

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



Health Resources & Services Administration

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2023

Bureau of Primary Health Care

Office of Policy and Program Development

**FY 2023 National Training and Technical Assistance Partner (NTTAP)  
Cooperative Agreements**

**Funding Opportunity Number:** HRSA-23-029

**Funding Opportunity Type(s):** Competing Continuation, New

**Assistance Listings Number:** 93.129

**Application Due Date in Grants.gov:** October 14, 2022

**Supplemental Information Due Date in EHBs:** November 14, 2022

**Ensure your SAM.gov 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:** August 17, 2022

Shivani Purvis and Julia Tillman  
Public Health Analysts, Office of Policy and Program Development  
Bureau of Primary Health Care  
Phone: (301) 594-4300  
Contact: [BPHC Contact Form](#)  
[NTTAP Technical Assistance webpage](#)

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

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

## 508 Compliance Disclaimer

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

## EXECUTIVE SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the fiscal year (FY) 2023 National Training and Technical Assistance Partner (NTTAP) Cooperative Agreements. The purpose of this funding opportunity is to support the development and delivery of training and technical assistance (T/TA) that support health centers to:

- Deliver comprehensive care;
- Address emergent public health issues and health needs;
- Improve operational effectiveness and quality; and
- Advance health equity.

This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled before award.

|   |   |
|---|---|
| Funding Opportunity Title:  | Fiscal Year (FY) 2023 National Training and Technical Assistance Partner (NTTAP) Cooperative Agreements |
| Funding Opportunity Number:   | HRSA-23-029   |
| Due Date for Applications – <b>Grants.gov</b> :                                 | October 14, 2022 (11:59 p.m. ET)  |
| Due Date for Supplemental Information – <b>HRSA Electronic Handbooks (EHBs)</b> | November 14, 2022 (5:00 p.m. ET)  |
| Anticipated FY 2023 Total Available Funding:                                    | \$23.5 million  |
| Estimated Number and Type of Awards:  | Up to 22 cooperative agreements   |
| Estimated Annual Award Amount:  | Varies and is subject to the availability of appropriated funds.  |
| Cost Sharing/Match Required:  | No  |
| Period of Performance:  | July 1, 2023 through June 30, 2026 (3 years)  |

|                      |   |
|----------------------|---|
| Eligible Applicants: | <p>Eligible applicants include domestic public, non-profit, and for-profit entities, including tribes, tribal and faith-based organizations. New organizations and organizations currently receiving funding as NTTAPs may submit applications.</p> <p>See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.</p> |
|----------------------|---|

## **Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's [SF-424 Two-Tier Application Guide](#). Visit [HRSA's How to Prepare Your Application](#) page for more information.

## **Technical Assistance**

HRSA will hold a pre-application technical assistance (TA) call for applicants seeking funding through this opportunity. This TA session will provide an overview of this NOFO and an opportunity for applicants to ask questions. Call-in information, as well as additional application resources, frequently asked questions (FAQs), and sample forms and documents are available on the NTTAP Technical Assistance webpage (<https://bphc.hrsa.gov/program-opportunities/nttap>).

Visit "Apply for a Grant", available at <http://www.hrsa.gov/grants/apply>, for general (i.e., not NTTAP 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](https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic_id=USHHSHRSA_118).

## **Summary of Changes since the FY 2020 NTTAP Funding Opportunity**

- One new NTTAP type was added that will focus on Clinical Quality Improvement and Patient Safety.
- Name was updated from *Lesbian, Gay, Bisexual, Transgender (LGBT)* NTTAP to *Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+)* NTTAP.
- Minimum number of Activities and Learning Collaboratives was aligned with funding amounts. See [Table 1: Minimum Number of Activities and Learning Collaboratives by Funding Level](#).

- Program requirements for Learning Collaboratives were updated to remove the requirement for NTTAPs to lead Learning Collaboratives for each Objective, but now NTTAPs must lead a minimum number of Learning Collaboratives across all objectives.
- Program requirement for attendance at a HRSA-Sponsored NTTAP Forum was updated from the first budget period to during period of performance.
- National T/TA Center must now coordinate and conduct national health center T/TA needs assessment annually during both budget periods 1 and 2, with the intent that NTTAPs use the results to update their T/TA offerings in the following budget year.
- HRSA will establish standard measures to evaluate success (e.g., training utility, participant behavior change) that will be used by all NTTAPs.
- Key staff definition was updated.
- Competing Continuation applicants are no longer required to submit Non-competing continuation progress reports as part of their Competing Continuation application.
- *Partnering Organizations* was added as a new field in Project Work Plan (PWP).
- NTTAPs must now include publications as part of their T/TA Targets.
- NTTAPs must now include asynchronous T/TA sessions (e.g., views of recorded webinars) as part of their Participation Target.

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the fiscal year (FY) 2023 National Training and Technical Assistance Partner (NTTAP) cooperative agreements. NTTAPs develop, deliver, coordinate, and evaluate training and technical assistance (T/TA) to existing and potential Health Center Program award recipients and look-alikes (health centers)<sup>1</sup> nationwide, both directly and through collaborations with other Health Resources and Services Administration (HRSA) funded T/TA partners. FY 2023 NTTAP award recipients will receive funding to provide T/TA that support health centers to:

- Deliver comprehensive care;
- Address emergent public health issues and health needs;
- Improve operational effectiveness and quality; and
- Advance health equity.

HRSA will provide funding to NTTAPs to identify health center T/TA needs nationwide and to provide T/TA to support health centers that serve statutorily defined special populations, other health center populations, and through specified development areas. For more details and a list of all NTTAP types, refer to [Program Requirements and Expectations](#).

## 2. Background

NTTAPs are authorized by the Public Health Service Act, Title III, Section 330(I), (42 U.S.C. 254b(I)).

The Department of Health and Human Services (HHS) is committed to improving the health and well-being of the nation through [Healthy People 2030](#) (HP 2030), which establishes data-driven national health objectives and associated evidence-based interventions for priority public health issues. Addressing the impacts of social determinants of health (SDOH)<sup>2</sup> on health outcomes is a priority for HHS embodied in a

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<sup>1</sup> Existing health centers include both Health Center Program award recipients and look-alikes. Potential health centers include organizations that are applying for or seeking information about applying for an award (e.g., NAP, SAC) or look-alike designation.

<sup>2</sup> SDOH are 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. They also include factors like socioeconomic status, neighborhood and physical environment, social support networks, community, violence, and intimate partner violence. Per the Centers for Disease Control and Prevention, National Intimate Partner and Sexual Violence Survey (NISVS), intimate partner violence (IPV) is any form of physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse, and can have both direct and indirect effects on individual, family, and community health. Experiencing IPV impacts care seeking behaviors, and intersects with several critical public health priorities. IPV is among SDOH factors that can disproportionately affect underserved communities.

HP 2030 goal.<sup>3</sup> [Health centers](#) are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services and are uniquely positioned to understand and influence the impacts of SDOH and improve the health and well-being of the patients and communities they serve. NTTAPs maximize the impact of the Health Center Program through the development and delivery of T/TA to health centers to support clinical quality improvement and culturally appropriate care; to address barriers to seeking care (e.g., trauma, stigma, other SDOH risk factors); and to help improve health outcomes, reduce health disparities, and support community resiliency.<sup>4,5</sup>

Achieving health equity<sup>6</sup> is essential to HHS' mission of protecting the health of Americans and providing essential human services. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. The individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages that limit their access to needed services.<sup>7</sup> To further maximize the impact of the Health Center Program, HRSA encourages you to apply your understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences when addressing issues of equity related to your proposed NTTAP type.

Public health events, both natural and manmade, can exacerbate existing health disparities and deepen inequalities. These events include disasters and extreme climate variability that are intensifying and occurring more frequently. Certain populations experience disproportionate health effects resulting from climate change, such as increased likelihood of asthma diagnoses and more severe health responses or

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<sup>3</sup> Addressing Social Determinants of Health in Federal Programs: <https://aspe.hhs.gov/topics/health-health-care/addressing-social-determinants-health-federal-programs>

<sup>4</sup> 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](#); [Opportunity Zones: Guidance and Examples of language](#).

<sup>5</sup> 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](#).

<sup>6</sup> 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 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 \(Jan. 20, 2021\)](#).

<sup>7</sup> [Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 \(Jan. 20, 2021\)](#).

mortality caused by extreme temperatures.<sup>8</sup> In 2021, 35% of health centers across the United States (U.S.) were located in areas impacted by significant disaster and weather-related hazards.<sup>9</sup> HRSA is committed to positioning health centers to prepare for emergencies and maintain delivery of essential and routine health services in a rapidly evolving healthcare landscape through evidence-based innovative models of care.

HRSA developed the [Health Center Excellence Framework](#) (HCEF) as a tool to define health center performance across seven domains: Access and Affordability; Patient Experience; Quality, Patient Care and Safety; Population Health and Social Determinants of Health; Financial Sustainability; Workforce; and Governance and Management. The HCEF allows health centers to assess their current state of performance across the seven domains, identify a desired future state of performance, and identify data-driven and evidence-based capabilities, activities, behaviors, and resources needed to reach and sustain a higher level of domain performance. NTTAPs will collectively develop, deliver, coordinate, and evaluate T/TA opportunities for health centers across all seven HCEF domains to help health centers improve performance.

NTTAPs will also develop and coordinate their T/TA resources with other HRSA-supported T/TA providers, including other NTTAPs, State and Regional Primary Care Associations (PCAs), and Health Center Controlled Networks (HCCNs) in order to maximize the impact of all HRSA-supported T/TA resources.

## **Program Requirements and Expectations**

### **Training and Technical Assistance**

For the purposes of this funding opportunity, *training* is defined as an educational tool designed to teach key concepts related to a particular topic, which is often delivered in small or large group settings. *Technical assistance* is the process of providing targeted support to an organization to facilitate quality or performance improvement.

T/TA activities can take many forms, which can include but are not limited to:

- Developing and delivering training courses, seminars, and workshops to achieve a higher level of performance in one or more HCEF domains;
- Developing relevant content for conferences that will be available online for no charge after the conference;
- Conducting consultations to facilitate health center implementation of roadmap/best practices covered in a previously attended learning collaborative;
- Developing and sharing digital resources such as readiness tools, implementation manuals, and fact sheets;

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<sup>8</sup> The term socially vulnerable populations encompasses four populations: low-income, minority, no high school diploma, and 65 and older. EPA. 2021. Climate Change and Social Vulnerability in the United States: A Focus on Six Impacts. U.S. Environmental Protection Agency, EPA 430-R-21-003. <https://www.epa.gov/cira/social-vulnerability-report>

<sup>9</sup> HRSA analysis of number of active health centers located in FEMA-designated disasters and impacted counties.



- Identifying, disseminating, and facilitating the implementation of evidence-based and promising practices; and
- Facilitating health center peer-to-peer training and mentorship.

Training audiences will include both learning collaborative audiences and national audiences. Learning collaborative audiences include small groups of health centers that come together to study or learn about a particular topic area and model the implementation of successful interventions. National audiences include a wider potential health center target audience such as health centers attending a national conference or participating in a webinar that has broad applicability and/or is more didactic and short-term than a learning collaborative.

### **NTTAP Categories and Types**

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

- **Special Populations (9 awards) category:**
  - Migratory and Seasonal Agricultural Workers type (5 awards)
  - People Experiencing Homelessness type (2 awards)
  - Residents of Public Housing type (2 awards)
- **Other Health Center Populations (4 awards) category:**
  - Asian Americans, Native Hawaiians and other Pacific Islanders type (1 award)
  - Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+)<sup>10</sup> type (1 award)
  - School-Aged Children type (1 award)
  - Older Adults type (1 award)
- **Development Areas (8 awards) category:**
  - Capital Development and Growth type (1 award)
  - Clinical Quality Improvement and Patient Safety type (1 award)
  - Clinical Workforce Development type (1 award)
  - Health Information Technology and Data type (1 award)
  - Health Workforce Recruitment and Retention type (1 award)
  - Intimate Partner Violence and Human Trafficking Prevention type (1 award)
  - Medical-Legal Partnerships type (1 award)
  - Oral Health Care type (1 award)
- **National T/TA Center category and type (1 award)**

### **NTTAP Program Requirements**

NTTAPs will develop, deliver, coordinate, and evaluate T/TA activities for existing and potential health centers. T/TA activities will support achievement of Objectives outlined

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<sup>10</sup> The 'plus' represents sexual orientations and gender identities not specifically covered by the five letters.

in [Appendix C: NTTAP Types and Required Objectives](#).

