Needs Assessment Summary.

2. Describe the specific health IT and data system limitations experienced by your PHCs related to capturing and using SDOH data to meet the required objectives, if not already addressed above.

3. Describe how needs vary across your PHCs, including the need for peer-to-peer learning and mentorship.

RESPONSE *– Corresponds to Section V.1 Review Criterion 2: RESPONSE*
The RESPONSE section should provide a comprehensive plan to meet identified needs and include engagement of all PHCs in HCCN activities.

1. Complete a detailed Project Work Plan in EHBs (see Appendix C: Project Work Plan Instructions) that will lead to improvements in clinical quality, patient-centered care, and provider and staff well-being at your PHCs and:

a) Provides realistic and achievable targets for the end of the 3-year period of performance for each objective listed in Appendix A: Objectives and Measures.
b) Outlines 2-4 activities under each objective to be completed during the first year to ensure attainment of the 3-year targets. See examples activities on the HCCN technical assistance webpage.
c) Clearly links the activities to the PHCs' identified health IT and data needs.

2. Provide a communication plan in Attachment 12: Communication Plan describing ongoing communication with PHCs. The plan should describe how you will:
   a) Identify and address PHCs' evolving needs and challenges;
   b) Inform PHCs of health IT and data resources available through your HCCN, HRSA, and other sources; and
   c) Gather performance feedback from PHCs on how you can improve the health IT and data support you provide.

3. Describe your plan to engage all PHCs in proposed activities throughout the 3-year period of performance specific to their individual needs and areas of expertise. Include how you will encourage knowledge sharing among your PHCs through peer-to-peer learning, mentorship and other formats.

4. Outline in table format or through a narrative summary how the subsequent 2 years year of activities will build upon those activities detailed in the Project Work Plan to achieve the 3-year target for each objective.

5. Describe how you will address anticipated barriers to meeting the health IT and data needs of your PHCs.

6. Briefly describe how you will develop an individualized work plan with each PHC within 90 days of award.

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

1. Document that at least 10 unique health centers are committed to participating in the project by:
   a) Completing the Participating Health Center List in EHBs, and
   b) Submitting your MOA template and signatures, as instructed in Attachment 2: PHC Memorandum of Agreement Template and Signatures, that correspond with the Participating Health Center List.

2. Describe how you will work with the NTTAP for health IT (currently HITEQ) and at least one PCA to support your organization in addressing PHC health IT and data needs. Include:
   a) Highlights of your current relationship with HITEQ, or plans to establish a collaborative relationship with HITEQ, including the resources and services you currently use or plan to use to support PHCs.
   b) A description of your partnership, or planned partnership, with at least one PCA and how your services will be complementary in support of your PHCs.

c) Letters of Support from these organizations (or documentation of efforts made to obtain letters) that provide details on how they will help you achieve the objectives as Attachment 8: Letters of Support.

3. Describe partnerships to increase health equity through, for example, data sharing and systems interoperability. Partnerships may include other PCAs and NTTAPs in addition to those above, health departments and other state or local health agencies, professional and community organizations, institutions of higher learning, and academic medical centers. Include:
   a) How you will leverage partner resources and avoid duplication of effort,
   b) How these partnerships will support PHCs to achieve the objectives of this project, and
   c) Letters of Support from these organizations (and/or documentation of efforts made to obtain letters) that provide details on how they will help you achieve objectives as Attachment 8: Letters of Support.

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

1. Describe a comprehensive evaluation plan to ensure that your proposed activities are effective in meeting the identified needs of your PHCs, including:
   a) How qualitative and quantitative data will be collected and used to monitor progress and measure outcomes,
   b) How often you will evaluate activities and progress, and
   c) How you will use data and evaluation information, including feedback from the PHCs, to support quality improvement of your project during the period of performance.

2. Describe your proposed methods for collecting data for the required annual non-competing continuation progress report from your PHCs. If you are a current HCCN, include how you plan to improve the process to collect data in the upcoming period of performance.

3. Describe plans to disseminate results, successful strategies, and lessons learned to PHCs, PCAs, NTTAPs, and other key stakeholders.

RESOURCES/CAPABILITIES *– Corresponds to Section V.1 Review Criterion 5: RESOURCES/CAPABILITIES*

1. Discuss your expertise and experience in providing health IT and data support to health centers related to improving clinical quality, patient-centered care, and provider and staff well-being.

2. Describe how the organizational structure and staffing plan presented in Attachment 3: Project Organizational Chart and Attachment 6: Staffing Plan, respectively, are appropriate for the successful oversight and implementation of the proposed activities. Describe how staff will be recruited and retained.

