

Notice of Funding Opportunity  
**Application due 07/10/2026**

# HRSA

## Health Resources & Services Administration

MATERNAL AND CHILD HEALTH BUREAU  
Transforming Pediatrics for Early Childhood (TPEC) Program  
HRSA-26-104



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## Before You Begin

Health Resources and Services Administration

MATERNAL AND CHILD HEALTH BUREAU

Division of Home Visiting and Early Childhood Systems

Transforming Pediatrics for Early Childhood (TPEC) Program

HRSA-26-104

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

## Step 1: Review the Opportunity

### Basic information

Tagline: Transforming high-quality pediatric primary care for young children and their families by placing early childhood development experts directly in practices.

### Summary

The Transforming Pediatrics for Early Childhood Program (TPEC) will advance the U.S. Department of Health and Human Services' Make America Healthy Again (MAHA) priorities by preventing chronic disease early in life and promoting healthy development in early childhood. TPEC recipients - organizations with statewide<sup>[1]</sup> or tribal reach - will place early childhood development (ECD) experts in local pediatric practices to deliver team-based care to young children and their families. Recipients will improve the quality and cost-effectiveness of pediatric care by delivering a comprehensive, team-based approach that focuses on factors critical to child development. Through this approach, pediatric primary care staff are expected to:

- Screen children and their families for their needs related to mental health, housing, nutrition, and child development.
- Build safe, stable, and nurturing relationships between parents/caregivers and their children.
- Educate parents/caregivers on developmental milestones and how to watch for them.
- Make sure that families get referrals and access to additional or specialized support.

TPEC recipients are expected to:

1. Place ECD experts[2] in pediatric practices[3] that serve a high percentage [4] of families covered by Medicaid/Children’s Health Insurance Program (CHIP) and deliver high-quality ECD services using a team-based approach.
2. Build the skills of pediatric primary care staff statewide to deliver high-quality ECD services using a team-based approach.
3. Improve statewide administrative policies and financing strategies to expand and sustain team-based pediatric primary care, improving the standard of care for all young children.

TPEC is expected to result in measurable improvements in service delivery rates and early childhood development outcomes.

**Have questions?** Go to [Contacts and Support](#).

**Key facts**

Opportunity name: Transforming Pediatrics for Early Childhood (TPEC) Program

Opportunity number: HRSA-26-104

Announcement version: initial

Federal assistance listing: 93.110

**Key dates**

NOFO issue date: 06/08/2026

Informational webinar: [See Join the webinar](#)

Application deadline: 07/10/2026

Expected award date is by: 09/30/2026

Expected start date: 09/30/2026

See [other submissions](#) for other time frames that may apply to this NOFO.

**Funding details**

Application Types:

New

Expected total available funding in FY:

2026: \$9,500,000

Expected number and type of awards:

10 CA (Cooperative Agreement)

Funding range per award:

\$0 - \$950,000

If additional funds become available, additional awards may be made for a shorter period of performance, ending September 29, 2031.

We plan to fund awards in five 12-month budget periods for a total five year period of performance from 09/30/2026 to 09/29/2031.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

## **Eligibility**

Only one eligible non-Tribal entity per state or jurisdiction will receive an award under this funding opportunity to ensure best use of resources and geographic coverage. Any Tribal government or Tribal organization, regardless of geographic location, is eligible to receive an award.

Existing award recipients under the FY 2022 TPEC program funding opportunity (HRSA-22-141) whose period of performance ends September 29, 2027, are eligible to apply for funding under this announcement. If funded, the existing FY 2022 TPEC award will be relinquished, and a new award period of performance will begin. If an existing recipient applies but is not awarded funding under this announcement, their FY 2022 TPEC award will continue at the original level of funding through the end of the project period.

You can apply if your organization is a domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. § 5304 (formerly cited as 25 U.S.C. § 450b)). See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply. If funded, for-profit organizations are prohibited from earning profit from the federal award (see [2 CFR 200.400\(g\)](#)).

### **Types of eligible organizations**

These types of domestic organizations may apply:

State governments

County governments

City or township governments

Special district governments

Independent school districts

Public and State controlled institutions of higher education

Native American tribal governments (Federally recognized)

Native American tribal organizations (other than Federally recognized tribal governments)

Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education

Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education

Private institutions of higher education

For profit organizations other than small businesses

Small businesses

Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled “Additional Information on Eligibility”

### **Additional information on eligibility**

#### **Other Eligibility Criteria**

“Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

**Individuals are not eligible applicants under this NOFO.**

#### **Completeness and responsiveness criteria**

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).

#### **Application limits**

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

#### **Cost sharing**

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

#### **Post-award requirements**

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

#### **Program description**

##### **Purpose**

The Transforming Pediatrics for Early Childhood Program (TPEC) should advance the U.S. Department of Health and Human Services’ Make America Healthy Again (MAHA) priorities by preventing chronic disease early in life and promoting healthy development in early childhood. TPEC recipients - organizations with statewide or tribal reach - should place early childhood development (ECD) experts in local pediatric practices to deliver team-based care to young children and their families. Recipients should improve the quality and cost-effectiveness of pediatric primary care by delivering a comprehensive, team-based approach that focuses on factors critical to child development. Through this approach, pediatric primary care staff are expected to:

- Screen children and their families for mental health, housing, nutrition, and child development needs.
- Build safe, stable, and nurturing relationships between parents/caregivers and their children.
- Educate parents/caregivers on how to monitor developmental milestones.
- Make sure that families get referrals and access to additional or specialized support.