For the purposes of this funding opportunity:

- You will monitor factors that are or have the potential to impact health centers to inform your T/TA activities and support HRSA awareness of issues that may affect health centers' ability to maximize their impact and effectively address HRSA priorities, including achieving key programmatic results with supplemental funds awarded to health centers.
- You will support health centers to identify and implement evidence-based and promising practices and innovations in ways that are most effective for the population or development area of your NTTAP type.
- You will leverage health centers' shared experience and data, along with evidence-based and promising practices and innovations to increase patient-centered care and improve health outcomes.
- You will engage and collaborate with other HRSA-supported T/TA partners (e.g., PCAs, HCCNs), to share data on T/TA needs, coordinate and align T/TA activities, and share T/TA resources and tools that have the potential to amplify T/TA impact and reduce duplication of effort.
- You will participate in the HRSA-Sponsored NTTAP Forum that will be convened during the period of performance.
- You will collect, analyze, and share the evaluation results of your T/TA with HRSA, and you will share results with health centers and HRSA-supported T/TA partners, as appropriate.
- You will contribute to a national health center T/TA needs assessment that covers topics relevant to your NTTAP type, as coordinated by the National T/TA Center.
- You will initiate T/TA delivery within 60 days of award.
- You will ensure access to T/TA resources to the widest possible health center audience nationwide without regard to health center award or designation status, NTTAP membership status, or location.
- You will provide T/TA supported solely with HRSA funds at no charge. If T/TA is funded with a mix of HRSA and non-HRSA funds, charging participants to offset non-HRSA funded costs is permissible if you can demonstrate that the charge is not a barrier to access (e.g. the training will be accessible online without charge).
- You will make the T/TA you develop with HRSA funds available through the Health Center Resource Clearinghouse<sup>11</sup> operated by the National T/TA Center.<sup>12</sup>

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<sup>11</sup> The National Resource Center for Training and Technical Assistance serves as the vehicle through which all of the national training and technical assistance partners collaborate and coordinate activities to support health centers. The Health Center Resource Clearinghouse is the National Resource Center's online repository of informational resources which they have collected and organized and have made available to assist health professionals to create healthier communities. The Clearinghouse contains a summary of the resources and provides weblinks to the resources' original locations and often to the organizations' own webpages.

<sup>12</sup> To see the current version of the Health Center Resource Clearinghouse, visit <https://www.healthcenterinfo.org/>.

- You will make steady progress towards your Objective Targets throughout the 3-year period of performance.
- You must have a minimum number of Activities and lead a minimum number of Learning Collaboratives that support Objective achievement every budget period. See [Table 1: Minimum Number of Activities and Learning Collaboratives by Funding Level](#) below.
- Your minimum number of Learning Collaboratives must:
  - Align with your project objectives and be tailored to health center needs, including planning periods, action periods, coaching, scaled implementation of models, and evaluation.
  - Include health center-level objectives that are clear, specific, data-driven, and measurable.
  - Include a minimum of 10 unique health centers organizations or health center sites, with the majority being funded health centers.
  - Identify your organization as the NTTAP lead.
  - Include documentation of commitment from participating health center leadership.<sup>13</sup>
  - Include at least 4 sessions in each budget period.
- **For National T/TA Center Only:**
  - Coordinate and conduct the national health center T/TA needs assessment two times per period of performance (budget year 1 and 2). Needs assessments may target different topic areas from year to year in order to obtain more granular results in a particular area.
  - Use the needs assessment results from one budget period to inform T/TA offered in the following budget year.
  - Maintain the Health Center Resource Clearinghouse.<sup>14</sup>

**Table 1: Minimum Number of Activities and Learning Collaboratives by Funding Level**

| <b>Base Funding Level</b> | <b>Minimum number of activities across all objectives per budget period</b> | <b>Minimum number of learning collaboratives led per budget period</b> |
|---------------------------|---|--|
| \$0—\$550,000             | 16 minimum activities   | 2 learning collaboratives  |
| \$550,001—\$1,000,000     | 20 minimum activities   | 3 learning collaboratives  |
| \$1,000,001—\$1,500,000   | 24 minimum activities   | 4 learning collaboratives  |

<sup>13</sup> Documentation should include approval of participation in all learning collaborative sessions and activities from a supervisor or designated member of the health center's leadership team.

<sup>14</sup> If a new applicant is awarded as the National T/TA Center through this NOFO, the current award recipient must conduct an orderly phase-out of the Health Center Resource Clearinghouse and transition the consolidated access to T/TA resources, as appropriate, to the FY23 National T/TA Center award recipient.

| Base Funding Level      | Minimum number of activities across all objectives per budget period | Minimum number of learning collaboratives led per budget period |
|-------------------------|--|---|
| \$1,500,001—\$2,000,000 | 32 minimum activities  | 5 learning collaboratives                                       |
| \$2,000,001—\$7,000,000 | 72 minimum activities  | 10 learning collaboratives                                      |

Failure to meet these requirements may jeopardize NTTAP funding per Uniform Guidance [2 CFR part 200](#) as codified by HHS at [45 CFR part 75](#). HRSA will assess award recipients for compliance during the period of performance. When non-compliance is identified, HRSA will place a condition on the recipient’s award. If an organization fails to successfully resolve conditions, HRSA may withdraw support through cancellation of all or part of the cooperative agreement award (see penalties for noncompliance outlined by [45 CFR 75.371](#)).

**II. Award Information**

**1. Type of Application and Award**

Type(s) of applications sought:

- Competing Continuation — A current NTTAP U30 award recipient whose period of performance ends June 30, 2023 that seeks to continue providing health center T/TA.
- New — An organization not currently receiving NTTAP funding that seeks to provide national T/TA as one of the NTTAPs outlined in the [Program Requirements and Expectations](#) section and listed in [Appendix C: NTTAP Types and Required Objectives](#).

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 planned project.

**In addition to the usual monitoring and technical assistance (TA) provided directly to award recipients, HRSA program involvement will include:**

- Collaborating with award recipients to refine and approve the [Project Work Plan](#) based on HRSA priorities, including priorities supported with supplemental funding, and changes in the health care landscape by identifying and prioritizing T/TA needs to be addressed using federal funds.
- Establishing standard measures that will be used by all NTTAPs to evaluate success (e.g., training utility, participant behavior change) that may evolve throughout the period of performance.
- Monitoring and supporting the implementation of the Project Work Plan through collaborative meetings, monthly calls, and progress report reviews.

- Reviewing and supporting the development of key deliverables, including approval of the publication plan and specialized materials for general distribution prior to publication, distribution, and/or online posting.
- Participating in NTTAP-related meetings, as appropriate.
- Coordinating with other Bureaus and Offices within HRSA to identify and support collaboration across and within programs.
- Identifying opportunities to coordinate activities with other federally funded cooperative agreements.
- Conducting an NTTAP site visit once per period of performance to review and assess [Program Requirements and Expectations](#) compliance, review activities and key accomplishments, and identify promising practices that support the T/TA needs of health centers.

**In addition to adhering to all applicable federal regulations and public policy requirements, the cooperative agreement recipient’s responsibilities shall include:**

- Collaborating with HRSA on refining and implementing the [Project Work Plan](#) based on HRSA priorities, supplemental funding, and changes in the health care landscape, to include updates needed based on changes at the national level.
- Providing input on standard measures that will be used by all NTTAPs to evaluate success.
- Engaging with HRSA to update Project Work Plans at least annually, or more frequently as needed (e.g., in response to site visit findings, to establish new Activities once current Activities are met).
- Providing a plan for publications to be created or disseminated with NTTAP funds and are intended for general audiences. The plan should include each publication’s purpose, target audience, title, publication type, summary description, expected impact and benefit, and projected publication date. Publications must also contain an acknowledgement of Federal funding in accordance with the requirements listed on the [Communicating and Acknowledging Federal Funding](#).
- Adhering to HRSA guidelines pertaining to data rights and required acknowledgement and disclaimer on **all products** produced with HRSA award funds<sup>15</sup>, as noted on the Notice of Award.
- Participating in HRSA and related stakeholder meetings, as appropriate.
- Coordinating with national, federal, and state organizations to strengthen Project Work Plan development and implementation.
- Ensuring compliance with NTTAP [Program Requirements and Expectations](#), including that activities, supported in whole or in part with NTTAP funds, are available to all existing and potential health centers, regardless of Health Center Program award or look-alike status, NTTAP organization membership, and/or location.
- Participating in a HRSA-led NTTAP site visit once during the 3-year period of

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<sup>15</sup> Section VI.2 Data Rights details the government’s rights to publications developed with grant funding. [45 CFR Part 75.322\(d\)](#).

performance. Information about the current NTTAP site visit process is available in the [NTTAP Site Visit Guide](#).

## 2. Summary of Funding

HRSA expects approximately \$23.5 million to be available annually to fund 22 recipients. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to the maximum award amounts annually (reflecting direct and indirect, facilities and administrative costs) per year. 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 appropriately. You may apply for up to the maximum annual award amount for the NTTAP type you selected.

- **Special Populations (9 awards) category** (Migratory and Seasonal Agricultural Workers; People Experiencing Homelessness; Residents of Public Housing)
  - New applicants in this category may request up to \$550,000 annually
  - Currently funded applicants will receive communication directly from HRSA with the maximum annual award amount, based on their FY 2022 award.
- **Other Health Center Populations (4 awards) category:** New and currently funded applicants in this category may request up to the following maximum annual funding amount
  - Asian Americans, Native Hawaiians and other Pacific Islanders: \$550,000
  - Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+): \$625,000
  - School-Aged Children: \$550,000
  - Older Adults: \$550,000
- **Development Areas NTTAPs:** New and currently funded applicants in this category may request up to the following maximum annual funding amount:
  - Capital Development and Growth: \$1,170,000
  - Clinical Quality Improvement and Patient Safety (**new**): \$1,500,000
  - Clinical Workforce Development: \$550,000
  - Health Information Technology and Data: \$693,000
  - Health Workforce Recruitment and Retention: \$550,000
  - Intimate Partner Violence and Human Trafficking Prevention: \$550,000
  - Medical-Legal Partnerships: \$550,000
  - Oral Health Care: \$550,000
- **National T/TA Center:** New and currently funded applicants in this category may request up to \$6,625,000 annually.

The period of performance is July 1, 2023 through June 30, 2026 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for NTTAPs in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

Recipients may request supplemental funding at any point in their period of performance to address unique national health center T/TA needs that continue or

enhance activities within 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 non-duplicative of work performed by HRSA or other funding recipients. Supplemental funding will not be included in the funding level used to determine the minimum number of activities of learning collaboratives as listed in [Table 1: Minimum Number of Activities and Learning Collaboratives by Funding Level](#).

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

### **III. Eligibility Information**

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

Eligible applicants include domestic public or private, non-profit, or for-profit entities. Faith-based organizations, tribes, and tribal organizations are eligible to apply for NTTAP funding. New organizations and organizations currently receiving funding as an NTTAP under Section 330(l) may submit applications.

#### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

#### **3. Other**

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the maximum allowable funding for your NTTAP type, as outlined in the [Summary of Funding](#) section or communicated by HRSA
- Fails to satisfy the deadline requirements referenced in [Section IV.3](#)
- Does not include the Project Narrative as described in [Section IV.2.ii](#)

You may apply for only one NTTAP type listed in the [Program Requirements and Expectations](#) section.

NOTE: Multiple applications from an organization are not allowed.

HRSA will only accept and review your first validated electronic submission, under the correct funding opportunity number (HRSA-23-029), 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, you may reopen and revise your application prior to the EHBs deadline. 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 [Grants.gov: HOW TO APPLY FOR GRANTS](#) and the EHBs.

- **Phase 1 – Grants.gov** – Required information must be submitted and validated via Grants.gov with a due date of **October 14, 2022 at 11:59 p.m. ET**; and
- **Phase 2 – EHBs** – Supplemental information must be submitted via EHBs with a due date of **November 14, 2022 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).**

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-029 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 general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 Two-Tier Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA’s [SF-424 Two-Tier Application Guide](#). 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)
- Attachment Form (submit form with or without attachments)
- Project/Performance Site Locations (list only your administrative site address)
- Project Narrative Attachment Form (attach your project narrative)
- Grants.gov Lobbying Form
- Budget Narrative Attachment Form (attach your budget narrative)



- Budget Information – Non-Construction Programs (SF-424A)
- Key Contacts
- Project Abstract Summary

**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 HRSA [SF-424 Two-Tier Application Guide](#) for the Application Completeness Checklist to assist you in completing your application.

### **Application Page Limit**

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. The abstract is the standard form (SF) "Project\_Abstract Summary." If there are other attachments that do not count against the page limit, this will be clearly denoted in [Section IV.2.vi Attachments](#).

The abstract is no longer an attachment that counts in the page limit. Additionally, Indirect Cost Rate Agreement and proof of non-profit or public center status (if applicable) do not count in the page limit. However, if you use an OMB-approved form that is not included in the workspace application package for HRSA-23-029, it will count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

**It is important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit will not be read, evaluated, or considered for funding.**

**Applications must be complete, within the maximum page limit, validated by Grants.gov and EHBs under HRSA-23-009 before the [deadline](#).**

### **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 7: Other Relevant 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, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

***i. Project Abstract***

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 5.1.ix. of HRSA’s [SF-424 Two-Tier Application Guide](#).

### NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below 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   | Review Criteria            |
|---|----------------------------|
| Need section of the Project Narrative   | (1) Need                   |
| Response section of the Project Narrative<br>Form: <a href="#">Project Work Plan</a>  | (2) Response               |
| Collaboration section of the Project Narrative<br><a href="#">Attachment 5: Letters of Agreement</a>  | (2) Collaboration          |
| Evaluative Measures section of the Project Narrative  | (3) Evaluative Measures    |
| Resources and Capabilities section of the Project Narrative<br><a href="#">Attachment 1: Organizational Chart</a><br><a href="#">Attachment 2: Staffing Plan</a><br><a href="#">Attachment 3: Job Descriptions for Key Personnel</a><br><a href="#">Attachment 4: Biographical Sketches of Key Personnel</a><br><a href="#">Attachment 6: Summary of Contracts and Agreements</a> | (5) Resources/Capabilities |

| Narrative Section, Forms, and Attachments  | Review Criteria       |
|--|-----------------------|
| Support Requested section of the Project Narrative<br><a href="#">Budget Narrative</a><br><a href="#">Attachment 2: Staffing Plan</a><br><a href="#">Attachment 6: Summary of Contracts and Agreements</a><br><a href="#">Attachment 7: Other Relevant Documents</a> | (6) Support Requested |

**ii. Project Narrative (Required for Eligibility)**

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

Successful applications will contain the information below, specific to your proposed NTTAP type. Please use the following section headers for the narrative:

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

Information provided in this section must serve as the basis for the proposed Activities for Objectives, specific to your proposed NTTAP type (see [Appendix C: NTTAP Types and Required Objectives](#)).

