

**U.S. Department of Health and Human Services**



Health Resources & Services Administration

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2025

Bureau of Primary Health Care

Health Center Program

**Expanded Hours**

**Funding Opportunity Number: HRSA-25-084**

**Funding Opportunity Type(s): New**

**Assistance Listing Number: 93.224**

**Application Due Date in Grants.gov: June 24, 2024**

**Supplemental Information Due Date in HRSA EHBs: July 23, 2024**

**Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!**

**We will not approve deadline extensions for lack of registration.**

**Registration in all systems may take up to 1 month to complete.**

**Issuance Date: May 21, 2024**

Tyler Bysshe and Claire Giammaria  
Public Health Analysts, Bureau of Primary Health Care  
Call: 301-594-4300  
Contact: [BPHC Contact Form](#)

[Expanded Hours \(EH\) technical assistance \(TA\) webpage](#)

See [Section VII](#) for a complete list of agency contacts.

Authority: [42 U.S.C. § 254b](#) (Title III, § 330 of the Public Health Service (PHS) Act)

## 508 COMPLIANCE DISCLAIMER

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

## SUMMARY

|   |  |
|---|--|
| Funding Opportunity Title:  | Expanded Hours   |
| Funding Opportunity Number:   | HRSA-25-084  |
| Assistance Listing Number:  | 93.224   |
| Due Date for Applications – <b>Grants.gov</b> :                                   | <b>Phase 1:</b> June 24, 2024 (11:59 p.m. ET)  |
| Due Date for Supplemental Information – <b>HRSA Electronic Handbooks (EHBs)</b> : | <b>Phase 2:</b> July 23, 2024 (5 p.m. ET)  |
| Purpose:  | Expanded Hours (EH) funding will expand access to health center services by increasing health center operating hours to meet identified patient and community needs. |
| Program Objective:  | Expand access and alleviate barriers to high-quality primary care by increasing the number of hours during which you provide services to patients.                   |
| Eligible Applicants:  | Current Health Center Program operational (H80) grant award recipients. See <a href="#">Section III</a> for complete eligibility information.                        |
| Anticipated FY 2025 Total Available Funding:                                      | \$60 million   |
| Estimated Number and Type of Award(s):  | Approximately 120 new grants   |
| Estimated Annual Award Amount:  | Up to \$500,000 per year. Your funding request should be scaled to reflect the size and scope of your proposed project.  |

|  |   |
|--|---|
| Minor Alteration/Renovation (A/R) and Equipment Costs Allowed: | Yes, you may request up to \$150,000 of the \$500,000 in year 1 for minor alteration/renovation and equipment costs.  |
| Cost Sharing or Matching Required:                             | No  |
| Period of Performance:   | December 1, 2024 through November 30, 2026 (2 years)  |
| Agency Contacts:   | <p><b>Business, administrative, or fiscal issues:</b></p> <p>Clare Oscar and Saul Arana<br/> Grants Management Specialists<br/> Division of Grants Management Operations, OFAM<br/> Email: <a href="mailto:coscar@hrsa.gov">coscar@hrsa.gov</a> and <a href="mailto:sarana@hrsa.gov">sarana@hrsa.gov</a></p> <p><b>Program issues or technical assistance:</b></p> <p>Tyler Bysshe and Claire Giammaria<br/> Public Health Analysts, Office of Policy and Program Development<br/> Bureau of Primary Health Care<br/> Contact: <a href="#">BPHC Contact Form</a></p> <ul style="list-style-type: none"> <li>• Under <i>Funding</i>, select <i>Applications for Notice of Funding Opportunities</i>, then <i>Expanded Hours</i></li> </ul> |

**Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and the *HRSA [Two-Tier Application Guide](#)*. Visit [HRSA’s How to Prepare Your Application page](#) for more information.

**Technical Assistance**

The [EH TA webpage](#) includes:

- Application resources, such as example forms and documents.
- Answers to frequently asked questions.
- Details about our pre-application TA webinar.
- Contact information for questions.

The HRSA-supported [Health Center Resource Clearinghouse](#) also provides training and TA resources for health centers nationwide.

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# I. Program Funding Opportunity Description

## 1. Purpose

This Notice of Funding Opportunity (NOFO) announces the opportunity to apply for funding under the fiscal year (FY) 2025 Expanded Hours (EH) program. EH funding will expand access to health center services by increasing health center operating hours to meet identified patient and community needs.

See [Program Requirements and Recommendations](#) for more details.

## 2. Background

The Health Center Program is authorized by [42 U.S.C. § 254b](#) (Title III, § 330 of the Public Health Service (PHS) Act). For the purpose of this NOFO, health centers are defined as those receiving Health Center Program operational funding under Sections 330(e), (g), (h) or (i), otherwise referred to as H80 funding.

Increasing access to preventive care is a Healthy People 2030 goal.<sup>1</sup> In 2020, only 5.3 percent of adults received recommended evidence-based preventive health care.<sup>2</sup> Delayed care is often the result of barriers such as lack of health insurance, lack of access to transportation, lack of availability of appointments, and inability to take time off work to attend appointments.<sup>3</sup> In 2020, 46 percent of households surveyed nationwide reported negative health consequences as a result of not being able to get an appointment during the hours needed.<sup>4</sup>

In 2022, health centers provided access to primary care services for 30.5 million patients at more than 15,000 service sites.<sup>5</sup> Health centers address financial barriers to accessing care by offering health care regardless of ability to pay based on a sliding fee.<sup>6</sup> To further address access, health centers' operating hours must be responsive to

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<sup>1</sup> Healthy People 2030. Health care access and quality. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality> (accessed May 25, 2023).

<sup>2</sup> Healthy People 2030. Increase the proportion of adults who get recommended evidence-based preventative health care. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/increase-proportion-adults-who-get-recommended-evidence-based-preventive-health-care-ahs-08/data> (accessed July 17, 2023).

<sup>3</sup> Healthy People 2030. Access to Primary Care. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-primary-care> (accessed July 17, 2023).