3. Describe how the written agreements summarized in Attachment 7: Summary of Contracts and Agreements support the proposed activities.

4. Describe the financial management, internal controls, and policies and procedures that will be used to safeguard and optimize the use of federal funds.

GOVERNANCE *– Corresponds to Section V.1 Review Criterion 6: GOVERNANCE*

1. Document that the HCCN is at least majority controlled and, as applicable, at least majority owned by Health Center Program award recipients, referencing the appropriate section(s) in Attachment 9: Network Bylaws.

2. Describe the HCCN's governance structure, including its independence from the boards of its health center members. Reference Attachment 3: Project Organizational Chart and Attachment 9: Network Bylaws, as appropriate.

3. Explain the governing board's role in monitoring the project. Reference Attachment 9: Network Bylaws, as appropriate.

4. Describe the role that your PHCs and other key stakeholders have in project oversight and network governance.

SUPPORT REQUESTED *– Corresponds to Section V.1 Review Criterion 7: SUPPORT REQUESTED*

1. Provide a consistent budget presentation (i.e., SF-424A and Budget Narrative) that is reasonable and aligns with the proposed Project Work Plan and Staffing Plan.

2. Describe how the proposed project is a cost-effective approach for meeting the health IT and data needs of your PHCs.

iii. *Budget (Submit in EHBs)*

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

Reminder: The Total Project or Program Costs are the total allowable costs[12] (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity.

Include only budget information related to the activities to be supported under the proposed project when completing the SF-424A: Budget Information Form. **Do not report non-federal funding.** Specifically:

- In Sections A, Budget Summary, enter the HCCN funding requested in the Federal column of the New or Revised Budget section for each budget period (1 year) of funding. The total annual federal request cannot exceed the funding tier ceiling amount for the proposed number of PHCs (see Table 1).

[12] For details on allowable costs, see 45 C.F.R. part 75, available at https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4d52364ec83fab994c665943dadf9cf7&ty=HTML&h=L&r=PART&n=pt45.1.75.

- In Section B, Budget Categories, enter an object class category (line item) budget for each budget period. The amounts for each category in the federal columns as well as the totals, should align with the Budget Narrative.
- Leave Section C, Non-federal Resources, blank.

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information. None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. The current Executive Level II salary is $199,300. See Section 5.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years

iv. *Budget Narrative (Submit in EHBs)*

The HCCN NOFO requires a detailed budget narrative that outlines federal costs for each requested 1-year budget period of the 3-year period of performance.

See Section 5.1.v of HRSA's *SF-424 Two-Tier Application Guide*. For each year, the sum of line item costs for each category must align with those presented on the SF-424A Budget Information Form.

In addition, provide a table of personnel to be paid with federal funds, as shown in the examples provided in HRSA's *SF-424 Two-Tier Application Guide* and Budget Narrative sample on the HCCN technical assistance webpage. For subsequent budget years, the narrative should highlight the changes from year 1 or clearly indicate that there are no substantive changes.

Your budget narrative must:
- Demonstrate that you will use HCCN funds for costs that will advance progress on the HCCN objectives;
- Clearly detail proposed costs for each line item on the SF-424A Budget Information Form, with calculations for how you derive each cost;
- Include a Personnel Justification Table with the following information for all direct hire staff and contractors you propose to support with HCCN funding: name, position, percent of FTE, base salary, adjusted annual salary based on salary limitation requirements, and the amount of federal funding requested;
- Not include ineligible costs; and
- Provide HRSA with sufficient information to determine if you will use HCCN funds separately and distinctly from other Health Center Program funding (e.g., HQC awards).

All contractual arrangements must be appropriate for oversight of the proposed project, and include any contractors and sub-recipients.

Note: Format the budget narrative to have all columns fit on an 8.5 x 11 page when printed.

v. *Program-Specific Forms*

You will submit the required SF-424 information through Grants.gov. Phase 2 of your application requires the submission of supplemental information directly in EHBs.

In EHBs, you will complete two forms, the Participating Health Center List and the Project Work Plan. See Appendix B: Participating Health Center List Instructions and Appendix C: Project Work Plan Instructions for more information on how to complete these forms. To preview the forms to be completed in EHBs, visit the HCCN technical assistance webpage.

vi. *Attachments*

Provide the following items in the order specified below. **Unless otherwise noted, attachments count toward the application page limit. Clearly label each attachment** according to the number and title below (e.g., Attachment 2: PHC Memorandum of Agreement Template and Signatures). Merge similar documents (e.g., Letters of Support) into a single file.