- 1) Describe the needs and expected changes in the health care landscape for existing and potential health centers relevant to your selected NTTAP type:
  - a. **All NTTAP applicants must address:**
    - i. Access to comprehensive, affordable, culturally, and linguistically appropriate health services in a timely manner;
    - ii. Patient experience that is respectful of, and responsive to, individual preferences, culture, needs, values and helps guide clinical decisions;
    - iii. Clinical quality, patient care, and safety; and
    - iv. Health equity and social risk factors.
  - b. **Organizations applying as Capital Development and Growth NTTAP must also address:** Health center accounting, revenue cycle, and financial management.
  - c. **Organizations applying as Clinical Quality Improvement and Patient Safety NTTAP must also address:** Health center governance to promote a culture of quality improvement and patient safety, leadership, and management.
  - d. **Organizations applying as Clinical Workforce Development NTTAP must also address:** Health center workforce development of career pathways, team-based care, engagement, and retention.
  - e. **Organizations applying as Health Workforce Recruitment and Retention NTTAP must also address:** Health center workforce recruitment, development, engagement, retention.

- f. **Organizations applying as Migrant and Seasonal Agricultural Worker NTTAP must also address:** Health center governance, leadership and management.
  - g. **Organizations applying as National T/TA Center NTTAP must also address:**
    - i. Health center governance, leadership and management; and
    - ii. Health center workforce recruitment, development, engagement and retention.
- 2) Describe the data sources that inform your understanding of national T/TA needs of existing and potential health centers. Data must be specific to NTTAP type population of focus or developmental area (e.g., organizations applying for the Oral Health Care NTTAP must describe the sources of oral health care data used). Data sources may include, but are not limited to, Health Center Program data (e.g., Uniform Data System (UDS) reports), annual T/TA satisfaction survey results, participant feedback from past T/TA trainings, and the national health center T/TA needs assessment.
  - 3) Based on your current understanding of national T/TA needs of existing and potential health centers in the areas outlined above, discuss short- and long-term health center T/TA priorities specific to your proposed NTTAP type over the 3-year period of performance. For the purpose of this NOFO, short-term refers to the first 12 months of funding, while long-term refers to the remaining two years of the 3-year period of performance.

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

- 1) Complete the structured Project Work Plan (PWP) in EHBs (see [Appendix B: Project Work Plan](#) for instructions). The PWP must:
  - a) Include realistic and achievable Objective Targets to be attained by the end of the period of performance for each objective for your NTTAP type listed in [Appendix C: NTTAP Types and Required Objectives](#).
  - b) Include Objective Impact narratives that link proposed Activities to the attainment of the Objective Targets.
  - c) Outline Year 1 Activities for each Objective that are tailored to the needs of existing and potential health centers nationwide for your NTTAP type and are scaled to ensure attainment of the Objective Targets.
  - d) Include the required [number of activities and learning collaboratives](#) across all Objectives.
- 2) Describe how you will use data to evolve and/or modify activities in Years 2 and 3 of the period of performance to achieve the stated Objectives by the end of the period of performance (June 30, 2026). For *Objective 2: Emerging Issues*, include how you will evaluate the need to change the issue you will address throughout the period of performance.
- 3) Describe strategies that will leverage strengths (contributing factors) and overcome potential challenges (restricting factors) in implementing the Activities

described in the PWP, referencing the Key Factors included in the PWP as appropriate.

- 4) Discuss current or anticipated federal and/or national initiatives that may affect attainment of Objective Targets or result in the need to adjust planned Activities to better support health center achievement, and how you will take maximum advantage of new resources, avoid duplication of effort with other T/TA partners, and/or develop new or reprioritize existing partnerships.
- 5) Discuss how your proposed activities, systems, and existing processes will demonstrate compliance with the [Program Requirements and Expectations](#). Specifically:
  - a) How you will monitor and notify HRSA of factors that will affect health centers' ability to maximize their impact and effectively address HRSA priorities;
  - b) How you will incorporate evidence-based and promising practices into your T/TA;
  - c) How T/TA will be made available and accessible to existing and potential health centers, regardless of health center award or designation status, NTTAP membership, or location;
  - d) How the T/TA will be reviewed, submitted, and made available to the Health Center Resource Clearinghouse; and
  - e) How you will contribute to a national health center T/TA needs assessment coordinated by the National T/TA Center.
  - f) **Organizations applying as National T/TA Center NTTAP ONLY:** How you will coordinate and conduct the national health center T/TA needs assessment and maintain the Health Center Resource Clearinghouse.

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

- 1) List and describe existing and proposed T/TA partnerships with other HRSA-supported T/TA partners (e.g., other NTTAPs, PCAs, HCCNs)<sup>16</sup> and other regional and national organizations<sup>17</sup> (e.g., Regional Extension Centers, Telehealth Resource Centers, national clinical associations). Include the:
  - a) Name and organization type of T/TA Partner(s). For proposed NTTAP partnerships, list only the NTTAP type.
  - b) Status of the partnership (i.e., if collaboration/coordination is current, or planned for the purposes of supporting the proposed project).
  - c) Purpose of the partnership. Specify if the collaboration will: improve operational effectiveness; improve the delivery of comprehensive primary care; support connected health care communities; strengthen

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<sup>16</sup> List of HRSA T/TA partners can be found at: <https://www.hrsa.gov/library/index.html>

<sup>17</sup> This may include new partnerships with public health organizations developed through the COVID-19 response, national organizations focused on community health and social determinants of health, and organizations supported through the Department of Housing and Urban Development (HUD) Initiative for Unsheltered and Rural Homelessness and/or Administration for Community Living. More information about HUD and its programs is available at [www.hud.gov](http://www.hud.gov) and <https://espanol.hud.gov>.

preparedness, resiliency, and response to emergent health needs; and/or advance health equity.

- d) Description of the partnership that supports the proposed NTTAP project.
  - e) Description of how the partnership will reduce duplication of available health center T/TA.
- 2) Provide documentation as [Attachment 5: Letters of Agreement](#) of proposed collaborations from at least one other HRSA-supported T/TA partner and one regional or national organization (not including NTTAPs) that references the specific partnership and coordinated activities in support of the proposed NTTAP project.
  - 3) Discuss how you will contribute to and support the national health center T/TA needs assessment. Describe how you will collaborate with other NTTAPs to assess the T/TA needs of all current and potential health centers.
  - 4) Describe how your T/TA plans and Activities for Objectives shared across all NTTAP types (i.e., Access to Comprehensive Care, Emerging Issues, Preparedness for Emergencies and Environmental Impacts on Health, Health Equity) will be coordinated and aligned with other NTTAPs. Discuss your process for reducing duplication.
  - 5) **Organizations applying as Special Populations NTTAPs ONLY:** Describe how your T/TA plans and Activities will be coordinated and aligned with other Special Population NTTAPs (i.e., Migratory and Seasonal Agricultural Workers, People Experiencing Homelessness, Residents of Public Housing).

***EVALUATIVE MEASURES*** -- Corresponds to Section V's Review [Criterion 4: Evaluative Measures](#)

- 1) Describe a plan for evaluating T/TA Activities that:
  - a. Solicits and incorporates regular input on provided T/TA from existing and potential health centers, as well as from other HRSA-supported T/TA providers (e.g., PCAs, HCCNs, other NTTAPs).
  - b. Includes the use of valid, reliable, and consistent quantitative and qualitative data sources from existing and potential health centers, collaborative partners, and other national stakeholders to assess the quality, reach, and utility of T/TA activities, including progress towards PWP Training and Technical Assistance Session targets.
  - c. Ensures utilization of standard measures and consistent data sources to frequently monitor and measure impact, including progress towards PWP Objective Targets, Participant Behavior Change Targets, and expected outcomes.
  - d. Ensures the use of evaluation results to improve T/TA performance and validate selected objectives and activities under *Objective 2: Emerging Issues* as part of continuous quality improvement.

- 2) Describe your plan for dissemination of T/TA evaluation results to health centers and HRSA-supported T/TA providers (e.g., PCA, HCCNs, other NTTAPs), to the Health Center Resource Clearinghouse, and to the national health center T/TA needs assessment.
- 3) **Organizations applying as National T/TA Center NTTAP ONLY:** Describe your plan for disseminating the national needs assessment results to HRSA, health centers, and other HRSA-supported T/TA providers (e.g., PCAs, HCCNs, other NTTAPs).

**RESOURCES AND CAPABILITIES** -- Corresponds to Section V's Review [Criterion 5: Resources and Capabilities](#)

- 1) Demonstrate your capability to successfully provide national T/TA to existing and potential health centers by documenting your experience and expertise in:
  - a. Coordinating and providing health center T/TA activities of similar scope (focusing on both national and learning collaborative audiences), including a description of past performance, accomplishments, and lessons learned.
  - b. Forecasting, monitoring, and responding to potential and actual changes taking place in the health care environment or as requested by HRSA.
- 2) Describe how your organizational structure, including any contracts or agreements, (consistent with [Attachment 1: Organizational Chart](#), [Attachment 6: Summary of Contracts and Agreements](#)) is appropriate for the operational and oversight needs of the project.<sup>18</sup>
  - a. Describe how the proposed staffing plan submitted as [Attachment 2: Staffing Plan](#) is appropriate for the projected number and variety of T/TA Activities (national audience and learning collaborative) to be provided during the period of performance.
  - b. Describe a plan for recruiting and retaining staff to achieve or maintain the proposed staffing plan.
  - c. Describe your organization's financial accounting and internal control systems and how they, as well as related policies and procedures, will reflect Generally Accepted Accounting Principles (GAAP).<sup>19</sup>
- 3) Describe how the organization's key personnel (e.g., CEO/President, Project Director (PD), T/TA Director/Lead, Project Manager) are appropriate for the operational and oversight needs, scope, and complexity of the proposed project, including:
  - a. Defined roles (consistent with [Attachment 3: Job Descriptions for Key Personnel](#)), in particular the PD, or equivalent position, who is responsible for day-to-day management of NTTAP activities.
  - b. Skills and experience for the defined roles consistent with [Attachment 4: Biographical Sketches of Key Personnel](#).

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<sup>18</sup> NTTAP award recipients and contractors are subject to the HHS grant requirements set forth in [Uniform Guidance 2 CFR part 200 as codified by HHS at 45 CFR part 75](#) as applicable.

<sup>19</sup> GAAP are used as defined in [HHS Grants Policies and Regulations](#).

- c. If applicable, recent changes in key personnel or significant changes in roles and responsibilities.
- 4) Describe how you will ensure that proposed T/TA delivery will be initiated within 60 days of award by documenting that appropriate staff will be in place. Provide a timeline for hiring, onboarding, and staff development, as needed.

**SUPPORT REQUESTED** – Corresponds to Section V’s Review [Criterion 6: Support Requested](#)

- 1) Provide a consistent and detailed budget presentation through the submission of a SF-424A and Budget Narrative. Refer to Section IV.2.iv [Budget Narrative](#) for budget presentation instructions.
- 2) Describe how your budget is appropriate and reasonable for the proposed project, including alignment with the PWP and information provided in the attachments (e.g., [Attachment 2: Staffing Plan](#), [Attachment 6: Summary of Contracts and Agreements](#), [Attachment 7: Other Relevant Documents](#)).

**iii. Budget**

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 *Guide* will ensure that, if HRSA selects your 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 (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement as applicable.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103) “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 5.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Two-Tier Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

**iv. Budget Narrative**

See Section 5.1.v. of HRSA’s [SF-424 Two-Tier Application Guide](#). For each year, the sum of the line item costs for each category must align with those presented on the SF-424A Budget information Form.

The NTTAP NOFO requires a detailed budget narrative that outlines federal costs for each requested 1-year budget period of the 3-year period of performance (for example, the first budget period starts July 1, 2023 and ends June 30, 2024). In addition, provide a table of personnel to be paid with federal funds, as shown in the examples provided in the HRSA [SF-424 Two-Tier Application Guide](#) and Budget Narrative sample on the [NTTAP technical assistance webpage](#). For subsequent budget years, the Budget



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 NTTAP funds for costs that will advance progress on the NTTAP 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;
- Include attendance to one HRSA-sponsored NTTAP forum during the period of performance.
- Not include ineligible costs; and
- Not include non-federal funding.

*Note: Excel or other spreadsheet documents with multiple pages (sheets) may not print out in their entirety. Reviewers will only see information that is set in the “Print Area” of the document.*

#### **v. Program-Specific Forms**

You will submit the required SF-424 information through Grants.gov. This refers to Phase 2 of your application, supplemental information to be submitted through the EHBs.

**Form 1A:** This form includes key information about the applicant organization and proposed project. Refer to [Appendix A: Instructions for Completing Form 1A in the EHBs](#) for instructions on how to complete and submit this form in the EHBs.