<sup>4</sup> NPR, Robert Wood Johnson Foundation, & Harvard TH Chan School of Public Health, 2020. *The Impact of Coronavirus on Households Across America*. [https://www.hsph.harvard.edu/wp-content/uploads/sites/94/2020/09/NPR-RWJF-Harvard-National-Report\\_092220\\_Final-1.pdf](https://www.hsph.harvard.edu/wp-content/uploads/sites/94/2020/09/NPR-RWJF-Harvard-National-Report_092220_Final-1.pdf) (accessed August 4, 2023).

<sup>5</sup> HRSA. 2022. Health Center Program: Impact and growth. <https://bphc.hrsa.gov/about-health-centers/health-center-program-impact-growth> (accessed August 8, 2023).

<sup>6</sup> HRSA. 2018. Health Center Program Compliance Manual, Chapter 9: Sliding fee discount program. <https://bphc.hrsa.gov/compliance/compliance-manual/chapter9> (accessed May 3, 2023).

patients' needs,<sup>7</sup> and they must have arrangements for promptly responding to medical emergencies after hours.<sup>8</sup>

Health centers will use EH funding to further ease patients' ability to access essential health center services during new operating hours such as early weekday mornings, weekday evenings, and weekends, when access to primary care may otherwise be limited or nonexistent in their community. New operating hours will support patients to receive care in a primary care setting, reducing visits to emergency departments. This will reduce health care costs and preserve emergency department capacity for patients with acute needs.

## II. Award Information

### 1. Type of Application and Award

Application type: New.

We will fund you via a grant.

### 2. Summary of Funding

We estimate \$60 million will be available each year to fund approximately 120 awards. You may apply for up to \$500,000 annually (reflecting direct and indirect costs).

The period of performance is December 1, 2024, to November 30, 2026 (2 years).

Support beyond the first budget year will depend on:

- Appropriations
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

**We may adjust the final award amounts or number of awards based on the number of fundable applications.**

If funded, we will award EH funding as a new grant award, separate from your Health Center Program operational (H80) award. Under [45 CFR § 75.302](#), you must document use of EH funds separately and distinctly from other Health Center Program funds and other federal award funds. You must maintain your H80 award status throughout the 2-year period of performance to maintain your EH funding.

All uses of EH funds must align with your H80 [scope of project](#). Your scope of project includes the approved service sites, services, providers, service area, and target

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<sup>7</sup> HRSA. 2018. Health Center Program Compliance Manual, Chapter 6: Accessible locations and hours of operation. <https://bphc.hrsa.gov/compliance/compliance-manual/chapter6> (accessed May 3, 2023).

<sup>8</sup> HRSA. 2018. Health Center Program Compliance Manual, Chapter 7: Coverage for medical emergencies during and after hours. <https://bphc.hrsa.gov/compliance/compliance-manual/chapter7> (accessed May 3, 2023).

population that are supported (wholly or in part) under your total approved health center budget. You must comply with all Health Center Program requirements as described in the [Health Center Program Compliance Manual](#), and applicable law and regulations.<sup>9</sup>

We will assess your performance based on your approved scope adjustments and documented increase in operating hours 18 months after the award start date, compared to the increase in hours proposed in your application. We will use these assessments to determine if you will receive increased, continued, reduced, or no funding beyond the initial 2-year funding period. If HRSA continues funding, we may supplement this initial award and/or provide further funding under your H80 award.

When we assess your performance, we may also consider activity progress and increases in the:

- Number of patients and visits.
- Hours across all service delivery sites.
- Number of sites with increased hours.

[45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#) applies to all HRSA awards.

### **III. Eligibility Information**

#### **1. Eligible Applicants**

You can apply if your organization is a Health Center Program award recipient<sup>10</sup> with an active H80 grant award.

#### **2. Cost Sharing or Matching**

Cost sharing or matching is not required for this program.

#### **3. Other**

We may consider your application ineligible for review if it:

- Requests more than \$500,000 annually.
- Does not include a [Project Narrative](#).
- Fails to meet the deadline referenced in [Section IV.4](#).

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<sup>9</sup> Requirements are stated in [42 USC § 254b](#) (section 330 of the PHS Act), and in applicable program regulations (42 CFR parts [51c](#) and [56](#), as appropriate), grants regulations ([45 CFR part 75](#)), and grants policy (HHS Grants Policy Statement).

<sup>10</sup> Funded under 42 U.S.C. § 254b(e), (g), (h), and/or (i).

## Multiple Applications

We will only review your **first** validated application under HRSA-25-084 in Grants.gov. If you wish to change attachments submitted in a Grants.gov application, you may do so in the [HRSA EHBs](#) application phase.

## IV. Application and Submission Information

### 1. Address to Request Application Package

We **require** you to apply online through Grants.gov **and** EHBs. Use the SF-424 workspace application package associated with this NOFO. You must use a **two-phase** submission process. Follow these directions: [How to Apply for Grants](#) **and** those in EHBs.

- **Phase 1 – Grants.gov** – You must submit your application via Grants.gov by **June 24, 2024 at 11:59 p.m. ET.**
- **Phase 2 – EHBs** – You must submit supplemental information via EHBs by **July 23, 2024 at 5 p.m. ET.**

**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).** If you wish to change information you submitted in EHBs, you may reopen and revise your application before the EHBs deadline. For more details, see Sections 3 and 4 of the *Two-Tier Application Guide*. **Note:** Grants.gov calls the NOFO, “Instructions.”

Select “Subscribe” and enter your email address for HRSA-25-084 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You’re responsible for reviewing all information that relates to this NOFO.*

### 2. Content and Form of Application Submission

#### Application Format Requirements

Follow instructions in Sections 4 and 5 of the *Two-Tier Application Guide* and this NOFO. Write your application **in English. Use U.S. dollars for your budget.** There’s an Application Completeness Checklist in the *Two-Tier Application Guide* to help you.