NOTE: Attachments 1, 2, and 9 are required for completeness. Failure to include these documents will result in your application not being considered for funding under this announcement. Failure to include other attachments may negatively affect the objective review score.

Attachment 1: Proof of Public or Nonprofit Status ***(Required for completeness)*** **- this attachment does not count toward the page limit.**

Provide official documentation of public, nonprofit, or Tribal/Urban Indian status.

Nonprofit: A private, nonprofit organization must submit one of the following:

- A copy of your currently valid Internal Revenue Service (IRS) tax exemption certificate.
- A statement from a state taxing body, state attorney general, or other appropriate state official certifying that your organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of your organization's certificate of incorporation or similar document (e.g., articles of incorporation) showing the state or tribal seal that clearly establishes the nonprofit status.
- Any of the above documentation for a state or local office of a national parent organization, and a statement signed by the parent organization that your organization is a local nonprofit affiliate.

Public Agency Organization: A public agency applicant must provide documentation demonstrating that the organization qualifies as a public agency (e.g., state or local health department) by submitting one of the following:

- A current dated letter affirming the organization's status as a state, territorial, county, city, or municipal government; a health department organized at the state, territory, county, city, or municipal level; or a subdivision or municipality of a United States (U.S.) affiliated sovereign State (e.g., Republic of Palau).
- A copy of the law that created the organization and that grants one or more sovereign powers (e.g., the power to tax, eminent domain, police power) to the organization (e.g., a public hospital district).

- A ruling from the State Attorney General affirming the legal status of an entity as either a political subdivision or instrumentality of the state (e.g., a public university).
- A "letter ruling" which provides a positive written determination by the Internal Revenue Service of the organization's exempt status as an instrumentality under Internal Revenue Code section 115.

Tribal or Urban Indian Organizations, as defined under the Indian Self-Determination Act or the Indian Health Care Improvement Act, must provide documentation of such status.

Attachment 2: PHC Memorandum of Agreement Template and Signatures ***(Required for completeness)*** - **this attachment does not count toward the page limit.**

1. Upload the PHC MOA template that you used to create the individual MOAs with each of your PHCs. See Funding Requirements for important PHC considerations.

   The MOA template must address:
   a) The PHC's commitment for the entire 3-year period of performance, subject to the funding of the application.
   b) The PHC's commitment to address all of the objectives (see Appendix A: Objectives and Measures) and to designate a "champion" who will be dedicated to implementing the project in the health center.
   c) Confirmation from the PHC that they will provide data and information at least on a yearly basis.
   d) Responsibilities of the HCCN to PHC.
   e) The HCCN's commitment to develop individualized work plans with the PHC within 90 days of award.
   f) Certification by the PHC that participation in the project will not result in the reduction of the amount or quality of health services currently provided to PHC patients.
   g) Assurance by the PHC of use of Office of the National Coordinator for Health Information Technology (ONC)-certified health IT products, including but not limited to EHR systems.
   h) Commitment of the PHC to maintain continued use of national standards as specified in the ONC Interoperability Standards Advisory when there are no applicable certified health IT products, or if there are no health IT products that meet the applicable standards in 45 CFR Part 170 for activities proposed in this application.[13]

2. For each of your PHCs, submit the MOA signature page or the signature block containing the following information:
   a) PHC organization name (your MOA must be with the health center entity, not an individual health center site);
   b) Health Center Program (H80) award number or LAL number;

[13] For more information, see https://www.healthit.gov/isa.

c) Number of sites[14];
d) An effective date range to cover the expected period of performance of the award (August 1, 2022 to July 31, 2025);
e) Printed name AND signature for both the appropriate applicant organization representative and the PHC's Chief Executive Officer (CEO) or designee; and
f) Date(s) of signature(s).

PHCs with incomplete or missing signature information or signature information for PHCs that are not included in the Particiapting Health Center List will not count as PHCs when HRSA assesses: (1) whether your application meets the eligiblity criterion of having 10 PHCs, and (2) your funding level.

Attachment 3: Project Organizational Chart
Upload a one-page document that graphically depicts the HCCN's organizational structure, network governing board, key personnel, staffing, and any sub-recipients and/or affiliated organizations.