TPEC recipients should:

1. Place ECD experts in pediatric practices that serve a high percentage of families covered by Medicaid/CHIP and deliver high-quality ECD services using a team-based approach.
2. Build the skills of pediatric primary care staff statewide to deliver high-quality ECD services using a team-based approach.
3. Improve statewide administrative policies and financing strategies to expand and sustain team-based pediatric primary care, improving the standard of care for all young children.

TPEC should result in measurable improvements in service delivery rates and early childhood development outcomes.

### **Funding Opportunity Goals**

- The program's goal is to increase statewide access to high-quality ECD services for young children and their families delivered directly in pediatric primary care by a team of health professionals.
- 1. Place ECD experts in pediatric practices that serve young children and families enrolled in Medicaid/CHIP and deliver high-quality ECD services using a team-based approach.

TPEC recipients and local pediatric practices selected as partners should work towards:

- 90% of young children in partner pediatric practices receiving a timely well-child visit.
- 90% of children in partner pediatric practices receiving a timely developmental screening using a validated parent-completed tool.
- 75% of families with young children in partner pediatric practices comprehensively screened for families' needs (like caregiver depression, food assistance, and housing).

- 2. Build the skills of pediatric primary care staff statewide to deliver high-quality ECD services using a team-based approach.

TPEC recipients should:

- Continually increase the total number of unique pediatric primary care staff trained across the state during the award period of performance.

- 3. Improve statewide administrative policies and financing strategies to expand and sustain team-based pediatric primary care, improving the standard of care for all young children.

TPEC recipients should:

- Continually increase the total number of ECD experts placed in pediatric practices across the state during the award period of performance.

## **Background**

### **History**

The TPEC program began in 2022 to address the needs of families with young children who are eligible for Medicaid/CHIP or are uninsured through the delivery of high-quality ECD services in pediatric primary care using a team-based approach. In 2023, Congress increased funding for TPEC. This funding opportunity will build upon the success of the previous iteration and continue to show measurable improvements in service delivery rates and early childhood development outcomes.

Current TPEC awardees have made significant strides in transforming how pediatric primary care is delivered to young children and their families. Awardees have placed 139 ECD experts within 51 partner pediatric practices since the beginning of the program. Families receiving care in these practices have seen improved service delivery – in these practices, teams with ECD experts delivered 38,700 well child visits and 27,000 developmental screenings in FY 2025. Additionally, successful transformation to team-based care by current TPEC awardees has shown decreased turnover of staff, fewer no-shows and cancellations of appointments, and healthcare savings on emergency medical care, compared to before TPEC funding.

### **Need**

Children develop rapidly between birth and age five, making the early childhood period a critical window of opportunity to prevent chronic disease early in life and promote healthy development.<sup>[5]</sup>

Despite the lifelong benefits of early detection and intervention, many young children covered by Medicaid are not receiving basic ECD services guaranteed to them through the [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\) benefit](#). For example, between 2023-2024, only 36.5% of young children (30% on public insurance) received a parent-completed developmental screening from a provider in the past year.<sup>[6]</sup> Even when young children receive basic ECD services, one provider cannot meet all of a family's needs alone. Well-child visits are short and often focus on just the physical health of the child, leaving a single provider unable to give enough time to identify and address a family's broader needs. The TPEC program fills this gap by placing ECD experts in pediatric practices to work as part of a team of health professionals that collectively ensure healthy development in early childhood.

### **Program requirements and expectations**

Successful implementation of the core activities described below means that pediatric primary care staff are providing ECD services in alignment with EPSDT to all children, in addition to:

- Building safe, stable, and nurturing relationships between parents/caregivers and their children.
- Educating parents/caregivers on developmental milestones and how to watch for them.
- Improving the processes between providers when families need additional or specialized support.

TPEC recipients - organizations with statewide or tribal reach – are responsible for the placement of ECD experts in pediatric practices. Recipients are expected to target placement within pediatric practices that serve a high percentage of families covered by Medicaid/CHIP.

Successful recipients are expected to scale high-quality ECD services using a team-based approach in pediatric practices across the state or tribal nation. Successful recipients will train pediatric primary care staff across the state or tribal nation to build skills that expand team-based care.

Successful recipient organizations are expected to have a significant ability to influence state administrative policies and financing approaches (i.e. Medicaid) to sustain high-quality ECD services long-term.

TPEC recipients should plan to carry out the following core activities.