In **Grants.gov (Phase 1)**, submit your:

- Application for Federal Assistance (SF-424)
- Project Abstract Summary
- Project/Performance Site Locations
- Grants.gov Lobbying Form



- Key Contacts

In **EHBs (Phase 2)**, submit your:

- Project Narrative
- SF-424A Budget Information Form
- Budget Narrative and Table of Personnel Paid with Federal Funds
- Program-Specific Forms
- Attachments, if applicable

### **Application Page Limit**

The page limit for your application is **50 pages**. We will not review any pages that exceed the page limit. Using the pages within the page limit, we will determine eligibility using [Section III. Eligibility Information](#) of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms in the NOFO's workspace application package and program-specific forms in EHBs
- Abstract (standard form (SF) "Project Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we'll make this clear in [Section IV.2.vi Attachments](#).

If you use an OMB-approved form that is not in the HRSA-25-084 workspace application package or EHBs application, it may count toward the page limit. Therefore, we recommend you only use Grants.gov and EHBs workspace forms for this NOFO to avoid exceeding the page limit.

**It is important to ensure your application does not exceed the specified page limit.** See [Appendix A: Applicant Page Limit Worksheet](#) for additional information.

**Applications must be complete, validated by Grants.gov, and submitted under HRSA-25-084 before the Grants.gov and EHBs [deadlines](#).**

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- When you submit your application, you certify that you and your principals<sup>11</sup> (for example, program director) can participate in receiving award funds to carry out a

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<sup>11</sup> See definitions at [eCFR :: 2 CFR 180.995 -- Principal](#), and [eCFR :: 2 CFR 376.995 -- Principal \(HHS supplement to government-wide definition at 2 CFR 180.995\)](#).

proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.

- If you fail to make mandatory disclosures, we may take an action like those in [45 CFR § 75.371](#). This includes suspending or debarring you.<sup>12</sup>
- If you cannot certify this, you must explain why in [Attachment 1: Other Relevant Documents](#).

See Section 5.1 viii – Certifications of the *Two-Tier Application Guide*.

## Program Requirements and Recommendations

### Program Requirements

- You must propose to use EH funds to increase the number of health center operating hours. Expanded hours are defined as an increase in the number of operating hours over your current operating hours by 1 or more hour each week.<sup>13</sup>
- You must expand hours for one or more in-scope service delivery sites.<sup>14</sup>
- Your expanded hours must be responsive to the needs of patients and residents of your service area.
- You must provide in-person appointments during your expanded hours.<sup>15</sup>
- You must maintain compliance with all Health Center Program requirements and all other applicable federal, state, and local laws and regulations.
- Within 6 months of award, you must begin to increase operating hours at one or more of your proposed sites and document the increase through a Form 5B Scope Adjustment Request in EHBs.<sup>16</sup> If you do not add hours within 6 months of award, HRSA may impose additional award conditions per [45 CFR § 75.207](#),

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<sup>12</sup> See also 2 CFR parts [180](#) and [376](#), [31 U.S.C. § 3354](#), and [45 CFR § 75.113](#).

<sup>13</sup> For the purpose of this NOFO, current operating hours are the hours captured in the EHBs, with information pre-populated from your approved scope of project (on Form 5B) as of the time of this NOFO's release.

<sup>14</sup> You may propose to increase hours of operation at any service delivery site in your approved scope of project (on Form 5B) as of the time of this NOFO's release.

<sup>15</sup> You may offer telehealth services in addition to in-person appointments during your expanded hours. For information about telehealth and your health center scope of project, refer to [PAL 2020-01](#).

<sup>16</sup> For information on Scope Adjustment Requests, refer to the [Scope of Project](#) page and the Change in Scope questions under Scope of Project at [Health Center Program Compliance Frequently Asked Questions](#).

which may include additional project monitoring or draw down restriction. If you do not resolve such conditions within the specified timeframe, HRSA may terminate all, or part, of your EH award per [45 CFR § 75.371](#).

- Within 18 months of award (6 months prior to the end of the 2-year period of performance), you must implement your entire proposed increase in hours of operation and document the increase through a Form 5B Scope Adjustment Request in EHBs.

We will consider your proposed versus actual increase in hours of operation 18 months after award (6 months prior to the end of the 2-year period of performance) to inform ongoing funding decisions.

### **Program Recommendations**

When designing your project, consider:

- The maximum number of sites at which you can expand hours to support patient access to health center services.
- Addressing issues that contribute to health disparities among current patients and other residents in the service area.
- Your team's cultural and clinical competence.<sup>17</sup>
- Scheduling barriers that impede patients' ability to access care during your current operating hours, including patients' nontraditional work schedules, lack of sick leave, and childcare needs.
- Other barriers to care that may include transportation issues, language assistance, and the need for other non-clinical services that support access to health care and improved health outcomes.
- Your workforce well-being and safety.
- Establishing or enhancing partnerships to support referring patients who can benefit from your increased hours of operation.

You can change the way services are delivered, but you may not add a new service to scope with this funding.<sup>18</sup>

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<sup>17</sup> Refer to the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#) for additional information.

<sup>18</sup> All uses of EH funds must align with your H80 [scope of project](#). Refer to the Change in Scope questions under Scope of Project at [Health Center Program Compliance Frequently Asked Questions](#) and [Updating Form 5A: Services Provided](#) for more information. As a reminder, you must request all scope adjustments outside of this application.

If you use broadband or telecommunications services to provide health care, discounts are available through the Federal Communication Commission’s Universal Service Program. For more information, see the [Rural Health Care Program](#). The [Affordable Connectivity Program](#) (ACP) and [Lifeline](#) are federal programs that help eligible households pay for internet services and internet connected devices. Patients living on tribal lands may be eligible for additional benefits through ACP.

**Program-Specific Instructions**

Include application requirements and instructions from Sections 4 and 5 of the *Two-Tier Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

**i. Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 5.1.ix of the *Two-Tier Application Guide*. In addition, provide your Health Center Program grant number (H80CSXXXXX) and a brief summary of how your proposal for increasing hours of operation will meet identified needs in your community.