Attachment 4: Position Descriptions for Key Project Staff
Upload position descriptions for key project personnel, which may include, but are not limited to, Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Information Officer (CIO), Clinical Director, Health IT Coordinator, Project Coordinator, and Quality Improvement Team Lead. Indicate if key management positions are combined and/or part-time (e.g., CFO and CIO roles are shared). Each position description should be limited to one page and must include, at a minimum, the position title; description of duties and responsibilities; position qualifications; supervisory relationships; salary range; and work hours.

Attachment 5: Biographical Sketches for Key Project Staff
Upload biographical sketches for key project personnel identified in Attachment 4: Position Descriptions for Key Project Staff. Biographical sketches should not exceed two pages each. In the event that an identified individual is not yet hired, include a letter of commitment, if available, from that person with the biographical sketch.

Attachment 6: Staffing Plan
Upload a table that identifies and justifies all personnel required to execute the project, including the amount of time requested. For each position, the table must include:

- Position Title (e.g., Chief Executive Officer),
- Staff Name (If the individual is not yet identified for this position, indicate "To Be Determined"),
- Education/Experience Qualifications,
- General Grant Project Responsibilities, and
- Percentage of Full Time Equivalent (FTE) dedicated to the HCCN grant project.

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

[14] All service sites included in a PHC's scope of project must participate in HCCN activities. Refer to the Health Center Program Compliance Manual for a definition of service site: https://bphc.hrsa.gov/programrequirements/pdf/healthcentercompliancemanual.pdf.

Upload a brief summary describing all current or proposed contracts and agreements that will support the proposed project. Only include a contract or agreement with a PHC if:

1) The organization will support the HCCN project in a capacity beyond its role as a PHC, and
2) The proposed activities are not included in the PHC MOA.

The summary must address the following items for each contract or agreement:

- Name and contact information for each affiliate;
- Type of contract or agreement (e.g., contract, affiliation agreement);
- Brief description of the purpose and scope of each contract or agreement (i.e., type of services provided, how/where services are provided); and
- Timeframe.

Attachment 8: Letters of Support
Upload current dated letters of support addressed to your organization (e.g., HCCN board, CEO) from organizations referenced in the Collaboration section, Item 2 and Item 3. Letters must contain specific details of the type of support the organization will provide to help you achieve the objectives. If letters cannot be obtained from relevant organizations, include documentation of efforts made to obtain the letters along with an explanation for why such letters could not be obtained.

Attachment 9: Network Bylaws ***(Required for completeness)***
Upload the most recent HCCN bylaws that demonstrate that the HCCN is majority controlled by H80 award recipients and is independent from the boards of its health center members. Bylaws must be signed and dated by the appropriate individual indicating review and approval by the governing board.

Attachment 10: Indirect Cost Rate Agreement (as applicable) - **this attachment does not count toward the page limit.**
If indirect costs are requested, provide your Indirect Cost Rate Agreement.

Attachment 11: Participating Health Center Needs Assessment Summary (as applicable)
If you conducted a recent health IT and data needs assessment with your PHCs, upload a summary of key findings.

Attachment 12: Communication Plan
Upload a communication plan outlining how you will maintain ongoing communication with PHCs, including how you will:

- Identify and address PHCs' evolving needs and challenges;
- Inform PHCs health IT and data resources through your HCCN, HRSA and other sources; and
- Gather performance feedback from PHCs on how you can improve the health IT and data support you provide.

Attachment 13: Other Documents (as applicable)
Include other relevant documents to support the proposed project plan (e.g., survey instruments, attestations). These attachments will count against the 80-page limit.

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following webpages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must register with 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 you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant. If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (https://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://sam.gov/content/home) | SAM.gov Knowledge Base
- Grants.gov (https://www.grants.gov/)

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages instead,the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM.gov.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO in Grants.gov (Phase 1) is *January 4, 2022* at 11:59 p.m. ET. The due date to complete all other required information in EHBs (Phase 2) is *January 25, 2022* at 5 p.m. ET (with access in EHBs starting November 18, 2021). HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadlines** to allow for any unforeseen circumstances. See Section 9.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

5. Intergovernmental Review

HCCNs are subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than the Maximum Annual Award amount listed in Table 1, based on your number of PHCs. 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.

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

45 C.F.R. part 75 and the HHS Grants Policy Statement (HHS GPS) include information about allowable expenses. Funds under this notice may not be used for the following costs:

- Equipment, supplies, or staffing for use at the health center level or any other individual health center operational costs;
- Direct patient care;
- Fundraising;
- Incentives (e.g., gift cards, food);
- Construction/renovation costs;
- Facility or land purchases; or
- Vehicle purchases.

