

Notice of Funding Opportunity

Application due Tuesday, March 31, 2026

HRSA

Health Resources & Services Administration

Bureau of Primary Health Care (BPHC)








Health Center Program

Fiscal Year (FY) 2026 National Technical Assistance Programs (NTAP) Cooperative Agreements

Opportunity number: HRSA-26-009



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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Tuesday, March 31, 2026.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

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Basic Information

Health Resources and Services Administration (HRSA)

Bureau of Primary Health Care (BPHC)

Health Center Program

Leverage your expertise to be a national technical assistance provider to health centers in one of three identified areas.

Summary

The FY 2026 National Technical Assistance Programs (NTAP) Cooperative Agreements support three national organizations to develop and deliver technical assistance (TA) to [existing and potential health centers](#) with a focus on:

- Supporting the delivery of comprehensive, high-quality primary health care.
- Improving chronic disease management, nutrition, and preventive services.
- Improving operational effectiveness, efficiency, and quality.
- Addressing emergent public health needs and priorities.
- Complying with and exceeding Health Center Program and supplemental funding requirements.

Funding details

Application Types: New

Expected total available funding in FY 2026: \$24,000,000

Expected number and type of awards: 3 Cooperative Agreements (CA)

Funding range per award: \$8 million

We plan to fund awards in four 12-month budget periods for a total 4-year period of performance from August 1, 2026 to July 31, 2030.

Fiscal Year (FY) 2026 National Technical Assistance Programs (NTAP) Cooperative Agreements awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

We will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where we anticipate substantial involvement with the recipient during the planned project.



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

Key facts

Opportunity name:

Fiscal Year (FY) 2026
National Technical
Assistance Programs
(NTAP) Cooperative
Agreements

Opportunity number:

HRSA-26-009

Announcement version:

Initial

Federal assistance listing:

93.129

Key dates

NOFO issue date:

December 23, 2025

Application deadline:

March 31, 2026

Expected award date is by:

July 29, 2026

Expected start date:

August 1, 2026

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

You may request supplemental funding at any point in your period of performance to address unique national health center TA needs that continue or enhance activities within the funded scope of work. We may support such supplemental projects if funding is available, the request is reasonable, sufficient time remains in the budget period, and the activities are aligned with HRSA priorities and non-duplicative of work performed by HRSA or other NTAPs.

The number of projected awards and the maximum funding amount for each NTAP category are indicated in Table 1.

Table 1: NTAP categories and funding amounts

Category	Number of awards	Maximum funding amount per year
Clinical and Preventive Excellence	1 total	\$8,000,000
Operational Excellence	1 total	\$8,000,000
National TA and Coordination Center	1 total	\$8,000,000

Eligibility

Who can apply

Types of eligible organizations

These types of domestic organizations may apply:

- State governments
- County governments
- City or township governments
- Special district governments
- 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
- Faith-based organizations

“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](#).
- Is submitted after the [deadline](#).
- Does not include a [project narrative](#).
- Does not include a [project work plan](#).
- Requests funding above the award ceiling of \$8 million.

Application limits

You may submit only one application. If you submit more than one application, we will 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.

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

National Technical Assistance Programs (NTAPs) develop, deliver, coordinate, and evaluate technical assistance (TA) to existing and potential health centers, both directly and collaboratively with other HRSA-funded TA programs. FY 2026 NTAP award recipients will receive funding to provide high-impact TA that supports health centers to:

- Deliver comprehensive, high-quality primary health care.
- Improve chronic disease management, nutrition, and preventive services.
- Improve operational effectiveness, efficiency, and quality.
- Address emergent public health needs and priorities.
- Meet and exceed compliance with the Health Center Program and supplemental funding requirements.

Background

The Department of Health and Human Services (HHS) is dedicated to improving the health and well-being of all Americans. This aligns with the president's [Make America Healthy Again \(MAHA\)](#) priorities, which focus on addressing the root causes of America's health crisis through preventing and managing chronic disease for children, adults, and older adults across the United States.

Health centers are community-based and patient-directed organizations that provide affordable, accessible, and high-quality primary health care to medically underserved communities. For many communities, the health center is the first point of access for any health care need. Health centers play a critical role in addressing barriers to care and providing access to a continuum of health services that help the nation prevent and manage chronic disease. In 2024, over 32 million people received care from a HRSA-funded health center, including over 9.4 million children under the age of 18 and about 9.9 million rural residents.

Health centers need TA to identify and implement evidence-based interventions and promising practices that help them provide access to primary health care services that best meet their patients' and communities' needs. As the needs of health centers and their communities evolve, NTAPs tailor technical assistance and resources to meet those needs.

NTAPs maximize the impact of the [Health Center Program](#) to best manage chronic diseases and improve patient outcomes. This includes preparing for and responding to primary health care needs that change because of emergencies or emerging priorities.

This funding will allow NTAPs to develop, deliver, coordinate, and evaluate TA for health centers across seven [performance domains](#):

- Governance, leadership, and management.
- Workforce.
- Financial sustainability.
- Community health and health-related needs.
- Quality, patient care, and safety.
- Patient experience.
- Access and affordability.

NTAPs will also provide TA to health centers at or below the third quartile of clinical and operational performance outcome measures. These health centers can benefit the most from targeted assistance, tailored and shared learning, and peer-to-peer networking.