**NARRATIVE GUIDANCE**

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you address everything. We will consider any forms or attachments you reference in a narrative section during the merit review.

| <b>Narrative Section, Forms, Attachments</b>  | <b>Review Criteria</b>                 |
|---|--|
| Need section  | Criterion 1: Need                      |
| Response section<br>Project Overview Form<br>Form 5B - Select Site(s) From Scope Form   | Criterion 2: Response                  |
| Collaboration section   | Criterion 3: Collaboration             |
| Resources/Capabilities section<br>Project Overview Form<br>Equipment List Form (if applicable)<br>Minor A/R Budget Justification (as part of the A/R Project Cover Page, if applicable) | Criterion 4:<br>Resources/Capabilities |
| Impact section<br>Project Overview Form   | Criterion 5: Impact                    |

| Narrative Section, Forms, Attachments   | Review Criteria                |
|---|--------------------------------|
| Budget Narrative<br>SF-424A Budget Information Form<br>Equipment List Form (if applicable)<br>Minor A/R Budget Justification (as part of the A/R Project Cover Page, if applicable) | Criterion 6: Support Requested |

**ii. Project Narrative**

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Use the section headers. This ensures reviewers can understand your proposed project. The *Support Requested* section does not require a written narrative and will be scored based upon information in other application components.

*NEED*-- Corresponds to [Section V. Review Criterion 1: Need](#)

1. Describe how you determine that your current hours of operation are responsive to patient and community needs. Include how you collect patient input to determine your hours and how you ensure that your hours continue to meet patient needs over time.
2. Describe the needs that your proposed expanded hours, and services to be provided in those hours, will address. Be specific to the needs of current patients and other service area residents, including those experiencing health disparities. Support your description with data from each of the following sources.
  - a. Your latest health center needs assessment;<sup>19</sup>
  - b. Your patient service utilization data;<sup>20</sup>
  - c. Community-wide health needs assessments (such as those conducted by a hospital, health department, or other organization that serves the service area);
  - d. Patient input from sources such as annual surveys, focus groups, patient board members, and other means; and
  - e. Information provided by other service area residents who are not current patients.

Provide an explanation if any of these data sources are unavailable, or not current or specific to your patients and service area residents.

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<sup>19</sup> Refer to [Chapter 3: Needs Assessment](#) of the Compliance Manual.

<sup>20</sup> Use the utilization data that best supports your proposed project. For example, if you are adding more weekend operating hours, consider including data you have collected that demonstrates wait times for weekend appointments are longest.

*RESPONSE-- Corresponds to [Section V. Review Criterion 2: Response](#)*

Complete the Project Overview Form in EHBs. In this form, you will provide site-specific details about your proposed project, including key, time-framed tasks for adding hours. Reviewers will assess information you provide in the Project Overview Form together with the responses to the questions below to provide a score for your *Response*. Refer to the [EH technical assistance webpage](#) for an example Project Overview Form.

1. Describe how you determined the following, and include how these decisions will maximize the benefit of expanded hours to your patients and community by addressing identified needs described in the [NEED](#) section:
  - a. The number of sites where you will increase hours of operation.
  - b. Which sites would be selected.
  - c. The types of services you plan to offer during the additional hours.
2. Describe your proposed increase in hours of operation, including:
  - a. The additional hours your sites will be open, such as new weekend or evening hours.
  - b. The other options available for your patients to access primary health care services during your additional hours, other than at your health center.
  - c. How the additional hours are responsive to the identified needs described in the [NEED](#) section.
3. Describe how the services that will be available during increased hours of operation address needs described in the [NEED](#) section. The service information you describe here will be more detailed than the service categories you selected on the Project Overview Form. For example, if you selected medical on the Project Overview Form, you should describe the specific services you'll offer during your increased hours of operation (such as gynecological or pediatric).<sup>21</sup>
4. Describe how the additional operational hours will reduce non-urgent visits to emergency departments.
5. Describe how you will advertise your increased hours of operation to your current patients and other residents of your service area.

*COLLABORATION-- Corresponds to [Section V. Review Criterion 3: Collaboration](#)*

1. Describe any existing or new partnerships or collaborative arrangements that will support implementation of your proposed project. Include partners that will promote your increased hours of operation, refer patients to the health center, and address patients' health related social needs that impact access to care.

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<sup>21</sup> Reminder: in-person services are required. Telehealth is optional.

2. If applicable, describe how you will coordinate with other providers in your service area (such as other health centers, rural health clinics, and critical access hospitals) to ensure that you address patients' comprehensive needs during your expanded hours.

*RESOURCES/CAPABILITIES-- Corresponds to [Section V. Review Criterion 4: Resources/Capabilities](#)*

1. Describe your past expansion efforts (such as changes in hours, services, and/or minor A/R projects) and how lessons learned informed your proposed project.
2. Describe your clinical and non-clinical workforce plan to support successfully increasing hours of operation at your service sites.
3. Describe your plans to help ensure safety of patients and staff, as applicable. For example, if you propose to stay open late in the evening and security is a concern, you may tell us about your plans to expand or add new trauma informed safety practices or personnel.
4. If your proposal includes minor alteration and renovation activities (A/R), describe how they are necessary to successfully implement your project and your ability to complete your planned minor A/R activities within 12 months of award.
5. Describe how you will maintain additional operating hours and sustain services provided with EH funding throughout the 2-year period of performance and beyond.

*IMPACT-- Corresponds to [Section V. Review Criterion 5: Impact](#)*

1. Describe how you estimated the proposed increase in patients based on the identified need and increased hours of operation noted on your Project Overview form.
2. Describe how and how often you will assess the extent to which the hours, site(s), and services you selected are:
  - a. Meeting the identified needs of current patients and other residents of your service area.
  - b. Increasing patients/visits.
  - c. Reducing patients' non-urgent use of emergency departments.
3. Describe how you will use your findings from your assessments noted above to adjust your project over the 2-year period of performance.

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

Attach the budget narrative and complete the SF-424A, Equipment List (if applicable), and Minor A/R Budget Justification form (as part of the A/R Project Cover Page, if applicable) in EHBs to reflect a proposed budget that will reasonably support the size and scope of your proposed project, including total number of additional hours, number

of sites, and service types. To access complete instructions and preview the forms to be completed in EHBs, visit the [EH TA webpage](#). You are not required to write a *Support Requested* section in your Project Narrative.