You are required to have the necessary policies, procedures, and internal controls, including financial in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including

statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review. Review criteria are used to review and rank applications. This NOFO has seven review criteria:

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

1. The strength of the description of current health IT and data needs of the PHCs, including:
   a) How they relate to clinical quality, patient-centered care, and provider and staffwell-being, as detailed in the required objectives for the 3-year period of performance (see Appendix A: Objectives and Measures for details).
   b) Reference to the needs assessment provided in Attachment 11: Participating Health Center Needs Assessment Summary, if submitted.

2. The extent to which the applicant describes the specific health IT and data system limitations experienced by their PHCs related to and using SDOH data to meet the required objectives, if not already addressed above.

3. The extent to which the applicant describes varying needs across PHCs, including the need for peer-to-peer learning and mentorship.

Review Criterion 2: RESPONSE (30 Points) – Corresponds to Section IV.2.ii RESPONSE

Project Work Plan (10 points)

1. The likelihood that the Project Work Plan will lead to improvements in PHCs' clinical quality, patient-centered care, and provider and staff well-being. A strong plan will:
   a) Include realistic and achievable targets for the end of the 3-year period of performance for each objective listed in Appendix A: Objectives and Measures,
   b) Outline first year activities under each objective likely to ensure attainment of the 3-year targets, and
   c) Clearly link activities to the identified PHCs' health IT and data needs.

Remaining RESPONSE items (20 points)

2. The likelihood that the communication plan submitted as Attachment 12: Communication Plan will ensure ongoing communication with PHCs, and the extent to which the applicant describes how they will:
   a) Identify and address their PHCs' evolving needs and challenges;
   b) Inform PHCs of health IT and data resources available through the applicant, HRSA, and other sources; and
   c) Gather performance feedback from their PHCs about on how the applicant's health IT and data support can be improved.

3. The strength of the plan to engage all PHCs in proposed activities throughout the 3-year period of performance specific to their individual needs and areas of expertise. In addition, the strength of how knowledge sharing among PHCs will be encouraged through peer-to-peer learning, mentorship and other formats.

4. The likelihood that the described plans for the subsequent 2 years will successfully build upon the first year's activities detailed in the Project Work Plan to achieve the 3-year target for each objective.

5. The strength of the applicant's plan to address anticipated barriers to meeting the health IT and data needs of the PHCs.

6. The likelihood that the described plans will ensure an individualized work plan will be developed with each PHC within 90 days of award.

Review Criterion 3: COLLABORATION (10 points) – Corresponds to Section IV.2.ii COLLABORATION

1. The extent to which:
   a) The Participating Health Center List submitted in the EHBs includes at least 10 health centers that are committed to participating in the project, and
   b) Attachment 2: PHC Memorandum of Agreement Template and Signatures includes signatures that correspond with each PHC on the Particpating Health Center List and an MOA template that includes all required content.

2. The extent to which the applicant:
   a) Describes its current relationship with the NTTAP for health IT, HITEQ, or its plans to establish a collaborative relationship with HITEQ, including the resources and services currently used or to be used to support PHCs;
   b) Describes its current or planned partnership with at least one PCA and how their services will be complementary; and

c) Includes current letters of support, or documents effort to obtain letters of support, in Attachment 8: Letters of Support that clearly detail how the organizations will support achievement of the objectives.

3. The extent to which the applicant describes and documents partnerships to increase health equity, including to what extent the applicant:
   a) Sufficiently describes leveraging partner resources and avoiding duplication of effort;
   b) Specifies how partnerships will support PHCs to achieve the objectives of this project; and
   c) Includes current letters of support, or documents efforts to obtain letters of support, in Attachment 8: Letters of Support that clearly detail how the organizations will support achievement of the objectives.

Review Criterion 4: EVALUATIVE MEASURES (15 Points) – Corresponds to Section IV.2.ii EVALUATIVE MEASURES

1. The likelihood that the comprehensive evaluation plan will ensure that proposed activities are effective in meeting the identified needs of PHCs, and includes:
   a) How qualitative and quantitative data will be collected and used to monitor progress and measure outcomes;
   b) The frequency activities and progress will be evaluated; and
   c) How data and evaluation information, including feedback from the PHCs, will support project quality improvement during the period of performance.

2. The degree to which the applicant describes sufficient and/or improved methods of collecting PHC data for the required annual non-competing continuation progress report.

3. The extent to which the applicant outlines plans to disseminate results, successful strategies, and lessons learned to PHCs, PCAs, NTTAPs, and other key stakeholders.