**Core Activity 1: Place ECD experts in pediatric practices that serve young children and families covered by Medicaid/CHIP and deliver high-quality ECD services using a team-based approach.**

- **Partner with local pediatric practices to hire and place ECD experts.** Partner pediatric practices should serve a high percentage of families covered by Medicaid/CHIP or uninsured. HRSA defines this as one or both of the following:
  - A service population with at least 50% Medicaid or CHIP-eligible or uninsured, or
  - A Medicaid/CHIP or uninsured utilization rate of at least one standard deviation above the average for pediatric primary care practices in the state that receives Medicaid payments.
  - You may partner with local pediatric practices in rural areas [\[7\]](#), pediatric practices that serve primarily Tribal populations, or are federally qualified health centers.
  - You may hire and place ECD experts in local pediatric practices via direct financial support (e.g. subawards), in-kind contributions of staff time or other shared resources, and/or other means.
- **Provide individualized technical assistance (TA)** to partner pediatric practices to deliver high-quality ECD services using a team-based approach. TA should improve:
  - Guidelines and procedures within pediatric practices for delivering ECD services with ECD experts.
  - Use of electronic health records and other data (including feedback from families) to continually assess how well ECD services are meeting the needs of families.
  - Referral processes that connect young children and their families with other community-based resources and services.
- **Host cross-practice TA offerings.** TA should focus on:
  - Sharing best practices and lessons learned.
  - Building continuous quality improvement (CQI) capacity and skills.
  - Standardizing data collection and analysis.

**Core Activity 2: Build the skills of pediatric primary care staff statewide to deliver high-quality ECD services using a team-based approach.**

- **Develop or refine training** for pediatric primary care staff. Training should address:
  - Guidelines and procedures within pediatric practices for delivering ECD services by a team of health professionals.
  - Safe, stable, and nurturing relationships between parents/caregivers and their children.
  - Parent/caregiver knowledge of developmental milestones and how to watch for them.
  - Referral processes between providers when families need additional or specialized support.
- **Host regular training series** for pediatric primary care staff statewide. You may choose to organize training by role, such as primary care providers, mental and behavioral health staff, community health workers, and family partners.
- **Use post-training feedback** to continually assess how well trainings are meeting the needs of pediatric primary care staff and the impact of the training on staff knowledge and behavior.

**Core Activity 3: Improve statewide administrative policies and financing strategies to expand and sustain team-based pediatric primary care.**

- **Improve state-level policies and financing strategies.** This may include, but is not limited to:
  - Using the expertise of family leaders to guide statewide work.
  - Coordinating key state partners to scale practice-level strategies statewide.
  - Ensuring that practices are successfully billing and receiving reimbursement for team-based ECD services.
- **Use state-level data to continually assess** how placement of ECD experts in partner pediatric practices impact well-child visit and developmental screening rates and early childhood development outcomes. You may choose to look at the [Medicaid Child Core Set](#), [Patient-Centered Medical Home Quality Standards](#), or other available state-specific data

**Performance measurement, evaluation, and continuous quality improvement (C I)**

Recipients are expected to measure performance on key activities and program objectives, and conduct CQI activities.

You are expected to report progress towards program objectives to HRSA annually through the [Discretionary Grant Information System \(DGIS\)](#), as noted in the [Reporting](#) section. **In addition to the standard DGIS elements, you are expected to report progress on the following measures:**

- Number of pediatric primary care staff trained statewide.
- Number of partner pediatric practices.
- Number of ECD experts placed in partner pediatric practices.
- Percentage of children (aged 5 and under) served in partner pediatric practices that received a timely well-child visit.

- Percentage of children (aged 9-30 months) served in partner pediatric practices that received a timely developmental screening using a validated parent-completed tool.
- Percentage of children (aged 5 and under) and their families served in partner pediatric practices comprehensively screened (e.g., caregiver depression, food assistance, housing, etc.).
- Percentage of children (aged 5 and under) and their families served in partner pediatric practices that received appropriate follow-up services.
- Percentage of children (aged 6 months-5 years) served in partner pediatric practices that meet flourishing criteria, as aligned with the [National Survey of Children's Health](#).

You are expected to also complete progress reports with qualitative and quantitative information, and requests for information, as required. HRSA will provide additional reporting instructions after awarding funds.

You may choose to conduct a recipient-led evaluation. If you choose to do so, you are expected to propose evaluation questions in your application and submit a final evaluation plan to HRSA within 9 months post award.

### **Statutory authority**

TPEC is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

## **Award information**

### **Cooperative agreement terms**

Our responsibilities

Aside from monitoring and technical assistance, we also get involved in these ways:

- Participation in the planning and development of all phases of this cooperative agreement.
- Participation, as appropriate, in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects to provide strategic input and support alignment with federal goals.
- Review of plans for activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement.
- Assistance to support collaboration with federal and state contacts, HRSA-funded grants, and other entities.
- Participation with award recipients in peer-to-peer information exchange and the dissemination of project findings, best practices, and lessons learned from the project.

Your responsibilities

You must follow all relevant laws and policies. Your other responsibilities will include:

- Work with the federal project officer during the award to refine data and reporting plans to align with the TPEC performance measurement approach.
- Collaboration with HRSA on CQI efforts, including responding to surveys, participating in interviews, and providing other reports upon request.
- Participation in recipient peer networking and other TA opportunities.

- Advance notice of any publications or materials produced, giving the federal project officer the opportunity to review, discuss, and provide input on any publications, audiovisuals, and/or other materials produced as part of the project (drafts and final products).

## **Funding policies and limitations**

### Changes in HHS regulations

As of October 1, 2025, HHS has adopted [2 CFR Part 200](#), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

### Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

### General limitations

- For guidance on some types of costs we do not allow or restrict, see
  - Project Budget Information in the [Application Guide](#).
  - [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
  - Allowable and Unallowable Costs and Activities in the [HHS Grants Policy Statement](#).
- All costs must be [reasonable](#), necessary, [allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
- You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).
- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds.

### Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To incur indirect costs, you can select one of two methods:

**Method 1 – Approved rate.** You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

**Method 2 – *De minimis* rate.** Per [2 CFR § 200.414\(f\)](#), if you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See [2 CFR § 200.1](#) for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

Consider your indirect costs when developing your [budget](#).

#### Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [2 CFR 200.307](#).

- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

## Step 2: Get Ready to Apply

### Get registered

#### SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

If you need additional information about user roles in SAM.gov, see “Get registered: SAM.gov user roles” in the [Application Guide](#).

#### Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#) and [How to Apply for Grants](#).

### Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-104.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

## Application writing help

Visit [HHS Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

FAQs will be posted on our TA webpage after the webinar with a link to Grants.gov Related Documents tab.

### Join the webinar

Webinar information will be posted to the Related Documents tab on Grants.gov. We recommend you "Subscribe" to the NOFO on Grants.gov to receive updates when documents are posted.

Have questions? Go to [Contacts and Support](#).

## Step 3: Build Your Application

### Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments, as applicable.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

### Narratives

Component	Grants.gov form	Included in page limit*?
<input type="checkbox"/> <a href="#">Project narrative</a> Use the Project Narrative Attachment form.	Project Narrative Attachment form.	Yes
<input type="checkbox"/> <a href="#">Budget narrative</a> Use the Budget Narrative Attachment form.	Budget Narrative Attachment form.	Yes

### Attachments

Insert each in the Attachments Form in this order.

Component	Included in page limit*?
<input type="checkbox"/> 1. Work plan	Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions	Yes
<input type="checkbox"/> 3. Biographical sketches	Yes

<input type="checkbox"/> 4. Project organizational chart	Yes
<input type="checkbox"/> 5. Partner pediatric practice table	Yes
<input type="checkbox"/> 6. Agreements with other entities	Yes
<input type="checkbox"/> 7. Multi-year budgets, fifth year budget	No
<input type="checkbox"/> 8. Other relevant document	Yes
<input type="checkbox"/> 9. Other relevant document	Yes
<input type="checkbox"/> 10. Other relevant document	Yes
<input type="checkbox"/> 11. Other relevant document	Yes
<input type="checkbox"/> 12. Other relevant document	Yes
<input type="checkbox"/> 13. Other relevant document	Yes
<input type="checkbox"/> 14. Other relevant document	Yes
<input type="checkbox"/> 15. Other relevant document	Yes

**Other required forms**

Upload using each required form in Grants.gov.

<b>Forms</b>	<b>Submission requirement</b>
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary Form	With application.
Grants.gov Lobbying Form	With application.
Disclosure of Lobbying Activities (SF-LLL), optional	With application.
Project/Performance Site Location(s)	With application.
Budget Information for Non-Construction Programs (SF 424A)	With application.
Key Contacts	With application.

\*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

**Application contents and format**

This section includes guidance on each component found in the application checklist.

**Application page limit:** 40 pages

Submit your information in English and express whole number budget figures using U.S. dollars.

**Required format**

Required format for project summary, project narrative, budget narrative, and attachments.

**Font:** A readable font like Arial, Courier, CG Times, or Times New Roman

**File format:** We only accept the following document formats:

- .PDF - Adobe Portable Document Format

- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format o .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

**Size:** 12-point font

Footnotes, charts, graphics, and budget tables may be 10-point or higher.

**Ink color:** Black

**Spacing:** Single-spaced, including all text and tables

**Alignment:** Left

**Headings:** Bold all headings and align left.

**Size:** 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)

**Margins:** 1-inch on all sides

**Footer:** On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

**Page numbering:**

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

**File names:** You can find guidance for naming your files in the [Application Guide](#).

**Project narrative**

Introduction

**See merit review criterion 1: [Need](#)**

- State the purpose and goals of your initiative and describe how TPEC funding will help you to advance these goals.
- Briefly describe how you'll carry out the [Program Requirements and Expectations](#), including:
  - The number and types of pediatric practices you are proposing to partner with,
    - State if any identified pediatric practices are in rural areas, pediatric practices that serve primarily Tribal populations, or are federally qualified health centers.
  - The number and types of ECD experts you will place within partner pediatric practices, and
  - The administrative policies and financing strategies you will prioritize over the award period of performance.

Need

**See merit review criterion 1: [Need](#)**

- Briefly describe the needs of young children (aged 5 and under) and their families in your state that are relevant to healthy development in early childhood. Focus on the unique needs of Medicaid/CHIP or uninsured families.
- Provide the state-level well-child visit rate and developmental screening rate, using the most recent [Medicaid Child Core Set](#) data.
- Describe challenges in your state that have influenced the design of your proposed approach, such as policy and financing barriers, workforce needs, and coordination gaps between healthcare providers and early childhood programs.
- If applicable, describe any aligned policy and financing efforts in your state and how they have influenced the design of your proposed approach.

Approach

**See merit review criterion 2: [Response](#)**

**Core Activity 1: Place ECD experts in pediatric practices that serve young children and their families covered by Medicaid/CHIP and deliver high-quality ECD services using a team-based approach.**

- Describe how you selected the pediatric practices included in this application, including how you have applied the requirement to serve a high percentage of Medicaid/CHIP or uninsured families.
- Describe how you will evaluate the readiness of pediatric practices for implementation and finalize formal agreements for partnership, including your planned methods and amounts of support (including direct financial support such as subawards) to the pediatric practice.
- Describe the types of ECD experts that will be hired and placed in partner pediatric practices, including your rationale for this decision.
- Describe how you will provide individualized and cross-practice TA for partner pediatric practices, including how you will address the focus areas listed in the [Program Requirements and Expectations](#).
- Describe how you will sustain ECD expert positions after the period of federal funding ends.