**Project Work Plan:** This outlines your proposed T/TA activities to meet the required Objectives for your NTTAP Type. Refer to [Appendix B: Project Work Plan](#) for instructions on how to complete and submit these forms in EHBs.

#### **vi. Attachments**

Provide the following items in the order specified below. **Unless otherwise noted, attachments count toward the application page limit.** Your indirect cost rate agreement will not count toward the page limitation. **Clearly label each attachment.** You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

##### **Attachment 1: Organizational Chart**

Upload a one-page document that depicts your organizational structure, including key personnel, staffing, and any sub-recipients or affiliated organizations of the proposed NTTAP project, and effective date. Clearly indicate which positions are to be funded in whole or part by NTTAP cooperative agreement.

### ***Attachment 2: Staffing Plan***

Upload a table that identifies all personnel to be supported, in whole or in part, under the NTTAPs cooperative agreement. The staffing plan is a presentation and justification of all staff required to execute the project and should include: Position title, staff name (if the position is currently vacant, indicate “To Be Determined”), education and experience qualifications, a short description of responsibilities on the NTTAP project, percentage of Full Time Equivalent (FTE) dedicated to the project, and annual salary at the 1.0 FTE. Refer to the [NTTAP Technical Assistance webpage](#) for a sample Staffing Plan.

### ***Attachment 3: Job Descriptions for Key Personnel***

Upload current job descriptions for key personnel that are fully or partially funded through the NTTAP cooperative agreement (e.g. CEO/President, Project Director, T/TA Director/Lead, Project Manager). Indicate on the position descriptions if key positions are combined and/or part time. Limit each job description to **one page** and include, at a minimum, the position title; description of duties and responsibilities; position qualifications; supervisory relationships; skills, knowledge, and experience requirements; travel requirements; salary range; and work hours. Indicate if any of the positions are currently vacant.

### ***Attachment 4: Biographical Sketches of Key Personnel***

Upload biographical sketches for individuals occupying the positions described in the Job Descriptions for Key Personnel (Attachment 3). Biographical sketches should not exceed **two pages** each. When applicable, biographical sketches must include training, language fluency, and experience working with the cultural and linguistically diverse populations to be served.

### ***Attachment 5: Letters of Agreement***

Provide documentation of proposed collaborations from at least one other HRSA-supported T/TA partner (i.e., PCA, HCCN) and one regional or national organization that references their specific partnership and coordinated activities in support of the proposed NTTAP project. Letters of agreement must be dated, signed and addressed to your board, CEO, or other appropriate member of the management team, not HRSA staff.

If you cannot obtain a letter of agreement from an organization listed in your Project Narrative, include documentation of your efforts/requests to obtain the letters and any additional explanatory information

### ***Attachment 6: Summary of Contracts and Agreements (if applicable)***

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

- Name of organization.
- Type of contract or agreement (e.g., contract, Memorandum of Understanding or Agreement).

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

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

***Attachment 7: Other Relevant Documents (if applicable)***

If indirect costs are requested, upload your current Indirect Cost Rate agreement. Include your explanation if you are unable to attest to the Debarment, Suspension, and Voluntary Exclusion Certification. If you do not have a current agreement but still intend to request indirect costs, please state in your budget narrative that you intend to use the 10% de minimus rate. If desired, include other relevant documents to support the proposed project (e.g., charts, organizational brochures).

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

The UEI (SAM), a new, non-proprietary identifier assigned by [SAM](#), has replaced the UEI Data Universal Numbering System (DUNS) number.

Effective April 4, 2022,

- Register in SAM and you will be assigned your UEI within SAM.
- You will no longer use UEI (DUNS) and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM, CPARS, FAPIIS, eSRS, FSRS, FPDS-NG). 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 when you have: an active federal award, an active application, or an active 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 registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will 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.

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

For more details, see Section 3.1 of HRSA's [SF-424 Two-Tier Application Guide](#).

**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 application due date under this NOFO in Grants.gov (Phase 1) is **October 14, 2022 at 11:59 p.m. ET**. The due date to complete all other required information in EHBs (Phase 2) is **November 14, 2022 at 5 p.m. ET**. HRSA suggests you submit your 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 in HRSA's [SF-424 Two-Tier Application Guide](#) for additional information.

#### 5. Intergovernmental Review

NTTAP cooperative agreements 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 per year than the maximum allowable funding request for your proposed NTTAP (inclusive of direct **and** indirect costs) . 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 appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103 apply to this program. See Section 5.1 of HRSA's [SF-424 Two-Tier Application Guide](#) for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

[45 C.F.R. part 75](#) and the [HHS Grants Policy Statement](#) (HHS GPS) include information about allowable expenses. You cannot use funds under this notice for the following purposes:

- Direct patient care;

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

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 5.1 the [SF-424 Two-Tier Application Guide](#). Like all other applicable grant requirements, the effectiveness of these policies and procedures, and controls are 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. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

## V. Application Review Information

### 1. Review Criteria

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 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.

Six review criteria are used to review and rank NTTAP applications. Reviewers will evaluate and score the merit of the application based on these criteria. Below are descriptions of the review criteria and their scoring points.

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

Need data must be specific to the proposed NTTAP type and must reflect the conditions of existing or potential health centers.

- 1) The extent to which the applicant demonstrates a comprehensive understanding of the needs and expected changes in the health care landscape relevant to the selected NTTAP type, including:
  - a. **For all NTTAP applicants:**

- i. Access to comprehensive, affordable, culturally, and linguistically appropriate health services in a timely manner;
    - ii. Patient experience that is respectful of, and responsive to, individual preferences, culture, needs, values and helps guide clinical decisions;
    - iii. Clinical quality, patient care, and safety; and
    - iv. Health equity and social risk factors.
  - b. **For Capital Development and Growth NTTAP applicants:** Health center accounting, revenue cycle, and financial management.
  - c. **For Clinical Quality Improvement and Patient Safety NTTAP applicants:** Health center governance to promote a culture of quality improvement and patient safety, leadership, and management.
  - d. **For Clinical Workforce Development NTTAP applicants:** Health center workforce development of career pathways, team-based care, engagement, and retention.
  - e. **For Health Workforce Recruitment and Retention NTTAP applicants:** Health center workforce recruitment, development, engagement, and retention.
  - f. **For Migrant and Seasonal Agricultural Worker NTTAP applicants:** Health center governance, leadership and management.
  - g. **For Organizations applying as National T/TA Center NTTAP:**
    - i. Health center governance, leadership and management; and
    - ii. Health center workforce recruitment, development, engagement and retention.
- 2) The extent to which the applicant describes data sources that inform their understanding of national T/TA needs of existing and potential health centers within the selected NTTAP type (see [Appendix C: NTTAP Types and Required Objectives](#) for a list of Objectives by NTTAP type), citing data sources.
- 3) The extent to which the applicant describes both the short and long-term national T/TA priorities that reflects an understanding of national T/TA needs of existing and potential health centers in the areas outlined above. For the purpose of this NOFO, short-term refers to the first 12 months of funding, while long-term refers to the remaining two years of the 3-year period of performance.

**Criterion 2: RESPONSE (30 points) – Corresponds to Section IV [Response](#).**

- 1) The strength of the Project Work Plan (PWP), specifically the extent to which the PWP:
- a. Includes realistic and achievable Objective Targets to be attained by the end of the period of performance for each Objective for their NTTAP type.
  - b. Links PWP Objective Impact narratives to proposed Activities to the attainment of the Objective Targets.
  - c. Outlines Year 1 Activities for each Objective that are tailored to the needs of existing and potential health centers nationwide for their NTTAP type, and are scaled to ensure attainment of the Objective Targets.

- d. Includes the [required number of activities and learning collaboratives](#) across all Objectives for their NTTAP type, as outlined in Table 1.
- 2) The extent to which the applicant describes how data will be used to evolve or modify activities in Years 2 and 3 to achieve the stated Objectives by the end of the period of performance (June 30, 2026); including how, for *Objective 2: Emerging Issues*, they will evaluate the need to change the issue they will address throughout the period of performance.
  - 3) The extent to which the applicant provides strategies that will leverage strengths (contributing factors) and overcome potential challenges (restricting factors) in implementing the activities described in the PWP.
  - 4) The extent to which the applicant identifies current or anticipated federal and/or national initiatives that may affect Objective Target attainment or result in the need to adjust planned Activities to better support health center achievement, and how the applicant will take maximum advantage of new resources, avoid duplication of effort with other T/TA partners, and/or develop new or reprioritize existing partnerships.
  - 5) The degree to which the applicant demonstrates how proposed Activities, systems, and existing processes comply with the [Program Requirements and Expectations](#). Specifically, how they will:
    - a. Monitor and notify HRSA of factors that will affect health centers' ability to maximize their impact and effectively address HRSA priorities;
    - b. Incorporate evidence-based and promising practices into their T/TA;
    - c. Make T/TA available and accessible to existing and potential health centers, regardless of health center award or designation status, NTTAP membership, or location;
    - d. Review, submit, and make T/TA available to the Health Center Resource Clearinghouse; and
    - e. Contribute to a national health center T/TA needs assessment coordinated by the National T/TA Center.
    - f. **Organizations applying as National T/TA Center NTTAP ONLY:** Coordinate and conduct the national health center T/TA needs assessment and maintain the Health Center Resource Clearinghouse.

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

- 1) The extent to which the applicant describes existing and proposed T/TA partnerships with other HRSA-supported T/TA partners and other regional and national organizations, including:
  - a. The name and organization type of T/TA Partner(s) (i.e., PCA, HCCN), and/or lists the NTTAP type for proposed NTTAP partnerships.
  - b. The status of the partnership, including if it is current or planned for the purposes of supporting the proposed project.

- c. The purpose of the partnership, including if it will improve operational effectiveness; improve the delivery of comprehensive primary care; support connected health care communities; advance health equity; and/or reduce duplication of effort among health center T/TA providers.
  - d. A description of how the partnership will support the proposed NTTAP project.
  - e. A description of how the partnership will reduce duplication of available health center T/TA.
- 2) The extent to which the applicant demonstrates proposed collaborations that reference specific partnerships and coordinated activities in support of the proposed NTTAP project as documented in [Attachment 5: Letters of Agreement](#). At a minimum, the applicant must include a letter of support from at least one other HRSA-supported T/TA partner and/or one other regional or national organization (not including NTTAPs) in response to the collaboration section.
  - 3) The extent to which the applicant discusses how they will contribute to, and support the national health center T/TA needs assessment, including how the applicant will collaborate with other NTTAPs to assess the T/TA needs of all current and potential health centers.
  - 4) The extent to which the applicant describes how they will coordinate and align T/TA plans and activities for objectives shared across all NTTAP types (e.g., Access to Coordinated Care, Emerging Issues, Preparedness for Emergencies and Environmental Impacts on Health, Health Equity) with other NTTAPs, and includes the applicant's process for reducing duplication.
  - 5) **Organizations applying as Special Populations NTTAPs ONLY:** The extent to which the applicant describes how they will coordinate and align T/TA plans and activities with other Special Population NTTAPs (i.e., Migratory and Seasonal Agricultural Workers, People Experiencing Homelessness, Residents of Public Housing).

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

- 1) The extent to which the applicant describes how they will evaluate their T/TA activities. Specifically the extent to which their plan:
  - a. Solicits and incorporates regular input from existing and potential health centers, as well as from other HRSA-supported T/TA providers (e.g., PCAs, HCCNs, other NTTAPs) and does not duplicate the national health center T/TA needs assessment.
  - b. Includes the use of valid, reliable, and consistent quantitative and qualitative data sources from existing and potential health centers, collaborative partners, and other national stakeholders to assess the



- quality, reach, and utility of T/TA activities, including progress towards PWP T/TA targets.
  - c. Ensures utilization of standard measures and consistent data sources to frequently monitor and measure impact, including progress towards PWP objective targets, participant behavior change targets, and expected outcomes.
  - d. Ensures the use of evaluation results to improve T/TA performance and validate selected objectives and activities under *Objective 2: Emerging Issues* in years 2 or 3 as part of continuous quality improvement.
- 2) The extent to which the applicant describes their plan to disseminate T/TA evaluation results to health centers, other NTTAPs, PCAs, HCCNs, and other relevant T/TA providers, including the Health Center Resource Clearinghouse and national health center T/TA needs assessment.
  - 3) **Organizations applying as National T/TA Center NTTAP ONLY:** The extent to which the applicant describes their plan to disseminate the national needs assessment results to HRSA, health centers, other HRSA-supported T/TA providers (e.g., PCAs, HCCNs, other NTTAPs).