Review Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV.2.ii RESOURCES/CAPABILITIES

1. The extent of the applicant's expertise and experience in providing health IT and data support to health centers related to improving clinical quality, patient-centered care, and provider and staff well-being.

2. The appropriateness of the organizational structure and staffing plan (presented in Attachment 3: Project Organizational Chart and Attachment 6: Staffing Plan, respectively), for successful oversight and implementation of the proposed activities. The strength of the staff recruitment and retention plan.

3. The degree to which the written agreements included in Attachment 7: Summary of Contracts and Agreements will support the proposed activities.

4. The strength of the financial management, internal controls, and policies and procedures for safeguarding and optimizing the use of federal funds.

Review Criterion 6: GOVERNANCE (5 points) – Corresponds to Section IV.2.ii GOVERNANCE

1. The degree to which Attachment 9: Network Bylaws and supportive narrative, as needed, sufficiently demonstrate that the HCCN is at least majority controlled by, and as applicable, at least majority owned by Health Center Program award recipients.

2. The extent to which HCCN's governance structure is independent from the boards of its health center members and sufficiently described, referencing Attachment 3: Project Organizational Chart and Attachment 9: Network Bylaws, as appropriate.

3. The appropriateness of the governing board's role in monitoring the project.

4. The extent to which PHCs and other key stakeholders have a meaningful role in project oversight and network governance.

Review Criterion 7: SUPPORT REQUESTED (10 points) – Corresponds to Section IV.2.ii SUPPORT REQUESTED

1. The extent to which the budget presentation (i.e., SF-424A and Budget Narrative) is consistent, reasonable, and supports the proposed Project Work Plan and Staffing Plan.

2. The degree to which the proposed project is a cost-effective approach for meeting the health IT and data needs of the PHCs.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See section 6.3 of HRSA's *SF-424 Two-Tier Application Guide* for more details.

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

3. Assessment of Risk

HRSA may apply special conditions of award or elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).
HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such

requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award if special conditions are required, and what level of funding is appropriate.

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NoA) on or around the start date of August 1, 2022. See Section 6.4 of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other federal regulations and HHS policies in effect or implemented at the time of the award, and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements
Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. Non-discrimination legal requirements for recipients of HRSA federal financial assistance are available at the following address: https://www.hrsa.gov/about/organization/bureaus/ocrdi#non-discrimination.For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

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

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

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

3. Reporting

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

1) **Progress Report(s).** The recipient must submit an annual non-competing continuation progress report, which triggers the budget period renewal and release of the subsequent year of funding.

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

3) **Final Report.** The recipient must submit a final report at the end of the 3-year period of performance.

Note that the OMB revision to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. In addition to the termination provisions in 2 CFR § 200.340 (a)(1–4), the following specific termination provisions apply: HRSA may discontinue funding if the number of unique PHCs drops below 10 for a period of longer than 90 days. See Summary of Funding for more details.

VII. Agency Contacts

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

Mona Thompson
Grants Management Specialist
Division of Grants Management Operations
Office of Federal Assistance Management
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3429
Email: mthompson@hrsa.gov

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

Tracey Smith
Public Health Analyst
Office of Policy and Program Development
Bureau of Primary Health Care
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3612
Email: tsmith@hrsa.gov

When working online to submit your application forms electronically. Always obtain a case number when calling for support.

For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

For assistance with submitting the remaining information in the EHBs, contact the Health Center Program Support, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

Health Center Program Support
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: BPHC Contact Form

VIII. Other Information Technical Assistance

HRSA will hold a pre-application TA webinar for applicants seeking funding through this opportunity. Visit the HCCN technical assistance webpage for webinar details, copies of forms, frequently asked questions, and other resources that will help you submit a competitive application.

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

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

Appendix A: Objectives and Measures

Use the following objective and measure information when completing your Project Narrative and Project Work Plan for baseline data. Objectives align with the 2020-2025 Federal Health IT Strategic Plan where applicable.

The timeframe to calculate baseline data is calendar year (CY) 2021. The timeframe to calculate progress towards meeting objective targets during the period of performance will be indicated in the progress report instructions.

NOTE: Current HCCN (H2Q) award recipients should maintain and advance the accomplishments of previous objectives to support the FY 2022 award.