**Core Activity 2: Build the skills of pediatric primary care staff statewide to deliver high-quality ECD services using a team-based approach.**

- Describe how you will develop or refine training that addresses the topics listed in the [Program Requirements and Expectations](#).
- Describe how you will host regular training series for pediatric primary care staff, including any roles you choose to prioritize.
- Describe how you will collect post-training feedback and how you will use the feedback to assess impact and engage in CQI.

**Core Activity 3: Improve statewide administrative policies and financing strategies to expand and sustain team-based pediatric primary care.**

- Describe the state-level health, early childhood, and parent leaders you will work with to simplify processes that connect young children and their families with resources and supports. Include the rationale for your approach.
- Describe the data sources you will use to continually assess the impact of your practice-level activities as compared to the state.
- Describe the administrative policies and financing strategies you will work towards, and the state partners you will work with to do so. Include the rationale for your approach.

#### High-level work plan

**See merit review criteria 2: [Response](#) and 4: [Impact](#)**

- Provide a work plan in [Attachment 1](#) that includes each major step you will take to implement the core activities as proposed over the award period of performance. Include who is responsible for each step and any partners who will be engaged.

#### Resolving challenges

**See merit review criterion 2: [Response](#)**

- Identify potential barriers and describe how you propose to resolve them, if they arise.

#### Performance management

**See merit review criteria 3: [Performance reporting and evaluation](#) and 5: [Resources and capabilities](#)**

- Describe how you plan to structure and implement high-quality monitoring and performance reporting for each of the core activities. Include a description of the resources, systems, and key processes you plan to use, such as data sources, data collection methods, frequency of data collection, etc.
- Describe how you plan to carry out CQI activities for each of the core activities proposed, including how you plan to incorporate feedback from families. Include a description of the resources, systems, and key processes you plan to use, such as data sources, data collection methods, frequency of data collection, etc.
- Describe how you plan to prepare partner pediatric practices to collect and report the required measures as described in the [Performance Measurement, Evaluation, and CQI](#) section.
  - Provide an assurance that data privacy, consent, and cybersecurity protections will be maintained. As applicable, include plans for seeking Institutional Review Board (IRB) approval, establishing Health Insurance Portability and Accountability Act (HIPAA) compliance, and use of Electronic Health Record data.
- Describe how you plan to collect and report accurate data for the measures listed below:
  - Number of pediatric primary care staff trained statewide.
  - Number of partner pediatric practices engaged.
  - Number of ECD experts integrated in partner pediatric practices.
  - Percentage of children (aged 0-5 years) served in partner pediatric practices that received a timely well-child visit.

- Percentage of children (aged 9-30 months) served in partner pediatric practices that received a timely developmental screening using a validated parent-completed tool.
- Percentage of children (aged 5 and under) and their families served in partner pediatric practices comprehensively screened (e.g., caregiver depression, food assistance, housing, etc.).
- Percentage of children (aged 5 and under) and their families served in partner pediatric practices that received appropriate follow-up services.
- Percentage of children (aged 6 months-5 years) served in partner pediatric practices that meet flourishing criteria, as aligned with the [National Survey of Children's Health](#).
- Clearly state if you are choosing to conduct an optional, recipient-led evaluation.
- If applicable, propose evaluation questions you plan to seek to answer and briefly describe how you plan to structure your evaluation.
  - Provide an assurance that your final evaluation plan, submitted 9 months post award, plans to follow the [HHS Evaluation Policy](#), as well as the standards and best practices described in [OMB Memorandum M-20-12](#).

See the [reporting](#) section for more information.

#### Sustainability

##### **See merit review criterion 4: [Impact](#)**

- Describe your plan to sustain successful TPEC activities after the period of federal funding ends.
- Describe how you plan to sustain ECD expert positions after the period of federal funding ends, including how your administrative policies and financing strategies align with this plan.

#### Organizational information

##### **See merit review criterion 5: [Resources and capabilities](#)**

- Describe your organizational capacity to achieve the program goals and core activities. Include your current and planned staffing structure and describe your experience carrying out similar projects.
- Describe how you plan to properly account for federal funds and document all costs to avoid audit findings. If you plan to make subawards or expend funds on contracts, describe the systems and procedures your organization has in place to ensure proper documentation of funds and costs incurred by subrecipients.
- Provide a list of key personnel, including those outside of your organization that you have identified as partners, that plan to fulfill the requirements of TPEC. Describe relevant qualifications, expertise, and experience to carry out the proposed work plan.
- Provide a project organizational chart in [Attachment 4](#).
- Provide a table of pediatric practices in your state that you propose engaging as partners in [Attachment 5](#).
- Specify anticipated subrecipients and their associated scope of work.