NTAPs will develop and coordinate their TA resources with HRSA-supported TA programs, including other NTAPs, [Primary Care Associations](#) (PCAs), and [Health Center Controlled Networks](#) (HCCNs) to maximize the impact of all HRSA-supported TA.

The following definitions apply to this notice of funding opportunity:

- **Existing health center:** Health Center Program (H80) award recipients and organizations with a look-alike designation.
- **Potential health center:** Organizations applying for or interested in applying for New Access Points or Service Area Competition funding or look-alike designation.
- **Technical assistance (TA):** Delivery of targeted support, expertise, and advice to improve performance. Formats may include:
 - In-person and virtual courses, seminars, and workshops to build knowledge, skills, and best practices.
 - Individual, small group, and cohort to help implement skills and apply concepts and tools introduced during broader TA activities.
- **HRSA-supported TA programs:** NTAPs, Primary Care Associations (PCAs), and Health Center Controlled Networks (HCCNs).
- **Uniform Data System (UDS):** A standardized system for H80 award recipients and look-alikes to report on a core set of measures each calendar year.

Program requirements and expectations

NTAP categories

Three awards will be made. For award details, see [Table 1](#).

NTAP program requirements

NTAPs will develop, deliver, coordinate, and evaluate TA activities for existing and potential health centers. TA activities will help achieve the [FY 2026 NTAP objectives](#).

Your application must:

- Document your understanding of the national, regional, and other needs (as applicable) in the areas outlined in the [purpose](#) section of this NOFO.
- Demonstrate your experience and ability to develop and conduct opportunities for health centers to learn and share knowledge.
- Describe how you will identify best practices that increase TA effectiveness, efficiency, and quality for health centers.
- Identify other organizations that you will work with to ensure you have the necessary subject matter expertise to support health centers across all objectives.

If awarded, you must do the following:

- Conduct TA.
 - Begin delivering TA within 60 days of award.
 - Help health centers identify and apply validated screening tools and adopt evidence-based and promising practices and innovations to address patient needs.
 - Adjust your TA according to changes in the health center landscape and emerging priorities.
 - Ensure health centers have broad access to TA resources regardless of H80 award, LAL designation, NTAP membership, or geographic location.
 - Do not charge for the TA that you provide only with HRSA funds. If you fund TA with a mix of HRSA and non-HRSA funds, you may charge participants to offset non-HRSA costs if you can show that the charge is not a barrier to access. For example, by ensuring that the TA activity is also available for free online.
- Collaborate with HRSA, health centers, and other HRSA-supported TA programs.
 - Inform HRSA of trends or barriers affecting health center performance and HRSA priorities.
 - Disseminate shared learning, tools, resources, and data from health centers.

- Coordinate with other HRSA-supported TA programs to align and strengthen TA offerings, share resources, and avoid duplicating efforts.
- Participate in a HRSA-sponsored NTAP Forum.
- Collect and evaluate TA outcomes and share results with HRSA, health centers, and HRSA-supported TA programs.
- Contribute to the national health center TA needs assessments on topics relevant to your NTAP category.
- Share resources and products you develop with HRSA funds through the [Health Center Resource Clearinghouse](#).
- Make sure any publications you develop or purchase through this award meet HRSA guidelines for data rights.
 - As described in [2 CFR § 200.315\(b\)](#), you own the copyright for materials that you develop through this award, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to allow others to do so.
 - The federal government can also obtain, reproduce, publish, or use data produced through this award and can allow others to receive, reproduce, publish, or otherwise use such data for federal purposes. See [2 CFR § 200.315\(d\)](#).
- Manage your project.
 - Meet the requirements for numbers, types, sessions, and participants for TA activities each budget period. See [Table 2](#) and [Table 3](#).
 - Continue to make progress on the objectives, even if you meet your objective target early in the period of performance.
 - Get approval from HRSA before changing or removing any program objective, unless this NOFO says you may do so. See [NTAP objectives and measures](#).

TA formats

You will deliver TA using three formats: (1) national audience activity, (2) national community of practice, and (3) outcomes-focused cohort. Each of these formats counts as one activity toward your overall required number of activities.

- **National audiences:** You are required to provide general, short-term, and didactic sessions that address priority needs of many health centers. Example TA activities are:
 - Webinars.

- Developing and sharing digital resources, such as readiness tools, implementation manuals, and fact sheets.
- Identifying and sharing evidence-based and promising practices.
- **National community of practice (CoP):** You are required to facilitate the regular interaction of small groups and support their peer learning to address a specific topic and area of need. These activities must include the following:
 - Run each CoP for one budget year.
 - Offer at least six sessions for each CoP.
 - Address the unique needs of the participating health centers.
 - Provide data in your progress reports on participating health centers' improvement toward the NTAP objective(s) of the CoP.
 - National TA and Coordination Center: Your CoPs must focus on developing health center leadership and their unique roles in facilitating health center change. Each CoP must have leadership representatives from a minimum of 12 participating health centers. You will provide documentation of commitment from participating health centers' leadership post-award.
- **Outcomes-focused cohorts:** You are required to offer intensive, targeted one-on-one support and opportunities for peer learning for health centers performing in or below the third quartile in the selected clinical or operational performance measures. Activities should include planning, action periods, coaching, scale-up of models, and evaluation, and be structured to build upon existing or new support that health centers may receive. These activities must include the following:
 - Run each cohort for a three-year period. During your period of performance, you will spend about:
 - Six months planning and recruiting cohort members.
 - Three years engaging with health centers.
 - Six months evaluating the cohort's impact.
 - Work with HRSA post-award to enroll health centers in each cohort. HRSA may provide direction in the development of cohorts based on 2025 UDS quartile data.
 - For each cohort, engage at least 40 health centers performing in or below the third quartile in the clinical or operational performance measures that you select.
 - Provide documentation of commitment from participating health centers' leadership within six months post-award.
 - Track cohort progress for the selected measure at least bi-annually to support evaluation of the program.