#	Objective	Numerator
1	**Patient Engagement** - Increase the percentage of PHCs that support patients and families' participation in their health care through expanded use of integrated digital health tools (e.g., electronic messages sent through patient portals to providers, telehealth visits, remote monitoring devices).	Number of PHCs with at least 80 percent of patients who have used integrated digital health tools between in-person visits to communicate health information with the PHC (a patient must have used a digital health tool at least once between visits).
2	**Patient Privacy and Cybersecurity** - Increase the percentage of PHCs with formally defined health information and technology policies and practices that advance security to protect individual privacy and organizational access.	Number of PHCs that have implemented formally defined and secure health information and technology policies and practices that advance security to protect individual privacy and organizational access in at least two of the following areas: protection from misuse, threats like cybersecurity attacks, fraud, or other harms.
3	**Social Risk Factor Intervention** - Increase the percentage of PHCs that use patient-level data on social risk factors to support patient care plans for coordinated, effective interventions.	Number of PHCs that use health IT to share social risk factor data with care teams and use this data to inform care plan development, and if applicable facilitate closed-loop referrals on at least 75 percent of patients identified as having a risk factor (e.g. care teams use patient reported data on food insecurity or other social risk factors to better tailor care plans/interventions and community referrals to improve chronic disease management and outcomes).
4	**Disaggregated, patient-level data** - Increase the percentage of PHCs with systems and staff aligned with submitting disaggregated, patient-level data via UDS+.	Number of PHCs that have sent successful test messages for electronic clinical quality measures (eCQM) and UDS+ data fields using Fast Health Interoperability Resources (FHIR) based application programming interfaces (APIs).

#	Objective	Numerator
5	**Interoperable Data Exchange and Integration** - Increase the percentage of PHCs with the capacity to integrate clinical information with data from clinical and non-clinical sources across the health care continuum (e.g., hospitals, specialty providers, departments of health, health information exchanges (HIE), care coordinators, social service/housing organizations) to optimize care coordination and workflows.	Number of PHCs that have integrated data into structured EHR fields (i.e., not free text or attachments) from at least three external clinical and/or non-clinical sources.
6	**Data Utilization -** Increase the percentage of PHCs that use data strategies, such as use of predictive analytics with data visualization, to support performance improvement and value-based care activities.	Number of PHCs that used advanced data strategies, such as predictive analytics with data visualization, natural language processing, and machine learning to present useful data to inform performance improvement and value-based care activities (e.g., improve clinical quality, cost-efficient care).
7	**Leveraging digital health tools** - Increase the percentage of PHCs that support providers and staff in achieving and maintaining proficiency in the use of digital health tools (e.g., telehealth and remote patient monitoring tools).	Number of PHCs providing at least two formal trainings annually, along with routine support (e.g., on-demand reference materials, regular communications sharing tips or best practices, help desk) to providers and staff that promotes proficiency in the use of digital health tools.
8	**Health IT Usability and Adoption** - Increase the percentage of PHCs that improve health IT usability and adoption by providers, staff, and patients (e.g., align EHRs with clinical workflows, improve structured data capture in and/or outside of EHRs, use of metadata to improve EHR user experience).	Number of PHCs that reduced operational barriers to health IT usability and adoption through implementation of at least one health IT facilitated intervention annually that focuses on topics such as aligning EHRs with clinical workflows, improving structured data capture in and/or outside of EHRs, regular EHR support and trainings, or use of metadata to improve EHR user experience.
9	**Health Equity (Applicant Choice)** - Develop one objective and associated outcome measure that will focus on utilizing a health IT innovation (e.g., digital patient engagement tools, remote patient monitoring, emergency preparedness, artificial intelligence) to improve the health status of their PHCs' communities by reducing health disparities and/or addressing social determinants of health.	Developed by applicant. ***Note**: The Description you include in the Project Work Plan should begin with "The number of PHCs…", similar to the Numerators defined for Objectives 1-8.*

#	Objective	Numerator
10	**Improving Digital Health Tools (Applicant Choice)** - Develop one objective and associated outcome measure that will enhance the quality and coordination of health services by focusing on improving the functionality of digital health tools (e.g., EHRs, virtual care platforms, patient portals, analytic systems) in one or more of the following areas: (1) support relationships between providers and staff with patients, their families, and the community; (2) support high-functioning care teams; (3) integrate care delivery across systems and communities; (4) reduce workload; and (5) make care more equitable.[15]	Developed by applicant. ***Note**: The Description you include in the Project Work Plan should begin with "The number of PHCs…", similar to the Numerators defined for Objectives 1-8.*

[15] Taken from the National Academy of Sciences, Engineering, and Medicine, "Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care" (2021). Available at https://www.nap.edu/read/25983/chapter/1#iii.

Appendix B: Participating Health Center List Instructions

Instructions for completing this list in EHBs vary based on whether you are currently an HCCN (H2Q) award recipient.