### iii. **Budget**

Follow the instructions in Section 5.1. iv Budget of the *Two-Tier Application Guide* and any specific instructions listed in this section. Your total budget<sup>22</sup> for EH should show a well-organized plan.

**Reminder:** The total budget for this project are all allowable (direct **and** indirect) costs<sup>23</sup> used for EH. This includes costs charged to the award and non-federal funds used to support the project.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)\*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 5.1.v. Budget Narrative in the *Two-Tier Application Guide*.

\**Note:* One exception is a governmental department or agency unit that receives more than \$35 million in direct federal funding.

You may use up to \$150,000 in year 1 for one-time costs necessary to meet the EH objectives, including:

- Minor alteration/renovation (as defined in [Appendix B: Equipment and Minor A/R Requirements](#), the total federal and non-federal cost of the alteration/renovation project must be less than \$1,000,000, excluding the cost of moveable equipment), and/or
- Moveable equipment that costs \$5,000 or more.

Your total budget must:

- Include the amount of EH funds to be awarded (up to \$500,000 each year).
- Include all non-federal funds that will support your proposed project.
- Comply with all related HHS policies and other federal requirements.<sup>22</sup> You have discretion about how you propose to allocate the total budget between EH federal funds and other funding that supports the project if you are following the outlined policies and federal requirements.
- Directly relate to and support the proposed project.

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<sup>22</sup> See [Chapter 17: Budget](#) of the Compliance Manual.

<sup>23</sup> For details on allowable costs, see 45 CFR part 75 at <https://www.ecfr.gov/current/title-45/part-75>.



All activities must be carried out consistent with Health Center Program requirements as described in the [Health Center Program Compliance Manual](#), including those associated with [Chapter 9: Sliding Fee Discount Program](#) and [Chapter 17: Budget](#).

## **Program Income**

The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from other revenue sources such as state, local, or other federal grants or contracts; private support; and income generated from fundraising, and donations/contributions.

In accordance with § 330(e)(5)(D) of the PHS Act relating to the use of non-grant funds, health centers shall use non-grant funds, including funds in excess of those originally expected, “as permitted under this section [§ 330],” and may use such funds “for such other purposes as are not specifically prohibited under this section [§ 330] if such use furthers the objectives of the project.”

## **Specific Instructions**

As required by the Further Consolidated Appropriations Act, 2024 (P.L. 118-47), Division D, Title II § 202, “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.” Effective January 2024, the salary rate limitation is \$221,900. As required by law, salary rate limitations may apply in future years and will be updated.

## **Budget Information Form (SF-424A)**

Complete the Budget Information Form in EHBs. The budget information in these sections must match the total cost of your EH project for year 1, except Section E, which records year 2. You should scale the federal funding amount you request to reflect the size and scope of your proposed project, including total number of additional hours, number of sites, and types of services you can support with the requested budget.

- Section A – Budget Summary: Under New or Revised Budget, in the Federal column, enter the federal funding requested for year 1 (up to \$500,000) for each type of Section 330 funding that you currently receive. The types are:
  - Section 330(e) Community Health Center
  - Section 330(g) Migrant Health Center
  - Section 330(h) Health Care for the Homeless
  - Section 330(i) Public Housing Primary Care

We will award funding based on your current H80 award proportions. Enter all other project costs in the Non-Federal column. Leave the Estimate Obligated Funds column blank.

- Section B – Budget Categories: Enter an object class category (line item) budget for year 1, broken out by federal and non-federal funding. The amounts for each category in the Federal and Non-Federal columns, as well as the totals, should align with the Budget Narrative. You may request up to \$150,000 for equipment and/or minor A/R. If you request funds for equipment, include that amount on the equipment line. If you request funds for minor A/R, include that amount on the construction line. Plan to complete minor A/R in year 1.
- Section C – Non-Federal Resources: Enter all sources of funding for year 1 except for the federal funding request. The total in Section C must be consistent with the Non-Federal Total in Section A. When providing Non-Federal Resources by funding source, include other federal funds supporting the proposed project in the “other” category.
- Section D – Forecasted Cash Needs: Leave this section blank.
- Section E – Budget Estimates of Federal Funds Needed for Balance of the Project: Enter the federal funding request (up to \$500,000) for year 2 in the (a) First column. The other columns must remain \$0.
- Section F – Other Budget Information: If applicable, explain amounts for individual object class categories that may appear to be out of the ordinary in Direct Charges. Enter the type of indirect rate (provisional, predetermined, final, fixed, or de minimis) that will be in effect during the period of performance.

#### iv. **Budget Narrative**

EH requires a detailed budget narrative that outlines federal and non-federal costs by object class category for **each requested 12-month period** (budget year) of the 2-year period of performance. The sum of line-item costs for each category must align with those presented on the SF-424A Budget Information Form. See Section 5.1.v. of the *Two-Tier Application Guide*.

For year 2, the narrative should highlight the changes from year 1 or clearly indicate that there are no substantive changes. See the [EH TA webpage](#) for an example Budget Narrative.

Your budget narrative must:

- Demonstrate that you will use EH funds to increase the number of hours that you provide services to patients.
- Clearly detail proposed costs for each line item on your SF-424A Budget Information Form, section B, with calculations for how you estimated each cost.
- Not include ineligible costs.
- Not exceed \$150,000 in one-time costs.

- Provide us with enough information to determine that you will use EH funds separately and distinctly from other Health Center Program support (for example, H80 awards).
- Include a Table of Personnel to be Paid with Federal Funds, as shown in the example in the *Two-Tier Application Guide*.
- Align with your minor A/R project budget justification (uploaded as part of the A/R Project Cover Page) and the Equipment List Form, as applicable.

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

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

#### **v. Program-Specific Forms (Submit in EHBs)**

For **Phase 1**, you will submit the required SF-424 information through Grants.gov. For **Phase 2**, you will submit supplemental information through EHBs.