- Note: This category of TA is not applicable to the National TA and Coordination Center NTAP.

Additional requirements for the National TA and Coordination Center NTAP only

- Coordinate and conduct a national TA needs assessment in years one and three. Provide a report on findings by quarter one of the following budget year (years two and four).
 - The assessments may focus on different topic areas to gather a broader range of data.
- Publicly share the findings of your needs assessments and share results with HRSA-supported TA programs to inform future TA offerings.
- Maintain and improve the [Health Center Resource Clearinghouse](#), keeping it a central place for high-quality, accessible TA resources.
- Facilitate collaboration across HRSA-supported TA programs to promote alignment and reduce duplication.
- Evaluate coordination activities and regularly collect input from HRSA-supported TA programs and health centers to assess the impact of TA activities. See the [NTAP TA webpage](#) for examples.
- Coordinate responses to public health needs and priorities, as needed.
- Note: If a new applicant is awarded as the National TA and Coordination Center through this NOFO, the new award recipient must work with the previous award recipient to acquire all materials from the Health Center Resource Clearinghouse within 30 days of award. The current award recipient must conduct an orderly phase-out of the Health Center Resource Clearinghouse and transition the consolidated access to TA resources, as appropriate, to the new award recipient.

Table 2: Minimum requirements per budget year for the Clinical and Preventive Excellence and Operational Excellence NTAPs

Minimum total number of activities	Minimum number of national audience activities	Minimum number of national communities of practice	Minimum number of national communities of practice sessions	Minimum number of outcomes-focused cohorts	Minimum number of health centers for outcomes-focused cohort
36	22	8	6 sessions per CoP (8 x 6) = 48 sessions total	6	40 health centers per cohort (6 x 40) = 240 health centers total

Note: Health centers may experience barriers that prevent participation in the full three years of an outcomes-focused cohort. You must maintain active participation of at least 90 percent of your cohort members from year to year.

Table 3: Minimum requirements per budget year for the National TA and Coordination Center NTAP

Minimum total number of activities	Minimum number of national audience activities	Minimum number of national communities of practice	Minimum number of national communities of practice sessions	Minimum number of health centers in national communities of practice for health center leadership
36*	18	12	6 sessions per CoP (12 x 6) = 72 sessions total	12 health centers per CoP (12 x 12) = 144 health centers total

*After you meet the minimum requirements for each TA format, add activities using any TA format to meet the minimum total number of activities.

If you do not meet these requirements, you may jeopardize your NTAP funding per [2 CFR § 200](#). We will assess you for compliance during the period of performance. If we identify noncompliance, we will place a condition on your award. If you do not resolve the issue successfully, we may cancel all or part of your award (see penalties for noncompliance outlined by [2 CFR § 200.339](#)).

NTAP objectives and measures

Below are the objectives you will work on during the period of performance, according to your NTAP category. You must align your activities with these objectives throughout the four-year period of performance.

- You must propose a minimum number of TA activities based on the technical assistance format. See [Table 2](#) and [Table 3](#).
- You will address each objective with at least one activity. You may choose the TA formats, unless otherwise indicated.
- You may select objectives for your CoPs, unless otherwise indicated. You will develop metrics to measure the effectiveness of your CoP TA.
- Outcomes-focused cohorts must address specific objectives, as indicated.
- You are expected to tailor TA activities to address the barriers, challenges, and performance needs of health centers, including health centers serving special medically underserved populations, with a focus on continuous quality improvement.
- You may revise your emerging issues objective at the beginning of each budget period.

Table 4: Clinical and Preventive Excellence NTAP

Objective Number	Objective	Measure
1	<p>Access to comprehensive primary care</p> <p>Increase the number of health centers that receive TA to optimize the delivery of required health services and increase access to integrated, comprehensive, high-quality primary health care in their communities.</p> <p>This includes helping health centers measure and strengthen clinical access to reduce barriers to timely preventive and chronic care services. These measures should include:</p> <ul style="list-style-type: none"> • Visit completion rates. • Care continuity. • Clinical staffing ratios. • Patient follow-up. 	The number of health centers that receive this TA.
2	Chronic disease management	The number of health centers that receive this TA.

Objective Number	Objective	Measure
	<p>Increase the number of health centers that receive TA on preventing and managing chronic disease to improve health outcomes in at least three of the following topics:</p> <ul style="list-style-type: none"> • Controlled hypertension. • Depression remission. • Diabetes (glycemic control). • Mental health and substance use disorder management. 	
3	<p>Preventive services</p> <p>Increase the number of health centers that receive TA to support three or more of the following preventive screening services:</p> <ul style="list-style-type: none"> • BMI screening (adults). • Cancer screening (breast, cervical, colorectal). • Depression screening. • Tobacco use screening. • Weight assessment and counseling for nutrition and physical activity for children and adolescents. • Childhood development screenings and evaluations. 	The number of health centers that receive this TA.
4	<p>Care continuity and coordination</p> <p>Increase the number of health centers that receive TA on care continuity and coordination to improve overall patient experience and health outcomes using a validated measure of patient experience.</p> <p>You must include the following topics:</p> <ul style="list-style-type: none"> • Meaningful patient engagement. • Patient access to personal health information. • Obtaining and using patient feedback. • Effective communication between patients and care teams. <p>Validated measures may include:</p>	The number of health centers that receive this TA.