- Identify advisory bodies, stakeholder groups, and other key partners that plan to support your project. Include your plans for engagement of identified partners, if not currently working with them. Include letters of support from key partners in [Attachment 6](#).
- If you are an existing award recipient under the FY 2022 TPEC program funding opportunity (HRSA-22-141) whose period of performance ends September 29, 2027, include an acknowledgment that you understand you will have to relinquish the existing grant (including any unobligated balance) if funded under this FY 2026 funding opportunity.

## **Budget and budget narrative**

### **See merit review criterion 6: [Support requested](#)**

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for [equipment](#) and [supply](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient’s capitalization level or \$10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project’s purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).
- Provide a narrative for the entire period of performance (Years 1-5) that explains the amounts requested under each line in the budget.
  - Specifically describe how each item supports the achievement of proposed objectives.
  - For Years 2-5, highlight the changes from Year 1 or clearly indicate that there are no substantive budget changes during the period of performance.
- Be sure to include details and justification for costs associated with:
  - Engagement of partner pediatric practices,
  - The time commitment and other contributions of key partners,
  - Performance reporting and CQI activities,
  - Securing TA and subject matter expertise from the field, and
  - A recipient-led evaluation (optional).

To create your budget narrative, see budget narrative detailed instructions in the Application Guide.

### **Attachments**

**Place your attachments in this order in the Attachments Form.** See [application checklist](#) to determine if they count toward the page limit.

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

#### Attachment 1: Work Plan

Attach the project's work plan. Make sure it includes everything required in the [Project Narrative](#) section.

#### Attachment 2: Staffing plan and job descriptions

Include a staffing plan that shows the staff positions that support the project, and key information about each. Justify your staffing choices, including their education and experience. Explain your reasons for the amount of time you request for each staff position.

For each key staff member, attach a one-page job description, including their role, responsibilities, and qualifications.

#### Attachment 3: Biographical sketches

Include biographical sketches for people who will hold the key positions you describe in [Attachment 2](#).

Each biographical sketch should be no more than two pages. Do not include non-public, [personally identifiable information](#). If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

#### Attachment 6: Agreements with other entities

Provide any documents that describe working relationships between your organization and others you mention in your project narrative. If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of subrecipients and contractors and any deliverables. It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization. Make sure letters of agreement are signed and dated.

#### Attachment 7: For multi-year budgets, fifth year budget

For the fifth budget year, submit a copy of Section B of the SF-424A as an attachment. We do not count this in the page limit however, any related budget narrative does count. See Section 3.1.4 of the [Application Guide](#).

#### Attachment 4: Project organizational chart

Provide a one-page diagram that shows the full project's organizational structure.

#### Attachment 5: Partner pediatric practice table

Provide a table of pediatric practices in your state that you propose engaging as partners. Include the name and type of practice, the estimated number of children aged 5 and under that were served by that practice in the last calendar year, and an expected timeline for onboarding.

#### Attachment 8-13: Other relevant documents

You may use attachments 8 through 13 to add other relevant documents.

### Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary Form	With application.
Grants.gov Lobbying Form	With application.
Disclosure of Lobbying Activities (SF-LLL), optional	With application.
Project/Performance Site Location(s)	With application.
Budget Information for Non-Construction Programs (SF 424A)	With application.
Key Contacts	With application.

Form instructions

The application guide has detailed instructions for:

- The [Application for Federal Assistance \(SF-424\)](#).
- The [Budget Information for Non-Construction Programs \(SF-424A\)](#).

Project abstract summary form instructions

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see Section 3.1.2 of the [Application Guide](#).

#### **Important: Public information**

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant’s Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples](#).

## **Step 4: Understand Review, Selection, and Award**

## Application review

### Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, and the requirements in this NOFO. If your application does not meet eligibility criteria, it will not be funded. If your application does not meet other criteria, we will not fund it.

### Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the [Application Guide](#). The members use these criteria.

Criterion	Total number of points = 100
1. Need	15 points
2. Response	30 points
3. Performance reporting and evaluation	20 points
4. Impact	15 points
5. Resources and capabilities	15 points
6. Support requested	5 points

Criterion 1: Need (15 points)

See the project narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for how well it:

- Identifies the pediatric practices you are proposing to partner with.
  - Full points for this criterion can only be awarded if at least one identified pediatric practice is in a rural area, serves a primarily Tribal population, or is a federally qualified health center.
- Identifies the ECD experts you plan to place and integrate within partner practices.
- Identifies the administrative policies and financing strategies you plan to improve over the award period of performance.
- Demonstrates a clear understanding of the needs of young children and their families covered by Medicaid/CHIP or uninsured.
- Provides the state-level well-child visit rate and developmental screening rate, using the most recent [Medicaid Child Core Set](#) data.
- Demonstrates a clear understanding of ECD-specific challenges and opportunities in your state and applies that understanding in the design of your proposed approach.

Criterion 2: Response (30 points)

The panel will review your application for how well it demonstrates a strong, feasible approach and proposes solutions to identified challenges.

### **Criterion 2(a): Approach (20 points)**

- Demonstrates application of relevant selection criteria used to propose the pediatric practices included in your application.
- Describes thoughtful assessment of readiness of pediatric practices for implementation.
- Provides strong rationale for the types of ECD experts to be hired and placed in partner pediatric practices.
- Describes actionable and realistic plans to place ECD experts in partner pediatric practices.
- Describes actionable and realistic plans to provide individualized and cross-practice TA on the delivery of high-quality ECD services using a team-based approach.
- Describes a detailed and specific approach to sustain ECD expert positions after the period of federal funding ends.
- Describes actionable and realistic plans for building the skills of pediatric primary care staff statewide to deliver high-quality ECD services using a team-based approach.
- Describes actionable and realistic plans for improving statewide administrative policies and financing strategies, with a strong rationale for proposed partners and approaches.