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

- 1) The extent to which the applicant demonstrates their capability to successfully provide national T/TA to existing and potential health centers, including:
  - a. Coordinating and providing health center T/TA activities of similar scope (focusing on both national and learning collaborative audiences), including a description of past performance, accomplishments, and lessons learned.
  - b. Forecasting, monitoring, and responding to potential and actual changes taking place in the health care environment or as requested by HRSA.
- 2) The extent to which the applicant’s organizational structure, including any contracts or agreements, is consistent with the relevant attachments ([Attachment 1: Organizational Chart](#), [Attachment 6: Summary of Contracts and Agreements](#)) and is appropriate for the operational and oversight needs of the project. Specifically:
  - a. The extent to which the proposed staffing plan submitted as [Attachment 2: Staffing Plan](#) is appropriate for the projected number and variety of T/TA activities (national audience and learning collaborative) to be provided during the period of performance.
  - b. The strength of the plan for recruiting and retaining staff to achieve or maintain the proposed staffing plan.
  - c. The organization’s financial accounting and internal control systems and how they, as well as related policies and procedures, will reflect Generally Accepted Accounting Principles (GAAP).
- 3) The extent to which the applicant’s key personnel (e.g., CEO/President, Project Director, T/TA Director/Lead, Project Manager) are appropriate for the

operational and oversight needs, scope, and complexity of the proposed project, including the extent to which the applicant presents appropriate:

- a. Defined roles (consistent with [Attachment 3: Job Descriptions for Key Personnel](#)), in particular the PD or equivalent position such as CEO who is responsible for day-to-day management of NTTAP activities.
  - b. Skills and experience for the defined roles consistent with [Attachment 4: Biographical Sketches of Key Personnel](#).
  - c. Recent changes in key personnel or significant changes in roles and responsibilities, if applicable.
- 4) The extent to which the applicant demonstrates they will initiate proposed T/TA within 60 days of award, including the feasibility of the applicant's timeline for hiring, onboarding, and staff development, as needed.

**Criterion 6: SUPPORT REQUESTED (5 points)** – Corresponds to Section IV [Support Requested](#).

- 1) The extent to which the application includes a consistent and detailed budget presentation for the 3-year period of performance through the submission of a SF-424A and Budget Narrative.
- 2) The extent to which the budget is appropriate and reasonable for the proposed project, including alignment with the PWP and information provided in the attachments (e.g., [Attachment 2: Staffing Plan](#), [Attachment 6: Summary of Contracts and Agreements](#), [Attachment 7: Other Relevant Documents](#)).

## 2. Review and Selection Process

The objective review process provides an objective evaluation of applications 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.

## 3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements ([45 CFR 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/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 July 1, 2023. 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 NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- All provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- Other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- Applicable statutory provisions.

### **Accessibility Provisions and Non-Discrimination Requirements**

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

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**

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), 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 for [45 CFR § 75.101 Applicability](#) 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 subrecipients 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)**. A non-competing continuation progress report, to include updates and progress on the PWP activities, Objective Targets, changes in staffing, and major changes in the national health care environment must be submitted on an annual basis. Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding (dependent upon Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the Federal Government). Award recipients will receive an email message via HRSA EHBs when it is time to begin working on their progress reports.
- 2) **Final Report**. A final report is due within 90 days after the period of performance ends.
- 3) **Integrity and Performance Reporting**. The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

## VII. Agency Contacts

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

Brian Feldman  
Senior Grants Management Specialist, Health Center Branch  
Division of Grants Management Operations  
Office of Federal Assistance Management  
Health Resources and Services Administration  
Phone: (301) 443-3190  
Email: [bfeldman@hrsa.gov](mailto:bfeldman@hrsa.gov)

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

Shivani Purvis or Julia Tillman  
Public Health Analysts, Office of Policy and Program Development  
Bureau of Primary Health Care  
Health Resources and Services Administration  
Phone: (301) 594-4300 or  
Contact: [BPHC Contact Form](#)  
[NTTAP Technical Assistance webpage](#)

You may need assistance when working online to submit your application forms electronically in Grants.gov. 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  
Phone: 1-800-518-4726 (International callers dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)  
[Self-Service Knowledge Base](#)

You may need assistance when working online to submit your application electronically through the [EHBs](#). Always obtain a case number when calling for support. 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:

Phone: (877) 464-4772 / (877) Go4-HRSA  
TTY: (877) 897-9910  
Web: [BPHC Contact Form](#)

## VIII. Other Information

### Technical Assistance

A technical assistance webpage has been established to provide you with samples of forms, FAQs, and other resources that will help you submit a complete application. To review available resources, visit the [NTTAP Technical Assistance webpage](#).

*HRSA Primary Health Care Digest*

The [HRSA Primary Health Care Digest](#) is a weekly email newsletter containing information and updates pertaining to the Health Center Program, including release of all competitive funding opportunities. Organizations interested in NTTAP funding are encouraged to subscribe several staff.

*Tips for Writing a Strong Application:* See Section 5.7 of HRSA's [SF-424 Two-Tier Application Guide](#).

## Appendix A: Instructions for Completing Form 1A in EHBs

You must complete Form 1A in EHBs. Detailed instructions for completing this form in EHBs is available in the NTTAP User Guide, posted on the [NTTAP Technical Assistance webpage](#).

### Form 1A: General Information Worksheet

This form includes key information about the applicant organization and the proposed project.

- Section 1: Applicant Information: Complete all required fields. Competing continuation applicants should update pre-populated information as needed.
- Section 2: NTTAP Type: Indicate your organization's selected NTTAP type. You may select only one. See [Program Requirements and Expectations](#) for the list of NTTAP types.
- Section 3: Budget Information: The form will pre-populate the maximum amount of annual funding you may request based on the NTTAP type you selected and, if you are a current award recipient, current award number, in Section 2. Below that amount, the form will pre-populate the amount of funding you requested on the SF-424A. If the amount requested on the SF-424A is greater than the pre-populated maximum allowable funding, you must edit the funding request amount entered in the SF-424A to ensure eligibility.



## Appendix B: Project Work Plan

You must complete the Project Work Plan (PWP) in HRSA EHBs. Detailed instructions for completing this form in EHBs are available in the NTTAP User Guide, posted on the [NTTAP Technical Assistance webpage](#).

The PWP outlines your proposed T/TA Activities to meet the required Objectives. You must propose Activities that will lead to Objective Target attainment by the end of the 3-year period of performance (by June 30, 2026). Information in the PWP should be developed based on the needs of the NTTAP topic or population type for which the NTTAP is applying. The PWP is comprised of three sections: Objective Details, Key Factors, and Activities.

Reference [Appendix C: NTTAP Types and Required Objectives](#) for how to calculate the measure to establish your baseline data and Objective Targets.

For Objectives where you provide baseline data, utilize data that are valid, reliable, and whenever possible, derived from current national-level data sources related to health centers and/or population of focus or development area. For Objectives that count the number of health centers that receive T/TA, do not include T/TA provided before the start of the period of performance (July 1, 2023) enter “0” for your baseline. In addition, if baselines are not yet available, you may enter “0” for the number, or numerator, and indicate in the comments field the date when baseline data will be available. For Objectives that align with UDS data, enter the most current UDS data available at: <https://data.hrsa.gov/tools/data-reporting/program-data/national>.

Although the PWP contains Objectives and Targets for the entire 3-year period of performance, you should ONLY include Activities that will begin in Year 1 that will support Objective attainment. Activities must be tailored to the needs of existing and potential health centers nationwide and are scaled to ensure attainment of the Objective Targets and linked to the identified needs for your NTTAP type. You must propose at least two Activities for each Objective, and ensure that you have the minimum required number of Learning Collaboratives and total Activities across all Objectives, as outlined in [Appendix C: NTTAP Types and Required Objectives](#). Both Learning Collaborative and National Audience Activities count towards the minimum total number of Activities.

**Table 2: Project Work Plan Instructions Table**

| Section or Field  | Instructions   |
|---|--|
| <b><u>Objective Section</u></b>                               | Each NTTAP type has its own unique, required Objectives that will be prepopulated (See <a href="#">Appendix C: NTTAP Types and Required Objectives</a> for a list of objectives by NTTAP type). In this section, you will provide information related to the Objective, including targets that will be achieved by the end of the period of performance (June 30, 2026). You cannot add new Objectives.  |
| Objective Field   | Objective name will be prepopulated.   |
| Objective Description Field                                   | <p><b>Defined Objectives:</b> Prepopulated with the defined Objective and measure.</p> <p><b>Applicant Choice Objectives:</b> Describe the Objective and include a measure for the Objective outcome, as instructed in <a href="#">Appendix C: NTTAP Types and Required Objectives</a>.</p>  |
| Number Field  | See <a href="#">Appendix C: NTTAP Types and Required Objectives</a> .  |
| Baseline Data Source Field<br>(maximum 2500 characters)       | <p>Provide details of how the Number were determined. If the Objective Description includes terms to be defined by you (e.g., “fully integrated”, “comprehensive services”, “readiness scale”), use this field to define those terms relative to the proposed Activities.</p> <p>If your objective is aligned with UDS data, use this section to discuss how it relates to data for your NTTAP type.</p> |
| Objective Target Field  | Provide a realistic and attainable Objective Target you plan to achieve by the end of the period of performance (by June 30, 2026).  |
| Objective Impact Narrative Field<br>(maximum 4000 characters) | Describe the overall impact you predict the planned Activities to have on your Objective Target by the end of the period of performance (June 30, 2026). Reference data sources you used to determine the expected impact and link activities to Objective Target.   |

| Section or Field   | Instructions  |
|--|---|
| Training and Technical Assistance (T/TA) Target Field                                  | Provide estimates of the number of Training and Technical Assistance (T/TA) engagements (e.g., training sessions, publications) you plan for both national and learning collaborative audiences through the end of the period of performance (from July 1, 2023 through June 30, 2026).   |
| Training and Technical Assistance (T/TA) Participation Target Field                    | <p>Provide an estimate of the number of health center representatives who will participate in the T/TA sessions for both national and learning collaborative audience types through the end of the period of performance (from July 1, 2023 through June 30, 2026).</p> <p>You may count individuals that participate in more than one T/TA session more than once. You should also include participants in asynchronous T/TA sessions, such as recorded webinars, in this total.</p> |
| Participant Rating of Training and Technical Assistance (T/TA) Usefulness Target Field | Provide a target for the average usefulness of the T/TA as measured by participant surveys. The measure should cover the period of performance (from July 1, 2023 through June 30, 2026) and use a 5-point Likert satisfaction rating scale.  |
| Partner Organization(s) Field<br>(maximum 1000 characters)                             | Provide the names of organizations that will actively support this objective, if applicable. The organizations listed must align with Letter of Agreement provided in <a href="#">Attachment 5: Letter of Agreement</a> .   |
| <b><u>Key Factors Section</u></b>  | In this section, identify 2-5 factors that will contribute to and restrict progress on achieving the Objectives.  |
| Key Factor Type Field  | Select from the predefined key factor type: Contributing or Restricting. At least 1 of each key factor must be identified.  |
| Key Factor Description Field<br>(maximum 500 characters)                               | Describe the key factors, citing supporting data sources (e.g., needs assessments, focus groups).   |

| Section or Field  | Instructions   |
|---|--|
| <p><b><u>Activities Section</u></b></p>                               | <p>In this section, include <b>at least two</b> Activities for each Objective. Describe the major Activities you propose to conduct <b><u>in the first 12 months</u></b> that will support Objective Target attainment by the end of the 3-year period of performance.</p> <p>The number and variety of Activities should be commensurate with the identified existing and potential health center T/TA needs, support Objective Target attainment, be scaled appropriately, and must meet the required minimum number of Activities across all project Objectives as listed in <a href="#">Table 1: Number of Minimum Number of Activities and Learning Collaboratives by Funding Level</a>.</p> <p>You may document collaborative work related to the Health Resource Clearinghouse as an activity under the Objective 1: Access to Care. You may document collaborative work related to the national health center T/TA needs assessment as an activity under Objective 2: Emerging Issues.</p> |
| <p>Activity Name Field<br/>(maximum 200 characters)</p>               | <p>Provide a unique name for each Activity that can be used to quickly distinguish between similar Activities. Only include Year 1 activities that will support Objective attainment.</p> <p>HRSA will use this field to determine whether you have the required minimum number of activities for your project.</p>  |
| <p>Need(s) Activity Addresses Field<br/>(maximum 1000 characters)</p> | <p>List the need(s) identified in <a href="#">Section IV.2.ii</a> of your Project Narrative that the Activity will address.</p>  |
| <p>Activity Audience Field</p>  | <p>Select one predefined Activity Audience for each proposed Activity: Learning Collaborative or National Audience.</p> <p>HRSA will use this field to determine whether you have the required minimum number of learning collaboratives for your project.</p>   |

| Section or Field  | Instructions   |
|---|--|
| Activity Description Field<br>(maximum 7500 characters)     | <p>Describe the proposed activity and how it will support Objective Target attainment.</p> <p>In addition, include the HCEF domain(s) the Activity will address and how it will help assist health centers reach a higher level of performance.</p>  |
| Learning Collaborative Behavior Change Target Field         | <p>Provide the average participant behavior change score target for the budget year (from July 1, 2023 through June 30, 2024) for this learning collaborative based on Formal T/TA Session participant surveys administered within 3-6 months of participants receiving T/TA. Use a 5-point Likert satisfaction rating scale.</p> <p>Required only if “Learning Collaborative” is selected in the Activity Audience field.</p> |
| Person/Group Responsible Field<br>(maximum 1000 characters) | Identify the person, position, or group that will be responsible and accountable for carrying out each Activity.   |
| Targeted Start Date Field<br>(numeric format mm/dd/yyyy)    | Provide the estimated start date for each Activity. This date must be within the first 12 months of the period of performance (July 1, 2023 through June 30, 2024).  |
| Targeted End Date Field<br>(numeric format mm/dd/yyyy)      | Provide the estimated end date for each Activity (on or before June 30, 2026).   |
| Expected Outcome Field<br>(maximum 7500 characters)         | Identify the principal outcome for each activity, including how it supports Objective Target attainment.   |
| Comments Field<br>(optional) (maximum 7500 characters)      | Include additional information relevant to each activity, as desired.  |