All of the following forms are required, as applicable. Because information you provide in some forms will automatically populate in other forms, you should fill out these forms in the following order:

- 1) H80 Grant Number
- 2) Form 1B – Funding Request Summary
- 3) Form 5B – Select Site(s) from Scope
- 4) Alteration/Renovation (A/R) Information (if applicable)
- 5) Alteration/Renovation (A/R) Project Cover Page (if applicable)
- 6) Other Requirements for Sites (if applicable)
- 7) Project Overview
- 8) Equipment List (if applicable)

To access complete instructions and preview the forms you will complete in EHBs, visit the [EH technical assistance webpage](#).

#### **vi. Attachments**

**Provide the following attachments in the order we list them.**

**Most attachments count toward the [application page limit](#).** Indirect cost rate agreement and proof of non-profit status (if it applies) are the only exceptions. They will not count toward the page limit.

**Clearly label each attachment.** Upload attachments into the application. Reviewers will not open any attachments you link to.

*Attachment 1: Other Relevant Documents (if applicable)*

- Upload an indirect cost rate agreement, if applicable.
- Include other relevant documents to support the proposed project.
- Do not upload more than five files.

### **3. Unique Entity Identifier (UEI) and System for Award Management (SAM)**

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a Data Universal Numbering System (DUNS) number to apply. For more details, visit the [General Service Administration's UEI Update](#) webpage.

After you register with SAM, maintain it. Keep your information updated when you have:

- An active federal award,
- An application, or
- A plan that an agency is considering.<sup>24</sup>

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) is approved.

To register in Grants.gov, submit information in two systems:

- [System for Award Management \(SAM\)](#) ([SAM Knowledge Base](#))
- [Grants.gov](#)

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.

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<sup>24</sup> Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d).

- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called “notarized letter”) will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on the BUY.GSA.gov blog](#) to know what to expect.

For more details, see Section 3.2 of the *Two-Tier Application Guide*.

**Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.**

#### 4. Submission Dates and Times

##### Application Due Dates

- Your application is due in Grants.gov (**Phase 1**) by **June 24, 2024 at 11:59 p.m. ET.**
- Your supplemental application is due in EHBs (**Phase 2**) by **July 23, 2024 at 5 p.m. ET.**

We suggest you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unexpected events. See the *Two-Tier Application Guide’s* Section 9.2.5 – Summary of emails from Grants.gov.

EHBs allows the authorizing official (AO) to reopen the application in EHBs before the EHBs deadline. For additional details and step-by-step instructions with screenshots, refer to the [Reopen Submitted Applications webpage](#). The AO must resubmit the reopened application in EHBs by 5 p.m. ET on the EHBs due date for the application to be considered.

#### 5. Intergovernmental Review

The Health Center Program must follow the terms of [Executive Order 12372](#) in [45 CFR part 100](#).

See Section 5.1 ii of the *Two-Tier Application Guide* for more information.

#### 6. Funding Restrictions

The General Provisions in Division D, Titles II and V, that reference the Further Consolidated Appropriations Act, 2024 (P.L. 118-47) apply to this program. See Section 5.1 of the Application Guide for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

[45 CFR part 75](#) and the [HHS Grants Policy Statement](#) (HHS GPS) include information about allowable expenses. You cannot use EH funds for the following:

- Costs already paid for by other Health Center Program funds
- Costs not aligned with the EH purpose
- Activities inconsistent with the scope of project requirements
- Costs for services and activities that are not provided directly by or on behalf of the health center and health center project
- Purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology's [Health IT Certification Program](#).
- New construction activities, including additions or expansions
- Major alteration or renovation (A/R) projects valued at \$1,000,000 or greater in total federal and non-federal costs (excluding the cost of moveable equipment)
- Purchase and installation of trailers and prefabricated modular units
- Facility or land purchases
- Purchase of vehicles or mobile units

Under existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed. This includes all funds awarded under this notice.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 5.1 (**Funding Restrictions**) of the *Two-Tier Application Guide*. We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

## V. Application Review Information

### 1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We will use six criteria to review EH applications. Here are descriptions of the review criteria and their scoring points.

*Criterion 1: NEED (20 points) – Corresponds to [Section IV. Need](#)*

- The extent to which the applicant describes how their current hours of operation are responsive to patient and community needs, including how they collect patient input to determine their hours and how they ensure their hours continue to meet patient needs over time.
- The strength of the documented needs for expanded hours and the services to be provided during those hours based on:
  - Whether the needs identified are specific to the applicant’s current patients and other service area residents, including those experiencing health disparities.
  - How well the applicant supported the needs with data from:
    - The latest health center needs assessment;
    - Patient service utilization data;
    - Community-wide health needs assessment (such as those conducted by a hospital, health department, or other organization that serves the service area);
    - Information provided by current patients (such as data obtained from annual surveys, focus groups, patient board members, and other means); and
    - Information provided by other service area residents who are not current patients.
  - If any requested data were not provided or were not current or specific to the service area, the strength of the applicant’s explanation of why the data were not provided.

*Criterion 2: RESPONSE (20 points) – Corresponds to [Section IV. Response](#)*

Information regarding the applicant’s *RESPONSE* is contained in both the Project Narrative and the Project Overview Form.

- The extent to which the selection of sites, number of sites, and service selection is responsive to the identified needs and maximizes the benefit of expanded hours for current patients and for other residents in the applicant’s service area.
- The extent to which the proposed new hours of operation will address identified needs and provide a critical health care option when health care is currently limited or not available.
- The strength of the documented plan to increase hours of operation, including:
  - The inclusion of key tasks and deliverables.

- The reasonableness of the proposed increase in hours given the identified needs and requested budget.
- How services that will be available during additional hours will address identified needs.
- The likelihood of the implementation timeline to successfully increase hours of operation by the 6-month and 18-month targets.
- The extent to which the proposed services to be available during increased hours of operation will address identified needs.
- The impact of the proposed additional operational hours on non-urgent visits to emergency departments.
- The strength of the applicant's plan to advertise increased hours of operation.

*Criterion 3: COLLABORATION (10 points) – Corresponds to [Section IV. Collaboration](#)*

- The strength of the applicant's plan to collaborate with partners to support the implementation of the proposed project, including partners that will promote the increased hours, refer patients to the health center, and address patients' health related social needs.
- If applicable, the strength of the applicant's plan to coordinate with other providers to address patients' comprehensive needs during the expanded hours.