### **Criterion 2(b): High-level Work Plan and Resolving Challenges (10 Points)**

- Includes a [high-level work plan](#) that describes major steps used to achieve each of the core activities proposed in the [Approach](#) section.
- Identifies potential barriers and proposes reasonable solutions to resolve them.

### Criterion 3: Performance reporting and evaluation (20 points)

See the project narrative [Performance reporting and evaluation](#) section.

The panel will review your application for how well it demonstrates the resources, systems, and key processes necessary to carry out high-quality monitoring, performance reporting, and CQI activities, and:

- Describes adequate plans to prepare partner pediatric practices to collect and report required measures. Includes an assurance to maintain data privacy, consent, and cybersecurity protections.
- Describes actionable and realistic plans for collecting and reporting accurate, timely data for required measures as described in the [Performance Measurement, Evaluation, and CQI](#) section.
- If choosing to conduct an optional, recipient-led evaluation, evaluation questions are reasonable and aligned with core activities. Includes an assurance that the final evaluation plans to follow the [HHS Evaluation Policy](#), as well as the standards and best practices described in [OMB Memorandum M-20-12](#).

### Criterion 4: Impact (15 points)

The panel will review your application for how well it shows how the proposed approach will have a lasting impact and be financially sustainable, and:

- Provides a realistic plan to sustain successful TPEC activities after the period of federal funding ends.

- Proposes a reasonable plan to sustain ECD expert positions after the period of federal funding ends, aligned with the prioritized administrative policies and financing approaches described in the proposed approach.

Criterion 5: Resources and capabilities (15 points)

See the project narrative [Organizational information](#) and [Performance reporting and evaluation](#) sections.

The panel will review your application to determine the extent to which it demonstrates the organizational capacity and readiness of key personnel and key partners to effectively carry out the proposed work, and:

- Describes appropriate and necessary capacity and experience to oversee federal funds.
- Demonstrates existing partnerships OR provides a reasonable strategy to engage advisory bodies, stakeholder groups, and other key partners.
- Provides a project organizational chart in [Attachment 4](#).
- Provides a table of pediatric practices in your state that you propose engaging as partners in [Attachment 5](#).

Criterion 6: Support requested (5 points)

See the [Budget and budget narrative](#) section.

The panel will review your application to determine whether the budget and budget narrative are reasonable, and:

- Clearly support TPEC objectives.
- Justify support for partner pediatric practices, contributions of key partners, performance reporting and CQI activities, securing TA and subject matter expertise, and evaluation.
- Demonstrates understanding of federal fund management and subrecipient oversight.
- Provides a complete budget narrative for Years 1–5.
- For years 2-5, highlights changes from Year 1 or states that there are no changes.

We do not consider **voluntary** cost sharing during merit review.

### **Risk review**

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You

can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [2 CFR 200.206](#).

## Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.
- [Alignment with HRSA Mission and Strategic Priorities](#)

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

You cannot appeal a denial, or the amount of funds awarded.

## Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See “how we make awards” in the [Application Guide](#) for more information.

By drawing down funds, you accept the terms and conditions of the award.

## Step 5: Submit Your Application

### Application submission and deadlines

Your organization’s authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

#### Application deadline

**You must submit your application by 07/10/2026, at 11:59 p.m. ET.**

Grants.gov creates a date and time record when it receives applications.

If you need a deadline extension, see “requesting a waiver” in the [Application Guide](#).

### **Submission method**

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to the [Application Guide](#).

**Have questions?** Go to [Contacts and Support](#).

## **Other submissions**

### **Intergovernmental review**

This NOFO is not subject to [Executive Order 12372](#), Intergovernmental Review of Federal Programs. No action is needed.

## **Step 6: Learn What Happens After Award**

### **Post-award requirements and administration**

#### **Administrative and national policy requirements**

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [2 CFR Part 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at [2 CFR Part 300](#), and any superseding regulations.
- The [HHS Grants Policy Statement](#). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- The requirements for performance management in [2 CFR 200.301](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

## **Required Alignment with HRSA Mission and Strategic Priorities**

Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA [vision, mission, core values, and strategic priorities](#), where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.
- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA's priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
  - Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
  - Maintain strong internal controls.
  - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

**Make America Healthy Again (MAHA):** HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

**Child protections, biological integrity, parental rights, and lawful use of funds:** HRSA prioritizes safeguarding children’s health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

**Advancing evidence-based, merit-driven, and ethically grounded health care:** HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:

- Conflicts of interest.
- “Harm reduction” models.
- Housing-first approaches.
- Activities that facilitate illegal drug use or unsafe medical practices.

**Promoting public safety, lawful use of federal funds, and national health priorities:** To the extent permitted by law, HRSA will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at [2 CFR Part 200](#) and the terms and conditions of this award. This includes termination under [2 CFR § 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

**Cybersecurity**

- If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See [details here](#).