## Appendix C: NTTAP Types and Required Objectives

Applicants must use this guide to calculate baseline data and Objective Target attainment during the period of performance (July 1, 2023 to June 30, 2026) for each Objective specific to the NTTAP category and type selected.

| <b>Special and Other Health Center Populations</b>  |  |
|---|--|
| <b>Activities Minimum</b>   | 16-32 activities based on funding; minimum 2 activities per objective  |
| <b>Learning Collaborative Minimum</b>   | 2-5 learning collaboratives, as outlined in <a href="#">Table 1: Minimum Number of Activities and Learning Collaboratives by Funding Level</a>                       |
| <b>Objective</b>  | <b>Measure</b>   |
| <p><b>1: Access to Comprehensive Care</b></p> <p>Increase the number of health centers that receive population specific T/TA to support access to high quality, integrated, comprehensive primary health care.</p>  | The number of health centers that receive population specific T/TA to support access to high quality, integrated, comprehensive primary health care.                 |
| <p><b>2: Emerging Issues (<i>Applicant Choice</i>)</b></p> <p>Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health center supplemental funding.</p> <p>Examples include, but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention* (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health.</p> <p><b>Note:</b> You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will</p> | The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding. |

| <b>Special and Other Health Center Populations</b>   |   |
|--|---|
| <b>Activities Minimum</b>  | 16-32 activities based on funding; minimum 2 activities per objective   |
| <b>Learning Collaborative Minimum</b>  | 2-5 learning collaboratives, as outlined in <a href="#">Table 1: Minimum Number of Activities and Learning Collaboratives by Funding Level</a>  |
| <b>Objective</b>   | <b>Measure</b>  |
| <p>remain the same across the 3-year period of performance.</p> <p>* The LGBTQ+ NTTAP is required to select HIV prevention in support of the <a href="#">Ending the HIV Epidemic in the U.S.</a> effort.</p>   |   |
| <p><b>3: Preparedness for Emergencies and Environmental Impacts on Health</b></p> <p>Increase the number of health centers that receive T/TA to enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and/or potential health effects associated with a changing climate.</p>  | <p>The number of health centers that receive T/TA to enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and/or potential health effects associated with a changing climate during the period of performance.</p>   |
| <p><b>4: Advancing Health Equity (<i>Applicant Choice</i>)</b></p> <p>Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.</p> | <p>Developed by applicant.</p>  |
| <p><b>5: Chronic Disease Management (<i>Applicant Choice</i>)</b></p> <p>Improve patient health outcomes in one or more of the following:</p> <ul style="list-style-type: none"> <li>• Controlled Hypertension</li> <li>• Depression Remission</li> <li>• Diabetes</li> <li>• Heart Disease: Statin Therapy</li> <li>• HIV Linkage to Care</li> </ul>  | <p>For all NTTAPs, except the School-Aged and Older Adults NTTAPs:</p> <p>Use the corresponding UDS measures that aligns with the 2021 UDS Manual, and list the estimated percentage of patients for each measure:</p> <ul style="list-style-type: none"> <li>• Controlled Hypertension (Table 7: Sec B, line i)</li> <li>• Depression Remission (Table 6B</li> </ul> |

| <b>Special and Other Health Center Populations</b>  |  |
|---|--|
| <b>Activities Minimum</b>   | 16-32 activities based on funding; minimum 2 activities per objective  |
| <b>Learning Collaborative Minimum</b>   | 2-5 learning collaboratives, as outlined in <a href="#">Table 1: Minimum Number of Activities and Learning Collaboratives by Funding Level</a>   |
| <b>Objective</b>  | <b>Measure</b>   |
| <ul style="list-style-type: none"> <li>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet</li> </ul> <p>School-Aged Children NTTAP: pick from the following:</p> <ul style="list-style-type: none"> <li>Childhood Immunization</li> <li>Diabetes Prevention</li> </ul> <p>Older-Adult NTTAP: Select “Other”</p>  | <p>line 21a)</p> <ul style="list-style-type: none"> <li>Diabetes (Table 7: Sec C, line i)</li> <li>Heart Disease Statin Therapy (Table 6B, Line 17a)</li> <li>HIV Linkage to Care (Table 6B line 20)</li> <li>IVD (Table 6B, Line 18)</li> </ul> <p>For the School-Aged Children NTTAP:</p> <ul style="list-style-type: none"> <li>Diabetes Prevention: Weight Assessment and Counseling (Table 6B, line 12)</li> <li>Childhood Immunizations Status (Table 6B, line 10)</li> </ul> <p>For the Older Adults NTTAP:<br/>The number of health centers that receive T/TA on chronic diseases disproportionately impacting older adults.</p> |
| <p><b>6: Preventive Services Outcomes (Applicant Choice)</b></p> <p>Improve health outcomes which are correlated with one or more of the following preventive screening services:</p> <ul style="list-style-type: none"> <li>BMI Screening-Adults</li> <li>Cancer Screening (breast, cervical, colorectal)</li> <li>Depression Screening</li> <li>HIV Screening</li> <li>Tobacco Use Screening</li> <li>Statin Therapy for Prevention and Treatment of Heart Disease</li> <li>Weight Assessment and Counseling for Nutrition and Physical Activity for</li> </ul> | <p>Use the corresponding UDS measures that aligns with the 2021 UDS Manual, and list the estimated percentage of patients for each measure:</p> <ul style="list-style-type: none"> <li>BMI Screening (Table 6B, Line 13)</li> <li>Cancer Screening: breast (Table 6B, line 11a), cervical (Table 6B, line 11), colorectal (Table 6B, line 19)</li> <li>Depression Screening (Table 6B line 21)</li> <li>HIV Screening (Table 6B line 20a)</li> <li>Tobacco Use Screening and intervention (Table 6B, line 14a)</li> <li>Statin Therapy (Table 6B, Line</li> </ul>  |



| <b>Special and Other Health Center Populations</b>  |  |
|---|--|
| <b>Activities Minimum</b>   | 16-32 activities based on funding; minimum 2 activities per objective  |
| <b>Learning Collaborative Minimum</b>   | 2-5 learning collaboratives, as outlined in <a href="#">Table 1: Minimum Number of Activities and Learning Collaboratives by Funding Level</a>                               |
| <b>Objective</b>  | <b>Measure</b>   |
| Children and Adolescents  | 17a) <ul style="list-style-type: none"> <li>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (Table 6B, Line 12)</li> </ul> |
| <b>7: Social Risk Factors</b><br>Increase the number of health centers that receive T/TA on screening for, documenting, and responding to social risk factors (e.g., food insecurity, housing insecurity, financial strain, lack of transportation) to improve health outcomes. | The number of health centers that receive T/TA on screening for, documenting, and responding to social risk factors to improve health outcomes.                              |

| <b>Development Area NTTAPs</b>   |  |
|--|--|
| <b>Capital Development and Growth</b>  |  |
| <b>Activity Minimum</b>  | 24 total; 2 per objective  |
| <b>Learning Collaborative Minimum</b>  | 4  |
| <b>Objective</b>   | <b>Measure</b>   |
| <b>1: Access to Comprehensive Care</b><br>Increase the number of health centers that receive T/TA for capital development, financial sustainability, and improved operational performance to expand access to integrated, comprehensive primary health care. | The number of health centers that receive T/TA for capital development, financial sustainability, and improved operational performance to increase patient access to high-quality integrated, comprehensive primary health care. |
| <b>2: Emerging Issues (<i>Applicant Choice</i>)</b><br>Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health centers supplemental funding.                              | The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding.   |

| Development Area NTTAPs   |  |
|---|--|
| Capital Development and Growth  |  |
| Activity Minimum  | 24 total; 2 per objective  |
| Learning Collaborative Minimum  | 4  |
| Objective   | Measure  |
| <p>Examples include, but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health.</p> <p><b>Note:</b> You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.</p> |  |
| <p><b>3: Preparedness for Emergencies and Environmental Impacts on Health</b></p> <p>Increase the number of health centers that receive T/TA to enhance their capital development and growth capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.</p>   | <p>The number of health centers that receive capital development and growth T/TA to enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.</p> |
| <p><b>4: Advancing Health Equity (<i>Applicant Choice</i>)</b></p> <p>Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services</p>  | <p>Developed by applicant.</p>   |

| Development Area NTTAPs  |  |
|--|--|
| Capital Development and Growth   |  |
| Activity Minimum   | 24 total; 2 per objective  |
| Learning Collaborative Minimum   | 4  |
| Objective  | Measure  |
| that address both clinical and health-related barriers to health.  |  |
| <b>5: HRSA Loan Guarantee Program</b><br>Increase the number of health centers that receive T/TA about the resources and potential benefits of the <a href="#">HRSA Loan Guarantee Program</a> .   | The number of health centers that are provided T/TA about the resources and potential benefits of the HRSA loan guarantee program.   |
| <b>6: Capital Project Planning and Finance</b><br>Increase the number of health centers that receive T/TA to enhance the capacity of health centers to plan for and finance successful capital development projects.   | The number of health centers that have received T/TA on obtaining financing (from any source) for capital development projects   |
| <b>7: Financial and Operational Sustainability</b><br>Increase the number of health centers receiving financial sustainability T/TA to improve their ability to maintain fiscally sound accounting, revenue cycle, and financial management and planning policies and practices. | The number of health centers that receive financial sustainability T/TA to improve their ability to maintain fiscally sound accounting, revenue cycle, and financial management and planning policies and practices. |

| Development Area NTTAPs  |   |
|--|---|
| Clinical Quality Improvement and Patient Safety  |   |
| Activity Minimum   | 24 total; 2 per objective   |
| Learning Collaborative Minimum   | 4   |
| Objective  | Measure   |
| <b>1: Patient Safety</b><br>Increase the number of health centers that receive T/TA on designing and implementing system and process improvements to mitigate errors and enhance patient safety. | The number of health centers that receive T/TA on designing and implementing system and process improvements to mitigate errors and enhance patient safety. |
| <b>2: Emerging Issues (<i>Applicant Choice</i>)</b>  | The number of health centers that receive T/TA to address the selected  |

| Development Area NTTAPs  |  |
|--|--|
| Clinical Quality Improvement and Patient Safety  |  |
| Activity Minimum   | 24 total; 2 per objective  |
| Learning Collaborative Minimum   | 4  |
| Objective  | Measure  |
| <p>Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health center supplemental funding.</p> <p>Examples include, but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health.</p> <p><b>Note:</b> You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.</p> | <p>emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding.</p>   |
| <p><b>3: Advancing Health Equity</b></p> <p>Increase the number of health centers that receive T/TA on identifying and addressing disparities and inequities in care delivery and health outcomes.</p> <p>Examples may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>Establishing governance or oversight committees that include health center leadership to oversee health centers' efforts to advancing health equity;</li> </ul>   | <p>The number of health centers that receive T/TA on identifying and addressing disparities and inequities in care delivery and health outcomes.</p> |

| <b>Development Area NTTAPs</b>   |   |
|--|---|
| <b>Clinical Quality Improvement and Patient Safety</b>   |   |
| <b>Activity Minimum</b>  | 24 total; 2 per objective   |
| <b>Learning Collaborative Minimum</b>  | 4   |
| <b>Objective</b>   | <b>Measure</b>  |
| <ul style="list-style-type: none"> <li>• Utilizing race, ethnicity, and language data to examine correlations with care delivery and health outcomes in health center communities;</li> <li>• Developing strategies to address the multiple social determinants of health on which health care organizations can have an impact.</li> <li>• Targeting strategies to the most marginalized populations to achieve the greatest impact on reducing disparities.</li> <li>• Improving understanding of how intersectionality affects access to care and health outcomes.</li> </ul> |   |
| <p><b>4: Chronic Disease Management</b><br/><b>(Applicant Choice)</b></p> <p>Improve patient health outcomes in two or more of the following:</p> <ul style="list-style-type: none"> <li>• Controlled Hypertension</li> <li>• Depression Remission</li> <li>• Diabetes</li> <li>• Heart Disease: Statin Therapy</li> <li>• HIV Linkage to Care</li> <li>• Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet</li> </ul>   | <p>For all NTTAPs, except the School-Aged and Older Adults NTTAPs:</p> <p>Use the corresponding UDS measures that aligns with the 2021 UDS Manual, and list the estimated percentage of patients for each measure:</p> <ul style="list-style-type: none"> <li>• Controlled Hypertension (Table 7: Sec B, line i)</li> <li>• Depression Remission (Table 6B line 21a)</li> <li>• Diabetes (Table 7: Sec C, line i)</li> <li>• Heart Disease: Statin Therapy (Table 6B, Line 17a)</li> <li>• HIV Linkage to Care (Table 6B line 20)</li> <li>• IVD (Table 6B, Line 18)</li> </ul> |