Objective Number	Objective	Measure
	<ul style="list-style-type: none"> • Medicare Merit-Based Incentive Payment System Patient-Centered Primary Care Measure (PCPCM). • Consumer Assessment of Healthcare Providers and Systems (CAHPS). 	
5	<p>Emerging issues (applicant choice)</p> <p>Develop one objective and associated measure for TA to health centers on emerging clinical issues or evolving trends in improving access to care, processes, patient safety, or patient outcomes in one or more of the following topics:</p> <ul style="list-style-type: none"> • Nutrition. • Child and adolescent health. • Maternal health. • Mental health and substance use disorder. • Environmental hazards and toxins. • Other. 	Developed by you.
6	<p>Outcomes-focused cohorts to improve clinical performance</p> <p>Support six cohorts of health centers in or below the third quartile in clinical performance to improve clinical outcomes and access to comprehensive, high-quality care.</p> <p>You must have two cohorts for each of the two required clinical topics (four cohorts total):</p> <ul style="list-style-type: none"> • Controlled hypertension. • Weight assessment and counseling for nutrition and physical activity for children/adolescents. <p>You must have two additional cohorts. Select from the following clinical topics for these cohorts:</p> <ul style="list-style-type: none"> • Cancer screening (breast, cervical, colorectal). • Diabetes (glycemic control). • Body mass index (BMI) screening and follow-up plan. • Screening for depression and follow-up plan. • Tobacco use: Screening and cessation intervention. 	<p>The percentage of health centers in the cohorts that advance toward the next highest quartile for the selected measure.</p> <p>Use the corresponding UDS measures that align with the 2025 UDS Manual measures, and list the percentage for each selected measure:</p> <ul style="list-style-type: none"> • Controlled hypertension: Table 7, Sec B, line i. • Weight assessment and counseling for nutrition and physical activity for children/adolescents: Table 6B, line 12. • Cancer screening: <ul style="list-style-type: none"> ◦ Breast: Table 6B, line 11a.

Objective Number	Objective	Measure
	Each cohort must include at least 40 health centers and should focus on improving performance for a single performance measure. You may include additional measures to support a more comprehensive approach.	<ul style="list-style-type: none"> ◦ Cervical: Table 6B, line 11. ◦ Colorectal: Table 6B, line 19. • Diabetes (glycemic control): Table 7: Sec C, line i. • BMI screening and follow-up plan: Table 6B, line 13. • Screening for depression and follow-up plan: Table 6B, line 21. • Tobacco use: Screening and cessation intervention: Table 6B, line 14a. <p>Note: HRSA will provide guidance and relevant UDS data post-award to inform cohort selection and measure alignment.</p>
7	Mental health services Increase the number of health centers that receive TA to improve mental health services, including: <ul style="list-style-type: none"> • Enhancing the quality of integrated mental health services. • Identifying and treating conditions early. • Managing behavioral health conditions. 	The number of health centers that receive this TA.
8	Oral health and prevention services Increase the number of health centers that assess their primary health care and oral health service integration and receive TA to increase access to integrated oral health services, with an emphasis on prevention and health education.	The number of health centers that receive this TA.
9	Patient support services	The number of health centers that receive this TA.

Objective Number	Objective	Measure
	<p>Increase the number of health centers that receive TA on enhancing patient support services to improve access and continuity of care.</p> <p>You must include the following topics:</p> <ul style="list-style-type: none"> • Case management. • Care coordination. • Transportation services. • Outreach services. 	
10	<p>Prevention of intimate partner violence (IPV) and human trafficking</p> <p>Increase the number of health centers that receive TA on developing and implementing evidence-based strategies, protocols, and partnerships to prevent, identify, and respond to IPV and human trafficking.</p>	The number of health centers that receive this TA.
11	<p>Clinical quality improvement, assurance, and patient safety</p> <p>Increase the number of health centers that receive TA on implementing continuous clinical quality improvement and assurance strategies to create a culture of quality and safety. This objective may require collaboration with a HRSA-supported patient safety/risk management contractor.</p>	The number of health centers that receive this TA.
12	<p>Clinical practice transformation</p> <p>Increase the number of health centers that receive TA assessing health care quality and practice transformation to increase integrated, team-based practice models and patient-centered care models. These practices should improve health outcomes, support workforce development, and align value-based priorities.</p>	The number of health centers that receive this TA.
13	<p>Community health and health-related needs</p> <p>Increase the number of health centers that receive TA to strengthen their capacity to identify and address the health-related needs of the communities they serve.</p> <p>You may include topics such as:</p>	The number of health centers that receive this TA.

Objective Number	Objective	Measure
	<ul style="list-style-type: none"> Community engagement and community partnerships to improve health, access to resources, and expand outreach efforts. Conducting and applying community health needs assessments to inform services and partnerships. Designing health strategies tailored to community challenges and needs. Using data to identify and respond to areas of need in the community. 	