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity.  Visit to <a href="#">45 CFR 170, Subpart B</a> learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity.  Visit <a href="https://www.healthit.gov/topic/certification-ehrs/certification-health-it">https://www.healthit.gov/topic/certification-ehrs/certification-health-it</a> to learn more.

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isp/>.

**Reporting**

If you are funded, you will have to follow the reporting requirements in “reporting” section of the [Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress report(s) each year

- Final reports
- **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where you should report annual performance data to us. You should submit a DGIS Performance Report annually, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at [link](#). The type of report required is determined by the project year of the award's period of performance. You can see the full OMB-approved reporting package at [Discretionary Grants Information System](#) on our website (OMB Number: 0915-0298 | Expiration Date: 12/31/2026).
  - DGIS Forms:
    - Project Abstract
    - Financial Form
    - Direct & Enabling Services
    - Engagement of Persons with Lived Experience
    - Technical Assistance
    - Guidelines & Policy
    - Knowledge Change
    - Behavior Change
    - Form 10

## Contacts and Support

### Agency contacts

#### Program and eligibility

Attn: TPEC Program

Division of Home Visiting and Early Childhood Systems

Attn:

Transforming Pediatrics for Early Childhood (TPEC) Program

Health Resources and Services Administration

Email your questions to this program's inbox: [HomeVisiting@hrsa.gov](mailto:HomeVisiting@hrsa.gov)

301-443-1440

#### Financial and budget

Tya Renwick

Grants Management Specialist Division of Grants Management Operations Office of Financial Assistance and Acquisition Management (OFAAM) Health Resources and Services Administration

Trenwick@hrsa.gov

301-594-0227

## HRSA contact center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

## Help with systems

### Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

### SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

### Helpful websites

- [Application Guide](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Frequently Asked Questions](#)
- [Applicant Training](#)

## Appendices

### Appendix A: Glossary

#### Frequently Used Acronyms

- **C I:** Continuous Quality Improvement
- **ECD:** Early Childhood Development
- **MCH:** Maternal and Child Health
- **TA:** Technical Assistance

#### Important Terms

**Child Flourishing:** The consistent presence of positive developmental and relational experiences in early childhood, including: (1) feeling safe and emotionally connected to parents/caregivers; (2) showing curiosity and interest in learning; (3) demonstrating the ability to recover from everyday challenges; and (4) expressing positive emotions and enjoyment in daily life. Child flourishing emphasizes not only the absence of risk factors, but the proactive promotion of secure relationships, resilience, and healthy development that support long-term health and school readiness. (For more information, see: <https://nschdata.org/browse/survey/results?q=11946&r=1>)

**Early childhood development:** Activities, resources, and/or services for both the child and parents/caregivers that positively impact a child’s healthy development in the early years. Healthy and positive child development emerges best in the context of nurturing, positive, and responsive early parent/caregiver child relationships, when children are surrounded by safe communities with strong trust and social connectedness.

**Early childhood development expert:** A health professional or paraprofessional who provides health and human services to young children and their families. ECD experts can have a range of educational backgrounds and credentials. Examples include psychologists, behavioral health clinicians, social workers, mental health nurses, and traditional/community health workers, or others with personal experience relevant to the service population.

**Early childhood system:** An organized, purposeful group that consists of partners working together to provide seamless care for children from the prenatal period to kindergarten entry and their families. An early childhood system brings together health, early care and education, child welfare, and other human services and family support program partners—as well as community leaders, families, and other stakeholders—to achieve agreed-upon goals for thriving children and families. These systems help children grow up healthy and ready to learn by addressing their physical, emotional and social health in a broad-based and coordinated way. (For more information, see [Understanding Systems Building](#).)

**Pediatric practice:** A healthcare setting where pediatric primary care services are delivered. This may include pediatricians’ offices, family medicine clinics, federally qualified health centers, patient-centered medical homes, and other settings.

**Rural:** HRSA defines the following areas as rural: Non-metropolitan counties; Outlying metropolitan counties with no population from an urban area of 50,000 or more people; Census tracts with RUCA codes 4-10 in metropolitan counties; Census tracts of at least 400 square miles in area with population density of 35 or fewer people per square mile with RUCA codes 2-3 in metropolitan counties; Census tracts with RRS 5 and RUCA codes 2-3 that are at least 20 square miles in area in metropolitan counties. You can determine if a county is rural using [HRSA’s rural eligibility assessment tool](#).

**State/Tribe/Territory-Level Recipients:** Inclusive of each state of the United States, the District of Columbia, each territory or possession of the United States, and each federally recognized Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 5304)).

## Footnotes

[1] This NOFO uses the terms “state” and “state-level” for brevity, but these are inclusive of each state of the United States, District of Columbia, each territory or possession of the United States, and each Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 5304)).

[2] See [Appendix A](#) for more information.

[3] For the purposes of this NOFO, “pediatric practice” is defined as a healthcare setting where pediatric primary care services are delivered. This may include pediatricians’ offices, family medicine clinics, federally qualified health centers, patient-centered medical homes, and other settings.

[4] See [Core Activity 1](#) for more information.

[5] For more information, see Maternal and Child Health Bureau’s <https://mchb.hrsa.gov/programs-impact/focus-areas/early-childhood-health>.

[6] National Survey of Children's Health -  
<https://nschdata.org/browse/survey/results?q=12147&r=1>.

[7] See [Appendix A](#) for a definition of "rural."