| <b>Development Area NTTAPs</b>   |   |
|--|---|
| <b>Clinical Quality Improvement and Patient Safety</b>   |   |
| <b>Activity Minimum</b>  | 24 total; 2 per objective   |
| <b>Learning Collaborative Minimum</b>  | 4   |
| <b>Objective</b>   | <b>Measure</b>  |
| <p><b>5: Preventive Services Outcomes (Applicant Choice)</b></p> <p>Improve health outcomes which are correlated with two or more of the following preventive screening services:</p> <ul style="list-style-type: none"> <li>• BMI Screening-Adults</li> <li>• Cancer Screening (breast, cervical, colorectal)</li> <li>• Depression Screening</li> <li>• HIV Screening</li> <li>• Tobacco Use Screening</li> <li>• Statin Therapy for Prevention and Treatment of Heart Disease</li> <li>• Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</li> </ul> | <p>Use the corresponding UDS measures that aligns with the 2021 UDS Manual, and list the estimated percentage of patients for each measure:</p> <ul style="list-style-type: none"> <li>• BMI Screening (Table 6B, Line 13)</li> <li>• Cancer Screening: breast (Table 6B, line 11a), cervical (Table 6B, line 11), colorectal (Table 6B, line 19)</li> <li>• Depression Screening (Table 6B line 21)</li> <li>• HIV Screening (Table 6B line 20a)</li> <li>• Tobacco Use Screening and intervention (Table 6B, line 14a)</li> <li>• Statin Therapy (Table 6B, Line 17a)</li> <li>• Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (Table 6B, Line 12)</li> </ul> |
| <p><b>6: Maternal Health</b></p> <p>Increase the number of health centers that receive T/TA to improve overall outcomes and reduce disparities in preconception, prenatal care, delivery and postpartum care (e.g. pregnancy and SUD, postpartum depression/anxiety).</p>  | <p>The number of health centers that receive T/TA to improve overall outcomes on preconception, prenatal, delivery, and postpartum care.</p>  |

| Development Area NTTAPs   |  |
|---|--|
| Clinical Quality Improvement and Patient Safety   |  |
| Activity Minimum  | 24 total; 2 per objective  |
| Learning Collaborative Minimum  | 4  |
| Objective   | Measure  |
| <p><b>7: Pediatric Health</b></p> <p>Increase the number of health centers that receive T/TA to improve overall pediatric health care and outcomes (e.g., developmental screening, immunizations, weight assessments to screen for diabetes), from birth to age 18.</p> | <p>The number of health centers that receive T/TA to improve overall pediatric health care and outcomes.</p> |

| Development Area NTTAPs  |  |
|--|--|
| Clinical Workforce Development   |  |
| Activity Minimum   | 16 total; 2 per objective  |
| Learning Collaborative Minimum   | 2  |
| Objective  | Measure  |
| <p><b>1: Access to Comprehensive Care</b></p> <p>Increase the number of health centers that receive T/TA focused on developing and advancing clinical team-based care models to provide access to integrated, comprehensive, patient centered, and effective primary health care.</p>  | <p>The number of health centers that receive T/TA focused on developing and advancing clinical care team-based models to provide access to integrated, comprehensive, patient centered, and effective primary health care.</p> |
| <p><b>2: Emerging Issues (<i>Applicant Choice</i>)</b></p> <p>Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health center supplemental funding.</p> <p>Examples include, but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth</p> | <p>The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding.</p>  |

| Development Area NTTAPs   |  |
|---|--|
| Clinical Workforce Development  |  |
| Activity Minimum  | 16 total; 2 per objective  |
| Learning Collaborative Minimum  | 2  |
| Objective   | Measure  |
| <p>(e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health.</p> <p><b>Note:</b> You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.</p> |  |
| <p><b>3: Preparedness for Emergencies and Environmental Impacts on Health</b></p> <p>Increase the number of health centers that receive T/TA to enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.</p>  | <p>The number of health centers that receive T/TA to enhance their clinical workforce capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.</p> |
| <p><b>4: Advancing Health Equity (<i>Applicant Choice</i>)</b></p> <p>Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.</p>  | <p>Developed by applicant.</p>   |



| Development Area NTTAPs   |  |
|---|--|
| Clinical Workforce Development  |  |
| Activity Minimum  | 16 total; 2 per objective  |
| Learning Collaborative Minimum  | 2  |
| Objective   | Measure  |
| <p><b>5: Clinical Career Pathway development</b></p> <p>Increase the number of health centers that receive T/TA on developing, sustaining, and/or linking to clinical career pathways programs either directly or through formal agreement with an external organization.</p> | <p>The number of health centers that receive T/TA on developing, sustaining and/or linking to clinical career pathways programs either directly or through formal agreement with an external organization.</p> |
| <p><b>6: Team-based care</b></p> <p>Increase the number of health centers using integrated team-based practice models (e.g., teams that include community health workers, peer navigators, behavioral health providers).</p>  | <p>The number of health centers that receive T/TA on using integrated team-based practice models.</p>  |
| <p><b>7: Health Care Team development</b></p> <p>Increase the number of health centers providing health professional education/training.</p>  | <p>The number of health centers providing health professional education/training.</p> <p><i>(Use 2021 UDS Manual Appendix F: Workforce Question 1a)</i></p>  |

| Development Area NTTAPs   |  |
|---|--|
| Health Information Technology and Data  |  |
| Activity Minimum  | 32 total; 2 per objective  |
| Learning Collaborative Minimum  | 3  |
| Objective   | Measure  |
| <p><b>1: Access to Comprehensive Care</b></p> <p>Increase the number of health centers that received T/TA to increase and expand adoption of digital health tools (e.g., remote monitoring devices, patient portals, telehealth visits) to enhance patient access to integrated, comprehensive primary health care.</p> | <p>The number of health centers that received T/TA to increase and expand adoption of digital health tools (e.g., remote monitoring devices, patient portals, telehealth visits) to enhance patient access to integrated, comprehensive primary health care.</p> |
| <p><b>2: Emerging Issues (<i>Applicant Choice</i>)</b></p> <p>Increase the number of health centers that receive T/TA to address emerging issues,</p>   | <p>The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or</p>  |

| Development Area NTTAPs   |   |
|---|---|
| Health Information Technology and Data  |   |
| Activity Minimum  | 32 total; 2 per objective   |
| Learning Collaborative Minimum  | 3   |
| Objective   | Measure   |
| <p>HRSA priorities, and/or maximize the impacts of health centers supplemental funding.</p> <p>Examples include, but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health.</p> <p><b>Note:</b> You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.</p> | <p>maximize impacts of health center supplemental funding.</p>  |
| <p><b>3: Preparedness for Emergencies and Environmental Impacts on Health</b></p> <p>Increase the number of health centers that receive T/TA to enhance their health IT capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.</p>  | <p>The number of health centers that receive health IT TA to enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.</p> |
| <p><b>4: Advancing Health Equity (<i>Applicant Choice</i>)</b></p> <p>Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role</p>   | <p>Developed by applicant.</p>  |

| Development Area NTTAPs   |   |
|---|---|
| Health Information Technology and Data  |   |
| Activity Minimum  | 32 total; 2 per objective   |
| Learning Collaborative Minimum  | 3   |
| Objective   | Measure   |
| in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.  |   |
| <p><b>5: Operational Excellence</b></p> <p>Increase the number of health centers that receive T/TA on documentation integrity.<sup>20</sup></p>   | The number of health centers that receive T/TA on clinical documentation integrity.   |
| <p><b>6: Value Based Care – Readiness</b></p> <p>Increase the number of health centers utilizing health IT and EHRs to advance value-based care through quality improvement, population health management, program evaluation, research, and/or other uses.</p>   | <p>Number of health centers using health IT and EHRs to advance value-based care through quality improvement, population health management, program evaluation, research, and/or other uses.</p> <p><i>(Use 2021 UDS Manual Appendix D: Health Center Health Information Technology (HIT) Capabilities Question 10, rows a through e)</i></p> |
| <p><b>7: Disaggregated, Patient-Level Data Submission and Interoperable Data Exchange and Integration</b></p> <p>Increase the number of health centers that receive T/TA on submitting disaggregated, patient-level data via UDS+ and/or T/TA to increase their capacity to integrate clinical information with data from clinical and nonclinical sources across the health care continuum (e.g., hospitals, specialty providers, departments of health, health information exchanges (HIE), care coordinators, social</p> | The number of health centers that receive T/TA on submitting disaggregated, patient-level data via UDS+ and/or T/TA to increase their capacity to integrate clinical information with data from clinical and non-clinical sources across the health care continuum to optimize care coordination and workflows.                               |

<sup>20</sup> Documentation Integrity ensures EHR data is accurate for a variety of use cases, i.e., quality reporting, patient care delivery. <https://www.cms.gov/files/document/ehrdocumentationfs062816pdf>

| Development Area NTTAPs   |   |
|---|---|
| Health Information Technology and Data  |   |
| Activity Minimum  | 32 total; 2 per objective   |
| Learning Collaborative Minimum  | 3   |
| Objective   | Measure   |
| service/housing organizations) to optimize care coordination and workflows.   |   |
| <p><b>8: SDOH-Screening for Social Risk Factors</b></p> <p>Increase the number of health centers using health IT and EHRs to collect and screen for social risk factors, such as food insecurity, housing insecurity, financial strain, lack of transportation.</p> | <p><b>Numerator:</b> Number of health centers using health IT and EHRs to collect and screen for social risk factors, such as food insecurity, housing insecurity, financial strain, lack of transportation.</p> <p><i>(Use 2021 UDS Manual Appendix D: Health Center Information Technology (HIT) Capabilities Question 11 to calculate total)</i></p> |

| Development Area NTTAPs  |  |
|--|--|
| Health Workforce Recruitment and Retention   |  |
| Activity Minimum   | 16 total; 2 per objective  |
| Learning Collaborative Minimum   | 2  |
| Objective  | Measure  |
| <p><b>1: Access to Comprehensive Care</b></p> <p>Increase the number of health centers that receive health workforce recruitment, retention, and development T/TA to enhance the delivery of high-quality, integrated, comprehensive primary health care.</p>  | The number of health centers that received health workforce recruitment, retention and development T/TA to enhance patient access to high-quality integrated, comprehensive primary health care. |
| <p><b>2: Emerging Issues (<i>Applicant Choice</i>)</b></p> <p>Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health centers supplemental funding.</p> <p>Examples include, but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and</p> | The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding.                             |

| Development Area NTTAPs  |   |
|--|---|
| Health Workforce Recruitment and Retention   |   |
| Activity Minimum   | 16 total; 2 per objective   |
| Learning Collaborative Minimum   | 2   |
| Objective  | Measure   |
| <p>chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health.</p> <p><b>Note:</b> You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.</p> |   |
| <p><b>3: Advancing Health Equity (<i>Applicant Choice</i>)</b></p> <p>Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.</p>   | Developed by applicant.   |
| <p><b>4: Health Workforce Satisfaction Measurement</b></p> <p>Increase the number of health centers that measure workforce satisfaction.</p>   | <p>The number of health centers implementing workforce satisfaction surveys for providers.</p> <p><i>(Use 2021 UDS Appendix F: Workforce questions 5 rows a through c to calculate total)</i></p> |

| Development Area NTTAPs  |  |
|--|--|
| Health Workforce Recruitment and Retention   |  |
| Activity Minimum   | 16 total; 2 per objective  |
| Learning Collaborative Minimum   | 2  |
| Objective  | Measure  |
| <p><b>5: Health Workforce Wellbeing Response</b></p> <p>Increase the number of health centers that receive T/TA on responding to workforce satisfaction findings, including implementing tailored, data-informed wellbeing and/or burnout prevention programs.</p> | <p>The number of health centers that receive T/TA on responding to workforce satisfaction findings, including implementing tailored, data informed wellbeing and/or burnout prevention programs.</p> |

| Development Area NTTAPs   |  |
|---|--|
| Intimate Partner Violence and Human Trafficking   |  |
| Activity Minimum  | 16 total; 2 per objective  |
| Learning Collaborative Minimum  | 2  |
| Objective   | Measure  |
| <p><b>1: Access to Comprehensive Care</b></p> <p>Increase the number of health centers that receive IPV T/TA to enhance patient access to integrated, comprehensive primary health care, including a range of IPV-related services, including prevention/education, screening, assessment, referral, care coordination, and staff capacity.</p>   | <p>The number of health centers that received IPV T/TA to increase patient access to IPV-related services, including prevention/education, screening, assessment, referral, care coordination, and staff capacity.</p> |
| <p><b>2: Emerging Issues (<i>Applicant Choice</i>)</b></p> <p>Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health centers supplemental funding.</p> <p>Examples include, but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth</p> | <p>The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding.</p>  |

| Development Area NTTAPs   |   |
|---|---|
| Intimate Partner Violence and Human Trafficking   |   |
| Activity Minimum  | 16 total; 2 per objective   |
| Learning Collaborative Minimum  | 2   |
| Objective   | Measure   |
| <p>(e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health.</p> <p><b>Note:</b> You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.</p> |   |
| <p><b>3: Preparedness for Emergencies and Environmental Impacts on Health</b></p> <p>Increase the number of health centers that receive T/TA to enhance their IPV and trafficking protocols and other activities to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.</p>  | <p>The number of health centers that receive T/TA to enhance their IPV and trafficking protocols and other activities to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.</p> |
| <p><b>4: Advancing Health Equity (<i>Applicant Choice</i>)</b></p> <p>Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.</p>  | <p>Developed by applicant.</p>  |