Table 5: Operational Excellence NTAP

Objective Number	Objective	Measure
1	<p>Access to comprehensive primary care</p> <p>Increase the number of health centers that receive TA to optimize the delivery of required health services and improve access to integrated, comprehensive, high-quality primary health care in their communities.</p> <p>This includes helping health centers measure and strengthen operational access to ensure timely access to care. Measures include:</p> <ul style="list-style-type: none"> Appointment availability. Patient wait times. Service utilization patterns. Care team capacity. 	The number of health centers that receive this TA.
2	<p>Chronic care management and preventive services</p> <p>Increase the number of health centers that receive TA to enhance operations that support the delivery of integrated, team-based care for chronic disease prevention, management, and evidence-based screening services. This includes patient-centered medical home recognition, workforce capacity, team-based care, and care coordination to improve health outcomes in three or more topics.</p> <p>You must include the following two required topics:</p>	The number of health centers that receive this TA.

Objective Number	Objective	Measure
	<ul style="list-style-type: none"> Controlled hypertension. Weight assessment and counseling for nutrition and physical activity for children/adolescents. <p>You must address one additional topic. Select from the following topics:</p> <ul style="list-style-type: none"> Depression remission. Diabetes (glycemic control). Mental health and substance use disorder management. BMI screening (adults). Cancer screening (breast, cervical, colorectal). Depression screening. Tobacco use screening. Childhood development screenings and evaluations. 	
3	<p>Workforce recruitment, retention, and development</p> <p>Increase the number of health centers that receive TA to help them recruit, retain, and develop staff.</p> <p>You must include the following topics:</p> <ul style="list-style-type: none"> Team-based primary health care model implementation. Administrative and policy areas of licensure, liability, protection, and scope of practice. Partnerships with education and training programs to expand all levels of the health workforce, including career ladders. Workforce development and resilience. Strengthening leadership and oversight capacity for governing boards. 	The number of health centers that receive this TA.
4	<p>Financial and resource management</p> <p>Increase the number of health centers that receive TA to increase their financial and resource management skills to improve sustainability and patient outcomes.</p> <p>You must include topics such as:</p> <ul style="list-style-type: none"> Implementing value-based care and innovation models. Payor and revenue management. 	The number of health centers that receive this TA.

Objective Number	Objective	Measure
	<ul style="list-style-type: none"> Improving revenue cycle efficiency and revenue metrics, such as reduced claim denials or billing turnaround times. Contracting. 	
5	<p>Emerging issues (applicant choice)</p> <p>Develop one objective and associated measure for TA to health centers on emerging operational issues or evolving trends in improving access to care, processes, patient safety, or outcomes.</p>	Developed by you.
6	<p>Outcomes-focused cohorts to improve operational performance</p> <p>Support six cohorts of health centers in or below the third quartile in operational and financial performance to improve financial sustainability, operational efficiency, and access to care.</p> <p>You must have two cohorts for each of the two required operational topics (four cohorts total):</p> <ul style="list-style-type: none"> Staffing and utilization. Days cash on hand. <p>You must have two additional cohorts. Select from the following operational topics for these cohorts:</p> <ul style="list-style-type: none"> Cost per patient. Days in net accounts receivables. Bottom line margin/net profit margin. Operating margin. <p>Each cohort must include at least 40 health centers and should focus on improving performance for a single performance measure. You may include additional measures to support a more comprehensive approach.</p>	<p>The percentage of health centers in the cohorts that advance toward the next highest quartile for the selected measure.</p> <p>Use the corresponding UDS measures that align with the 2025 UDS Manual or audit measures.</p> <ul style="list-style-type: none"> Staffing and utilization: Table 5. Days cash on hand. Cost per patient: Table 8A. Days in net accounts receivables. Bottom line margin/net profit margin. Operating margin. <p>Note: HRSA will provide guidance and relevant UDS data post-award to inform cohort selection and measure alignment.</p>
7	Health information technology (HIT) and data management	The number of health centers that receive this TA.

Objective Number	Objective	Measure
	<p>Increase the number of health centers that receive TA to strengthen HIT infrastructure and data management, including health information exchange, registries, and the adoption of digital health tools. Such tools include remote monitoring devices, patient portals, and telehealth visits to support efficient, high-quality care delivery.</p> <p>You must include the following topics:</p> <ul style="list-style-type: none"> • Cybersecurity and data privacy. • Data management and patient engagement and access to information. • Artificial intelligence (AI) and AI adoption. • Patient level reporting. • Clinical dashboards. • Interoperability and data sharing. • Fast Healthcare Interoperability Resources (FHIR) capabilities and enhancements. 	
8	<p>Pharmacy management and optimization</p> <p>Increase the number of health centers that receive TA to implement and improve pharmacy services, including maximizing participation in new pharmacy management pilots, models, and practice changes.</p>	The number of health centers that receive this TA.
9	<p>Capital planning, growth, and operational development</p> <p>Increase the number of health centers that receive TA to develop comprehensive capital plans that support facility improvements, infrastructure expansion, technology investments, and operational performance to ensure long-term sustainability, growth, and expanded access to integrated, comprehensive primary care.</p> <p>You must include topics such as:</p> <ul style="list-style-type: none"> • Developing strategies to upgrade infrastructure. • Enhancing infrastructure to support continuity of operations during emergencies. • Ensuring facilities effectively meet patient care needs. • Leveraging funding to support the continuity of operations. 	The number of health centers that receive this TA.