*Criterion 4: RESOURCES/CAPABILITIES (20 points) – Corresponds to [Section IV. Resources/Capabilities](#)*

- The extent to which lessons learned from past expansion efforts (such as changes in hours, services provided, and/or minor A/R projects) informed the proposed project.
- The strength of the applicant's clinical and non-clinical workforce plan to support successfully increasing hours of operation.
- If the application includes minor A/R, how well the applicant justifies the necessity of the minor A/R for project success, including the ability to complete minor A/R activities within 12 months of award.
- The strength of the applicant's plan to maintain additional operating hours and sustain services provided with EH funding throughout the 2-year period of performance and beyond.

*Criterion 5: IMPACT (20 points) – Corresponds to [Section IV. Impact](#)*

- The reasonableness of the estimated increase in patients based on the identified need and proposed number of increased hours of operation noted on their Project Overview form.



- The strength of the plan to determine how the hours, site(s), and services are meeting identified needs, increasing their patients and/or visits, and reducing patients' non-urgent use of emergency departments. Their plan should include the frequency of assessments.
- The strength of the plan to use findings from their assessments to adjust their project over the 2-year period of performance.

*Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to [Section IV. Support Requested](#)*

- The extent to which the budget proposal, which includes the SF-424A, budget narrative, equipment list (if applicable) and minor A/R budget (if applicable):
  - Is detailed and consistent across all components
  - Aligns with the proposed project
  - Will support meeting the requirements and success of the proposed project
  - Is appropriately scaled for the size and scope of the proposed project that includes total number of additional hours, number of sites, and service types.

## **2. Review and Selection Process**

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 6.3 of the *Two-Tier Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- Review past performance (if applicable)
- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO
- Other factors, including:
  - Distribution of awards
  - H80 Compliance status

### **Rural/Urban Distribution of Awards**

We will make aggregate awards in FY 2025 to ensure that the ratio of rural to urban target populations is not less than two to three or greater than three to two as set forth in § 330(e)(6)(B) of the PHS Act. To ensure this distribution, we may award funding to applications out of rank order.

## Compliance Status<sup>25</sup>

You will not receive EH funding if you meet either of the following criteria when we make funding decisions:

- You no longer receive H80 funding, or
- You have a 30-day condition on your H80 award related to a Health Center Program requirement.

### 3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may apply special conditions of award or decide not to fund your high-risk application ([45 CFR § 75.205](#)).

First, your application must get a favorable merit review. Then we will:

- Review past performance (if applicable).
- Review audit reports and findings.
- Analyze the cost of the project/program budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review, we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

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<sup>25</sup> See [Chapter 2: Health Center Program Oversight](#) of the Compliance Manual.

## VI. Award Administration Information

### 1. Award Notices

The Notice of Award (NOA) is issued on or around the [start date](#) listed in the NOFO. See Section 6.4 of the *Two-Tier Application Guide* for more information.

### 2. Administrative and National Policy Requirements

See Section 2.1 of the *Two-Tier Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of [45 CFR part 75](#), currently in effect.
- The termination provisions in [45 CFR 75.372](#). No other specific termination provisions apply.
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: [2 CFR § 200.301 Performance Measurement](#).
- Any statutory provisions that apply.
- The [Assurances](#) (standard certification and representations) included in the annual SAM registration.

### Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [HHS Office for Civil Rights website](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at [HRSACivilRights@hrsa.gov](mailto:HRSACivilRights@hrsa.gov).

### Executive Order on Worker Organizing and Empowerment

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages

you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

### Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR § 75.101 Applicability](#) gives details.

### Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

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|--|---|
| <b>Where award funding involves:</b><br>Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act | <b>Recipients and subrecipients are required to:</b><br>Use health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit <a href="https://www.healthit.gov/topic/certification-ehrs/certification-health-it">https://www.healthit.gov/topic/certification-ehrs/certification-health-it</a> to learn more. |
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### 3. Reporting

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

1. **Federal Financial Report.** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA.
2. **Non-Competing Continuation (NCC):** – Recipients must submit, and we must approve, an NCC progress report to release year 2 funding (dependent upon congressional appropriation, satisfactory performance, and a determination that continued funding would be in the government's best interest). You will receive an email via EHBs when it is time to begin working on the NCC.

Your NCC will collect the following, and may collect additional information:

- Implementation progress.

- Minor A/R activities progress (if applicable).
  - Reference to any Scope Adjustments related to EH funding.
  - Explanation of lack of progress on increasing your hours of operation, if applicable.
3. **Semi-Annual Progress Reports.** Recipients will complete semi-annual reports to describe accomplishments and barriers toward implementing your proposed project, building on details submitted in the NCC.

Progress reports following your NCC will collect some or all the following, depending on the timing of the report, and may include additional information:

- Implementation progress.
  - Reference to any Scope Adjustments related to EH funding. Remember that not achieving your proposed increase within 18 months of award could impact your ability to receive funding beyond the 2-year period of performance.
  - Lessons learned, challenges, and barriers.
4. **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information [Responsibility/Qualification](#) (formerly named FAPIIS), as [45 CFR part 75 Appendix I, F.3](#) and [45 CFR part 75 Appendix XII](#) require.

Further information on reporting requirements, including timing of reports, will be included in your NOA and posted to the [EH TA webpage](#).