| <b>Development Area NTTAPs</b>  |   |
|---|---|
| <b>Intimate Partner Violence and Human Trafficking</b>  |   |
| <b>Activity Minimum</b>   | 16 total; 2 per objective   |
| <b>Learning Collaborative Minimum</b>   | 2   |
| <b>Objective</b>  | <b>Measure</b>  |
| <p><b>5: IPV Community Partnerships</b></p> <p>Increase the number of health centers that receive T/TA on developing and implementing evidence-based approaches, protocols and community partnerships to prevent or address intimate partner violence (IPV) experienced by health center patients.</p>                            | <p>The number of health centers that receive T/TA on developing and/or implementing evidence-based approaches, protocols, and community partnerships to prevent or address intimate partner violence (IPV) experienced by health center patients.</p> |
| <p><b>6: IPV Referral Agreements</b></p> <p>Increase the number of health centers that receive T/TA on establishing formal bidirectional agreements with community-based organizations to help prevent and address IPV (e.g., domestic violence coalitions).</p>  | <p>The number of health centers that receive T/TA on establishing formal bidirectional agreements with community-based organizations to help prevent and address intimate partner violence (e.g., domestic violence coalitions).</p>                  |
| <p><b>7: Human Trafficking Interventions and Community Partnerships</b></p> <p>Increase the number of health centers that receive T/TA on developing and implementing evidence-based interventions and community partnerships that mitigate and otherwise address the impacts of human trafficking on health center patients.</p> | <p>The number of health centers that receive on T/TA developing and implementing evidence-based interventions and community partnerships that mitigate and otherwise address the impacts of human trafficking on health center patients.</p>          |
| <p><b>8: Human Trafficking Service Capacity</b></p> <p>Increase the number of health centers that receive T/TA on developing capacity for implementing a range of human trafficking related services, including prevention/education, screening, assessment, referral, care coordination, and staff capacity.</p>                 | <p>The number of health centers that receive T/TA on developing capacity for implementing a range of human trafficking related services, including prevention/education, screening, assessment, referral, care coordination, and staff capacity.</p>  |



| Development Area NTTAPs   |  |
|---|--|
| Medical and Legal Partnerships  |  |
| Activity Minimum  | 16 total; 2 per objective  |
| Learning Collaborative Minimum  | 2  |
| Objective   | Measure  |
| <p><b>1: Access to Comprehensive Care</b></p> <p>Increase the number of health centers that receive T/TA to address health-related legal needs of patients to enhance patient access and improve health outcomes as part of integrated comprehensive primary health care.</p>   | <p>The number of health centers that received health-related legal T/TA to increase patient access and improve health outcomes to integrated, comprehensive primary health care.</p> |
| <p><b>2: Emerging Issues (<i>Applicant Choice</i>)</b></p> <p>Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health center supplemental funding.</p> <p>Examples include, but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health.</p> <p><b>Note:</b> You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.</p> | <p>The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding.</p>          |

| <b>Development Area NTTAPs</b>   |  |
|--|--|
| <b>Medical and Legal Partnerships</b>  |  |
| <b>Activity Minimum</b>  | 16 total; 2 per objective  |
| <b>Learning Collaborative Minimum</b>  | 2  |
| <b>Objective</b>   | <b>Measure</b>   |
| <p><b>3: Preparedness for Emergencies and Environmental Impacts on Health</b></p> <p>Increase the number of health centers that receive T/TA on how medical and legal partnerships could enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.</p>                | <p>The number of health centers that receive T/TA on how medical and legal partnerships could enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.</p> |
| <p><b>4: Advancing Health Equity (<i>Applicant Choice</i>)</b></p> <p>Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.</p> | <p>Developed by applicant.</p>   |
| <p><b>5: Medical-Legal Partnerships</b></p> <p>Increase the number of health centers that implement medical-legal partnerships to address social risk factors.</p>   | <p>The number of health centers that implement medical-legal partnerships to address social risk factors.</p>  |

| Development Area NTTAPs   |   |
|---|---|
| Oral Health Care  |   |
| Activity Minimum  | 16 total; 2 per objective   |
| Learning Collaborative Minimum  | 2   |
| Objective   | Measure   |
| <p><b>1: Access to Comprehensive Care</b></p> <p>Increase the number of health centers that receive oral health care T/TA to enhance patient access to integrated, comprehensive primary health care.</p>   | <p>The number of health centers that received oral health care T/TA to enhance patient access to integrated, comprehensive primary health care.</p>                         |
| <p><b>2: Emerging Issues (<i>Applicant Choice</i>)</b></p> <p>Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health center supplemental funding.</p> <p>Examples include, but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health.</p> <p><b>Note:</b> You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.</p> | <p>The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding.</p> |

| Development Area NTTAPs  |   |
|--|---|
| Oral Health Care   |   |
| Activity Minimum   | 16 total; 2 per objective   |
| Learning Collaborative Minimum   | 2   |
| Objective  | Measure   |
| <p><b>3: Oral Health Care and Improved Disease Management</b></p> <p>Increase the number of health centers that receive T/TA on how to integrate oral health care for improved chronic disease management</p>  | <p>The number of health centers that receive T/TA on how to integrate oral health care for improved chronic disease management.</p>                                       |
| <p><b>4: Advancing Health Equity (<i>Applicant Choice</i>)</b></p> <p>Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.</p> | <p>Developed by applicant.</p>  |
| <p><b>5: Childhood Primary Caries Prevention</b></p> <p>Increase the percentage of children ages 6-9 years at moderate to high-risk for caries who received a sealant on a first permanent molar.</p>  | <p>Percentage of children 6-9 years at moderate to high risk of caries who received a sealant on a first permanent molar.<br/><i>(Use 2021 UDS Table 6B, Line 22)</i></p> |
| <p><b>6: Dental Health Services</b></p> <p>Enhance the quality of dental health services provided at health centers or through contracted providers.</p>   | <p>Number of health center that receive T/TA on improving the quality of dental services at health centers or through contracted providers.</p>                           |
| <p><b>7: Oral Health Workforce</b></p> <p>Increase the number of health centers that receive T/TA on developing a comprehensive oral health workforce recruitment and retention plan.</p>  | <p>The number of health centers that receive T/TA on developing a comprehensive oral health workforce recruitment and retention plan.</p>                                 |

| Development Area NTTAPs   |  |
|---|--|
| Oral Health Care  |  |
| Activity Minimum  | 16 total; 2 per objective  |
| Learning Collaborative Minimum  | 2  |
| Objective   | Measure  |
| <p><b>8: Oral Health Care EHR Integration</b></p> <p>Increase the number of health centers that receive T/TA on EHR health IT utilization to integrate oral health and primary care services.</p> | <p>The number of health centers that receive oral health T/TA on EHR health IT utilization to integrate oral health and primary care services.</p> |

| National T/TA Center   |  |
|--|--|
| Activity Minimum   | 72 total; 2 per objective  |
| Learning Collaborative Minimum   | 10   |
| Objective  | Measure  |
| <p><b>1: Access to Comprehensive Care</b></p> <p>Increase the number of health centers receiving T/TA to support access to high quality, integrated, comprehensive primary health care.</p>  | <p>The number of health centers that receive T/TA to support access to high quality, integrated, comprehensive primary health care.</p>                                    |
| <p><b>2: Emerging Issues (<i>Applicant Choice</i>)</b></p> <p>Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health center supplemental funding.</p> <p>Examples include, but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health.</p> <p><b>Note:</b> You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV</p> | <p>The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority and/or maximize impacts of health center supplemental funding.</p> |

| National T/TA Center   |  |
|--|--|
| Activity Minimum   | 72 total; 2 per objective  |
| Learning Collaborative Minimum   | 10   |
| Objective  | Measure  |
| prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.   |  |
| <p><b>3: Preparedness for Emergencies and Environmental Impacts on Health</b></p> <p>Increase the number of health centers that receive T/TA to enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.</p>   | The number of health centers that receive T/TA to enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate. |
| <p><b>4: Advancing Health Equity (<i>Applicant Choice</i>)</b></p> <p>Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.</p> | Developed by applicant.  |

| National T/TA Center   |   |
|--|---|
| Activity Minimum   | 72 total; 2 per objective   |
| Learning Collaborative Minimum   | 10  |
| Objective  | Measure   |
| <p><b>5: Chronic Disease Management (<i>Applicant Choice</i>)</b><br/>           Improve patient health outcomes in one or more of the following:</p> <ul style="list-style-type: none"> <li>• Controlled Hypertension</li> <li>• Depression Remission</li> <li>• Diabetes</li> <li>• Heart Disease: Statin Therapy</li> <li>• HIV Linkage to Care</li> <li>• Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet</li> </ul> | <p>For all NTTAPs, except the School-Aged and Older Adults NTTAPs:<br/>           Use the corresponding UDS measures that aligns with the 2021 UDS Manual, and list the estimated percentage of patients for each measure:</p> <ul style="list-style-type: none"> <li>• Controlled Hypertension (Table 7: Sec B, line i)</li> <li>• Depression Remission (Table 6B line 21a)</li> <li>• Diabetes (Table 7: Sec C, line i)</li> <li>• Heart Disease: Statin Therapy (Table 6B, Line 17a)</li> <li>• HIV Linkage to Care (Table 6B line 20)</li> <li>• IVD (Table 6B, Line 18)</li> </ul> |

| <b>National T/TA Center</b>   |   |
|---|---|
| <b>Activity Minimum</b>   | 72 total; 2 per objective   |
| <b>Learning Collaborative Minimum</b>   | 10  |
| <b>Objective</b>  | <b>Measure</b>  |
| <p><b>6: Preventive Services Outcomes (Applicant Choice)</b></p> <p>Improve health outcomes which are correlated with one or more of the following preventive screening services:</p> <ul style="list-style-type: none"> <li>• BMI Screening-Adults</li> <li>• Cancer Screening (breast, cervical, colorectal)</li> <li>• Depression Screening</li> <li>• HIV Screening</li> <li>• Tobacco Use Screening and Intervention</li> <li>• Statin Therapy for Prevention and Treatment of Heart Disease</li> <li>• Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</li> </ul> | <p>Use the corresponding UDS measures that aligns with the 2021 UDS Manual, and list the estimated percentage of patients for each measure:</p> <ul style="list-style-type: none"> <li>• BMI Screening (Table 6B, Line 13)</li> <li>• Cancer Screening: breast (Table 6B, line 11a), cervical (Table 6B, line 11), colorectal (Table 6B, line 19)</li> <li>• Depression Screening (Table 6B line 21)</li> <li>• HIV Screening (Table 6B line 20a)</li> <li>• Tobacco Use Screening and Intervention (Table 6B, line 14a)</li> <li>• Statin Therapy for Prevention and Treatment of Heart Disease (Table 6B, Line 17a)</li> <li>• Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (Table 6B, Line 12)</li> </ul> |
| <p><b>7: Health Center Expansion and Success</b></p> <p>Increase the number of potential health centers that receive T/TA on the fundamentals of a successful look-alike or new access point application, or the number of health centers assisted to reach a higher level of performance in one or more HCEF domain.</p>   | <p>The number of potential health centers that receive T/TA on the fundamentals of a successful look-alike or new access point application, or the number of health centers assisted to reach a higher level of performance in one or more HCEF domain.</p>   |



| <b>National T/TA Center</b>   |   |
|---|---|
| <b>Activity Minimum</b>   | 72 total; 2 per objective   |
| <b>Learning Collaborative Minimum</b>   | 10  |
| <b>Objective</b>  | <b>Measure</b>  |
| <p><b>8: Leadership Development</b></p> <p>Increase the number of health centers that receive T/TA on leadership development for clinicians, senior and executive-level staff (e.g., CEO, COO, CFO, CD/CMO, CNO, CIO), and board members.</p> | <p>The number of health centers that receive T/TA on leadership development for clinicians, senior and executive staff, and board members.</p>                        |
| <p><b>9: Operational Workforce Competency</b></p> <p>Increase the number of health centers that receive professional development T/TA targeted to non-clinical positions (e.g., billing, coding, administration, health IT).</p>              | <p>The number of health centers that receive professional development T/TA targeted to non-clinical positions (e.g., billing, coding, administration, health IT).</p> |
| <p><b>10: Value-Based Care</b></p> <p>Increase the number of health centers that receive T/TA to facilitate the delivery of high-value care and potential participation in value-based payment models.</p>                                    | <p>The number of health centers that receive T/TA to facilitate the delivery of high-value care and potential participation in value-based payment models.</p>        |
| <p><b>11: Health Center Resource Clearinghouse – T/TA Access</b></p> <p>Increase the number of users who access T/TA learning resources available on the Health Center Resource Clearinghouse platform.</p>                                   | <p>The number of users who access T/TA learning resources available on the Health Center Resource Clearinghouse platform.</p>   |
| <p><b>12: Health Center Resource Clearinghouse - Materials Development</b></p> <p>Increase the number of current T/TA materials available on the Health Center Resource Clearinghouse platform.</p>   | <p>The number of T/TA materials added or retained on the Health Center Resource Clearinghouse platform.</p>   |

| <b>National T/TA Center</b>  |  |
|--|--|
| <b>Activity Minimum</b>  | 72 total; 2 per objective  |
| <b>Learning Collaborative Minimum</b>  | 10   |
| <b>Objective</b>   | <b>Measure</b>   |
| <p><b>13: Health Center Resource Clearinghouse – Organizational Excellence</b></p> <p>Increase the number of health centers that have access to evidence-based practices or promising practices in the areas of governance, strategic planning, workforce, quality assurance/quality improvement, health IT, and value-based care.</p> | <p>The number of health centers that access evidence-based practices or promising practices in the areas of governance, strategic planning, workforce, quality assurance/quality improvement, health IT, and value-based care from the Health Center Resource Clearinghouse.</p> |
| <p><b>14: T/TA Needs Assessment – T/TA</b></p> <p>Conduct T/TA needs assessments that documents and analyzes the most significant T/TA needs of the Health Center Program awardees and look-alikes.</p>  | <p>The number of T/TA needs assessment respondents.</p>  |