Objective Number	Objective	Measure
	<ul style="list-style-type: none"> Prioritizing investments to align with operational goals and infrastructure needs. Developing strategies to forecast future growth to support service delivery expansion. 	
10	Health center expansion of services Increase the number of health centers that receive TA to strategically expand services (for example, dental and behavioral health) through operational planning, resource alignment, and integration into existing systems of care.	The number of health centers that receive this TA.
11	Workflow optimization Increase the number of health centers that receive TA to improve the efficiency of clinical and operational workflows using operational metrics. These measures must include: <ul style="list-style-type: none"> Intake time (average time between patient starts to meet demand). Cycle time (total time to complete a process visit). 	The number of health centers that receive this TA.
12	Train-the-trainer for PCAs and HCCNs Increase the capacity of PCAs and HCCNs to deliver high-impact TA to health centers with the “train-the-trainer” model. You must include topics such as: <ul style="list-style-type: none"> Scalable training curriculum. Developing and sharing with PCAs and HCCNs tools to support health centers in priority areas of need. 	The number of PCAs and HCCNs that receive this TA.
13	Preparedness for emergencies and environmental hazards Increase the number of health centers that receive TA to improve their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, and the health-related impacts of disasters and environmental hazards.	The number of health centers that receive this TA.

Table 6: National TA and Coordination Center NTAP

Objective Number	Objective	Measure
1	Health Center Resource Clearinghouse—maintenance and materials development Maintain the Health Center Resource Clearinghouse platform and add TA materials to the platform.	The number of TA materials on the Health Center Resource Clearinghouse platform.
2	Health Center Resource Clearinghouse—TA access Increase the number of people who access TA learning resources on the Health Center Resource Clearinghouse platform.	The number of individuals who access TA learning resources on the Health Center Resource Clearinghouse platform.
3	TA needs assessment Conduct TA needs assessments in years one and three that document and analyze the most significant TA needs of the Health Center Program awardees and look-alikes.	The percentage of health center program awardees and look-alikes that complete the TA needs assessment.
4	Strategic engagement Increase the number of health centers that receive TA to foster partnerships and collaboration to align efforts for improved health outcomes, including engaging key stakeholders such as health care providers and community organizations.	The number of health centers who receive this TA.
5	Facilitation and information sharing among HRSA-supported TA programs Strengthen collaboration and knowledge exchange among HRSA-supported TA programs to help them collaborate, share knowledge, and coordinate strategies to improve health center performance. This includes: <ul style="list-style-type: none"> • Facilitating regular communication among NTAPs, PCAs, and HCCNs. • Hosting cross-program peer learning groups. • Identifying opportunities for shared innovation, resource development, and train-the-trainer models. • Reducing duplicated efforts. 	The number of NTAPs, PCAs, and HCCNs that receive this TA.

Objective Number	Objective	Measure
6	<p>National CoP to improve health centers' leadership and governing boards</p> <p>Increase the number of health centers that receive TA to strengthen the capacity of their leadership and governing boards, including C-suites such as CEOs, CMOs, CFOs, CTOs, governing board chairs, and new health center leaders, to strengthen organizational capacity, leadership effectiveness, and strategic decision-making to improve comprehensive, high-quality primary health care.</p> <p>Activities must include at least 12 national CoP that focus on the following:</p> <ul style="list-style-type: none"> • Board engagement. • Executive leadership development. • Governance. • Performance improvement strategies. • Financial and operational oversight. • Strategic planning. • Compliance aspects of health centers and preparation for operational site visits (OSVs). 	The number of health centers' board members and executive staff who receive this TA.
7	<p>Coordinating responses to public health needs and priorities</p> <p>Increase the effectiveness and timeliness of TA delivered across the Health Center Program by coordinating and supporting responses to emergent public health needs and priorities.</p> <p>This includes the following activities to ensure continuity of operations, quality care delivery, and rapid response to evolving public health needs and priorities:</p> <ul style="list-style-type: none"> • Identifying, synthesizing, and disseminating timely information. • Sharing resources across TA programs, including NTAPs, PCAs, and HCCNs. • Facilitating alignment of strategies in collaboration with HRSA, health centers, and TA programs. 	The number of coordinated, timely TA activities in response to emergent public health needs and priorities, in collaboration with HRSA and other TA programs. This should include the number of shared resources or communication products distributed nationally.

Objective Number	Objective	Measure
8	<p>Support health center compliance with program requirements</p> <p>Provide TA to health centers to support continual compliance with program requirements.</p> <p>This includes helping health centers prepare for upcoming operational site visits (OSVs).</p>	The number of health centers that receive this TA.

Statutory authority

Section 330(l) of the Public Health Service (PHS) Act ([42 U.S.C. § 254b\(l\)](#)).