Remember that:

- You must propose a minimum of 10 PHCs to be eligible.
- The majority of PHCs must be Health Center Program (H80) award recipients.
- A health center may be a PHC of only one HCCN for HCCN funding purposes.

Current HCCN (H2Q) Award Recipients
The list of your current approved PHCs will pre-populate into EHBs if you entered your H2Q grant number in the EHBs. Verify the PHCs on your list and add or remove PHCs as necessary. To add PHCs, click on the Add Grantee Health Center button or Add Look-Alike Health Center button, as appropriate, and search for each PHC in your proposed network using the H80/LAL number, health center name, or city/state. Add selected PHCs by clicking Add to Application. To delete a PHC, click on the Delete link for the organization you wish to delete.

Other Applicants
Click on the Add Grantee Health Center button or Add Look-Alike Health Center button, as appropriate, and search for each PHC in your proposed network using the H80/LAL number, health center name, or city/state. Add selected PHCs by clicking Add to Application.

Appendix C: Project Work Plan Instructions

Overview

The Project Work Plan provides the targets and activities that support achievement of the HCCN objectives by the end of the 3-year period of performance (by July 31, 2025). The Project Work Plan submitted in the application will provide details of proposed activities to be conducted in the first 12 months of the period of performance, from August 1, 2022 to July 31, 2023.

The Project Work Plan content will be entered directly into EHBs. Follow the instructions provided in Table 2 below to ensure that all fields are properly completed for each objective. An incomplete or incorrectly completed Project Work Plan may negatively impact your application's objective review score.

You must address all objectives as detailed in Appendix A: Objectives and Measures. All PHCs must be engaged in the activities to some degree depending on need. All fields in the table below must be completed for each objective, with the exception of the Supporting Organization(s) field, which should be completed only if applicable. You cannot add additional objectives, with the exception of defining your applicant's choice objectives. All proposed activities must align with the defined objectives. A sample Project Work Plan is available on the HCCN technical assistance webpage.

Table 2: Project Work Plan Instructions

Field	Instructions
Objective Title	The EHBs will automatically populate this field for all 10 objectives in Appendix A.
Objective Description	The EHBs will automatically populate this field for the 8 objectives defined in Appendix A. You will complete this field for Applicant Choice Objectives only.
Applicant Choice Objective Numerator Description	You will provide a description of the Numerator for Applicant Choice Objectives only. The description should begin with "The number of PHCs…", similar to the Numerators defined in Appendix A.
Baseline Data	You will need to collect data from all PHCs to establish baseline data. Provide the baseline number or numerator for the objective.
Baseline Percentage	The EHBs will automatically calculate this field, if applicable. The numerator will be the number entered in the Baseline Data field. The denominator will be the number of PHCs you enter in the Participating Health Center List form.

Field	Instructions
Target	Provide the target numerator for the objective to be achieved by the end of the period of performance (July 31, 2025). Ensure that the target numerator is realistic and achievable within the 3-year period of performance given the baseline data.
Target Percentage	The EHBs will automatically calculate this field, if applicable. The numerator will be the number entered in the Target field. The denominator will be the number of PHCs you enter in the Participating Health Center List form. If this percentage does not appear to be realistic and achievable within the 3-year period of performance given the baseline percentage, adjust the value in the Target field.
Baseline Data Source (maximum 500 characters)	Provide the origin of baseline data.
Key Factors (maximum 500 characters)	Provide a minimum of 2 and maximum of 3 factors that are expected to contribute to and restrict progress toward the selected Objective. At least 1 Contributing and 1 Restricting Key Factor must be identified.
Supporting Organization(s) (maximum 1000 characters)	Provide the names of organizations that will actively support this objective, if applicable. The organizations listed must align with Letter of Support provided in Attachment 8: Letter of Support.
Activity Name	Provide a unique name to identify the activity.
Activity (maximum 500 characters)	Describe the major planned activities to be conducted in the first 12 months of the period of performance. These activities will address the Objective and support target percentage attainment by the end of the 3- year period of performance. A minimum of 2 and a maximum of 4 activities must be provided for each Objective.
Need(s) the activity addresses (maximum 1000 characters)	List the need(s) identified in Section IV.2.ii NEED of your Project Narrative that the activity will address.

Field	Instructions
Person Responsible (limit 200 characters)	Identify the person(s)/position(s) that will be responsible for conducting the activity.
Time Frame	Provide the start and end date(s) for completion of the activity. Start dates must be no later than July 31, 2023 for this 12-month work plan.