## VII. Agency Contacts

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| <p><b>Business, Administrative, or Fiscal Issues</b></p> | <p>Clare Oscar and Saul Arana<br/>Grants Management Specialists<br/>Division of Grants Management Operations, OFAM<br/>Health Resources and Services Administration<br/>Call: 301-443-8862 or 301-443-6555<br/>Email: <a href="mailto:coscar@hrsa.gov">coscar@hrsa.gov</a> or <a href="mailto:sarana@hrsa.gov">sarana@hrsa.gov</a></p>  |
| <p><b>Program Issues or Technical Assistance</b></p>     | <p>Tyler Bysshe and Claire Giammaria<br/>Public Health Analysts, Office of Policy and Program Development<br/>Bureau of Primary Health Care<br/>Health Resources and Services Administration<br/>Call: 301-594-4300<br/>Contact: <a href="#">BPHC Contact Form</a></p> <ul style="list-style-type: none"> <li>• Under <i>Funding</i>, select <i>Applications for Notice of Funding Opportunities</i>, then <i>Expanded Hours</i></li> </ul> |

|  |   |
|--|---|
| <p><b>Grants.gov<br/>Contact Center<br/>for help applying<br/>through<br/>Grants.gov</b></p> | <p><b>Always get a case number when you call.</b><br/> Call: 1-800-518-4726 (International callers: 606-545-5035)<br/> (24 hours a day, 7 days a week, excluding federal holidays)<br/> Email: <a href="mailto:support@grants.gov">support@grants.gov</a><br/> Web: <a href="#">Search the Grants.gov Knowledge Base</a></p>            |
| <p><b>Health Center<br/>Program<br/>Support for help<br/>applying<br/>through EHBs</b></p>   | <p><b>Always get a case number when you call.</b><br/> (Monday–Friday, 8 a.m. – 8 p.m. ET, excluding federal holidays)<br/> Call: 1-877-464-4772<br/> Contact: <a href="#">BPHC Contact Form</a></p> <ul style="list-style-type: none"> <li>• Under <i>Technical Support</i>, select <i>EHBs Tasks/EHBs Technical Issues</i></li> </ul> |

**VIII. Other Information**

**Technical Assistance**

HRSA will hold a pre-application TA webinar for applicants seeking funding through this opportunity. Visit the EH TA webpage for resources that may support developing your application. See [TA details](#) in Summary of this NOFO.

**HRSA Primary Health Care Digest**

The [HRSA Primary Health Care Digest](#) is a weekly email newsletter with Health Center Program information and updates, including competitive funding opportunities. We encourage you and your staff to subscribe.

**Federal Tort Claims Act (FTCA) Coverage**

FTCA coverage for new services and sites is dependent, in part and where applicable, on HRSA approval of a post-award change in the scope of the project. For more information, review the [FTCA Health Center Policy Manual](#).

**Tips for Writing a Strong Application**

See Section 5.7 of the *Two-Tier Application Guide*.

## Appendix A: Page Limit Worksheet

Use this worksheet to ensure that the number of pages you upload into your application is within the 50-page limit. Do not submit this worksheet with your application.

### Reminders

- Standard Forms listed in Column 1 **do not** count against the page limit.
- Attachments listed in Column 2 that you upload into your Standard Forms **do** count toward the page limit unless otherwise noted.
- Program-Specific Forms in EHBs and attachments to those forms **do not** count against the page limit. For example, the documents you attach to your A/R Project Cover Page, such as schematics, do not count against the page limit. But if you upload them under Attachment 1, they do count toward the page limit.
- Your Indirect Cost Rate Agreement will not count against the page limit if you upload it under Attachment 1.

| <b>Standard Form or Application Section</b>                     | <b>Attachment File Name</b>                          | <b>Optional or Required</b> | <b>Pages in Your Attachments</b>            |
|---|--|-----------------------------|---|
| Grants.gov Application for Federal Assistance (SF-424 - Box 14) | Areas Affected by Project (Cities, Counties, States) | Optional                    | <i>My attachment = ___ pages</i>            |
| Grants.gov Application for Federal Assistance (SF-424 - Box 16) | Additional Congressional District                    | Optional                    | <i>My attachment = ___ pages</i>            |
| Grants.gov Application for Federal Assistance (SF-424 - Box 20) | Is the Applicant Delinquent On Any Federal Debt?     | Required if "Yes"           | <i>My attachment = ___ pages</i>            |
| Grants.gov Project/Performance Site Location Form               | Additional Performance Site Location(s)              | Optional                    | <i>My attachment = ___ pages</i>            |
| EHBs : Project Narrative  | Project Narrative                                    | Required                    | <i>My attachment = ___ pages</i>            |
| EHBs : Budget Narrative   | Budget Narrative                                     | Required                    | <i>My attachment = ___ pages</i>            |
| EHBs Appendices   | Attachment 1: Other Relevant Documents               | Optional                    | <i>My attachment = ___ pages</i>            |
| EHBs Program-Specific Forms                                     | Varied attachments to forms, as applicable           | Required as Applicable      | <i>Do not count against the page limit.</i> |
| <b>Page Limit for HRSA-25-084 is 50 pages</b>                   | <b>My total = ___ pages</b>                          |                             |   |

## Appendix B: Equipment and Minor A/R Requirements

You may use up to \$150,000 in Year 1 for one-time costs necessary to meet the EH objectives. If you request one-time funding, you must enter the amount requested on the SF-424A Budget Information Form in the Equipment and/or Construction object class categories.

One-time funding cannot be used for new construction activities, such as:

- Additions or expansions
- Work that requires ground disturbance, for example, new parking surfaces
- The installation of trailers or prefabricated modular units, or major A/R

For a minor A/R activity, the total federal and non-federal cost of the A/R project must be less than \$1,000,000, excluding the cost of moveable equipment.

Equipment includes moveable items that are non-expendable, tangible personal property (including IT systems) with a useful life of more than 1 year and a per-unit acquisition cost of \$5,000 or more. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space.

Costs for the attachment of equipment, flooring, paint, or carpeting to any stationary structure is considered A/R and must be included in your total A/R project costs.

Permanently affixed equipment (for example, heating, ventilation, and air conditioning, generators, lighting) is considered fixed equipment and categorized as A/R.

An allowable minor A/R project must be a stand-alone project consisting of work in an existing facility required to:

- Install fixed equipment
- Modernize, improve, and/or reconfigure the interior arrangements or other physical characteristics of a facility
- Repair and/or replace the exterior envelope
- Improve accessibility such as curb cuts, ramps, or widening doorways
- Address life safety requirements

If you request one-time funding, you must complete the Equipment List Form (if applicable) and the minor A/R Project Cover Page, Environmental Information Documentation (EID) Checklist, the A/R section of the Site Selection form, and Other Requirements for Sites form with accompanying attachments (if proposing minor A/R). Refer to the [EH TA webpage](#) for instructions.