Award information

Cooperative agreement terms

Our responsibilities

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

- Collaborate with you to revise and approve the objectives and activities in your [project work plan \(PWP\)](#) according to our priorities and changes in the health care landscape, such as identifying and prioritizing TA on using federal funds.
- Establish standard measures that you will use to evaluate success. These measures may evolve throughout the period of performance.
- Monitor and help you carry out your [PWP](#) through regular collaborative meetings and progress report reviews.
- Review and help you develop key deliverables, including approving your publication plan and national TA resources before you publish, distribute, and/or post them online.
- Attend and participate in NTAP-related meetings, as appropriate.
- Find opportunities to coordinate activities with other federally funded award recipients to support the objectives.
- Conduct a site visit during the four-year period of performance to review your activities, assess key accomplishments, and identify promising practices. We may conduct an additional site visit as needed.
- Provide a data use agreement (that you must sign) before sharing data that will help you achieve your approved objective targets.

Your responsibilities

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

- Collaborate with HRSA to revise and carry out your [PWP](#) based on administration, HHS, and HRSA priorities, and changes in the health care landscape.
- Provide input on standard measures all NTAPs will use to evaluate success.
- Submit publications developed with NTAP funds to HRSA for review. When submitting to HRSA, you must include the publication's purpose, target audience, publication mode or type, and projected publication date.

- Acknowledge federal funding by adding an acknowledgment statement on all publications and national TA resources produced with HRSA funds, in accordance with the requirements listed on [How to Acknowledge Federal Funding](#).
- Participate in HRSA and related stakeholder meetings, including at least one NTAP forum, as appropriate.
- Coordinate with national, federal, state, and local organizations to help develop and carry out your [PWP](#).
- Ensure compliance with the [NTAP program requirements and expectations](#), including ensuring that activities supported in whole or in part with NTAP funds are available to all existing and potential health centers.
- Participate in a HRSA-led NTAP site visit and any additional site visits during the four-year period of performance.
- Sign and adhere to all data use agreements that govern [Uniform Data System \(UDS\)](#) and non-UDS data sources before you request data from us that is not publicly available.

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS will adopt [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.
- All uses of funds must align with your scope of project.
- The federal award may be terminated in part or in its entirety by the federal agency or pass-through entity if an award no longer meets the program goals or agency priorities.
- Support beyond the first budget year will depend on:
 - Available funds.
 - Your satisfactory progress in meeting the project's objectives.
 - A decision that continued funding is in the government's best interest.
- 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 Section 3.1.4 of the [Application Guide](#). You can also see [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
- 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.

Program-specific statutory or regulatory limitations

You may not spend funds for:

- Costs already paid for by any other federal awards.
- Costs not aligned with the NTAP purpose.
- Direct patient care.
- New construction activities, including additions or expansions.
- Alteration or renovation (A/R) of facilities.
- Reserve requirements for state insurance licensure.
- Support for lobbying or advocacy efforts.

Under existing law, and consistent with Executive Order 13535 (75 FR 15599), you must not use federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed. This includes all funds awarded under this notice and is consistent with past practice and long-standing requirements.

See [Manage Your Grant](#) for other information on costs and financial management.

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 charge 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 have never received a 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](#).

The non-federal share of the project budget includes all program income sources such as fees, premiums, third-party reimbursements, and payments generated from the delivery of services. The non-federal share also includes other revenue sources, such as:

- State, local, or other federal grants or contracts.
- Private support, donations, or contributions.
- Income generated from fundraising.



Step 2:

Get Ready to Apply

In this step

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Get registered

SAM.gov

You must have an active account with SAM.gov to apply. This includes having a Unique Entity Identifier (UEI). 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.

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](#).

If you have already registered on Grants.gov, make sure your account is active, and your Authorized Organization Representative (AOR) is approved.

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Search Grants at Grants.gov](#) and search for opportunity number HRSA-26-009.

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.

Join the webinar

For more information about this opportunity, join the webinar. Details will be posted on the [NTAP TA webpage](#).



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



Step 3:

Build Your Application

In this step

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Application checklist

Make sure that you have everything you need to apply.

Narratives

Component	Included in page limit?
<input type="checkbox"/> Project narrative Use the Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative with staff justification table Use the Budget Narrative Attachment form.	Yes

Attachments

Insert each attachment in this order.

Component	Included in page limit?
1. Project work plan	No
2. Project organizational chart	Yes
3. Staffing plan	Yes
4. Position descriptions for key personnel	Yes
5. Biographical sketches of key personnel	Yes
6. Letters of support	Yes
7. Summary of contracts and agreements (as applicable)	Yes
8. Other relevant documents (as applicable)	Yes (except for indirect cost rate agreement)

Other required forms

Complete each required form in Grants.gov. You can find them in the [NOFO application package](#) or review them and any available instructions at [Grants.gov Forms](#).

Component	Included in page limit?
<input type="checkbox"/> Application for Federal Assistance (SF-424)	No
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)	No
<input type="checkbox"/> Project Abstract Summary Form	No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL) , optional	No
<input type="checkbox"/> Project/Performance Site Location(s)	No
<input type="checkbox"/> Grants.gov Lobbying Form	No
<input type="checkbox"/> Key Contacts	No

Application contents and format

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

Application page limit: 80 pages. We will not review any pages that exceed the page limit.

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

Required format

You must format your narratives and attachments using our required formats for fonts, size, color, format, and margins. See the formatting guidelines in Section 3.2 of the [Application Guide](#).

Form instructions

Follow the instructions for Application for Federal Assistance in Section 3.1 of the [Application Guide](#) and any additional instructions provided here.

Project abstract summary form

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project that includes the following information:

- [NTAP category](#).
- Objectives to be addressed with CoPs.
- Areas of focus to be addressed with outcomes-focused cohorts, as applicable.
- What your organization will uniquely bring to this NTAP role.
- For more information, see Section 3.1.2 of the [Application Guide](#).

Application for federal assistance (SF-424)

This form collects general information and is your application for federal assistance. Follow the instructions in Section 3.1.1 of the [Application Guide](#) and the form instructions in [Grants.gov Forms](#).

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 its money.

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

[See instructions and examples](#).

Project/performance site location(s)

Follow the form instructions in [Grants.gov Forms](#). Use the "Next Site" option rather than "Additional Location(s)" to add more than one project/performance site location.

Project narrative

The project narrative is required for completeness.

In this section, you will describe all aspects of your project.

Use the section headers and the order listed. Number your responses in each section. This ensures reviewers can understand your proposed project.

Introduction

This section is not scored but sets the expectation for the rest of your application.

1. Identify which eligibility category fits your organization based on [eligible organizations](#).
2. Identify your NTAP category based on [Table 1](#).
3. Identify the minimum number of activities, cohorts, participants, and sessions required based on your selected NTAP category.

Need

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

You will base your PWP on the information in this section. This section should demonstrate what existing and potential health centers need to know to advance in the [performance domains](#) and in clinical and operational metrics. Cite data sources that are relevant to the NTAP category, such as UDS reports, audit benchmarks, national health center TA needs assessment, annual TA satisfaction reports, and participant feedback from past TA. The National TA and Coordination Center NTAP must include data sources related to leadership, governance, and C-suite effectiveness.

1. Use data to describe the current and anticipated national needs for existing and potential health centers relevant to your selected NTAP category. You must address the following:
 - a. Delivering comprehensive, high-quality primary health care.
 - b. Improving chronic disease management, nutrition, and preventive services.
 - c. Improving operational effectiveness, efficiency, and quality.
 - d. Addressing emergent public health needs and priorities.
 - e. Complying with and exceeding Health Center Program and supplemental funding requirements.
2. Discuss the unique needs for outcomes-focused cohorts and CoPs, as applicable to your NTAP category.
3. Organizations applying for the Clinical and Preventive Excellence NTAP category must also use data to address health center needs associated with:
 - a. Clinical quality improvement/assurance and patient safety, including practice transformation, team-based care, and clinical quality management (CQM) performance.
 - b. Implementing, improving, or expanding high-quality required and additional health center services. At a minimum, address:

- i. Primary health care and preventive health services, including patient-centered chronic disease management, preventive health services and education, cancer screening, and nutrition.
 - ii. Oral health services.
 - iii. Mental health and substance use disorder services.
 - iv. Patient support services, including case management, care coordination, transportation services, and outreach services.
 - v. Activities to prevent human trafficking and address intimate partner violence.
 - c. Expanding support for community health-related needs.
- 4. Organizations applying for the Operational Excellence NTAP category must also use data to address health center needs associated with:
 - a. Financial and resource management, including value-based care, payor and revenue management, business planning, and expanding the reach of services through telehealth and mobile units.
 - b. Workforce recruitment, retention, and development.
 - c. Governing board recruitment, retention, and development.
 - d. Optimizing clinical and operational workflows.
 - e. Enhancing HIT, including:
 - i. Cybersecurity and data privacy.
 - ii. Data management, patient engagement, and access to information.
 - iii. AI and AI adoption.
 - iv. Patient-level reporting, clinical dashboards, interoperability, and data sharing.
 - v. Fast Healthcare Interoperability Resources ([FHIR](#)) capability and enhancements.
 - f. Capital planning, growth, and operational development.
 - g. Expanding required and additional health center services.
 - h. Pharmacy management and optimization.

Response

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

This section has two parts.

Part 1: In the PWP:

1. Propose activities that you will conduct in your first year to make progress toward meeting the objectives for your [NTAP category](#): Clinical and Preventive Excellence, Operational Excellence, or National TA and Coordination Center. Ensure that you meet the minimum requirements in [Table 2](#) and [Table 3](#). Use [Attachment 1: Project Work Plan](#) as a guide.
2. Set realistic and achievable objective targets.
3. Select [performance domain\(s\)](#) for each activity and describe how the TA will help health centers reach a higher level of performance in one or more of the domains.

Part 2: In the project narrative:

1. Explain how your proposed activities address the issues described in your [Need](#) section.
2. Describe how you will use data to adjust your activities in years two, three, and four to ensure progress toward accomplishing the objectives for your NTAP category, including adjustments to your selected emerging issue. Include the data sources that you will use.
3. Describe how you will incorporate into your TA evidence-based and promising practices and innovations to address patient needs.
4. **For CoPs:**
 - a. Describe your approach to constructing CoPs.
 - b. Describe your recruitment strategy and how you will retain and engage participants for one year.
 - c. Discuss how you will ensure impact within a one-year timeframe and use lessons learned to improve the process and outcome of future CoPs.
5. **For outcomes-focused cohorts:**
 - a. Describe your approach to constructing outcomes-focused cohorts within the stated [timeframes](#). Your approach should include working with HRSA and using UDS data.
 - b. Describe your recruitment strategy and how you will retain and engage participants for a three-year period.
 - c. Discuss how you will phase activities based on health center needs, including planning, action periods, coaching, scale-up of models, and evaluation.

- d. Describe how you will incorporate clinical and operational trends, such as value-based payment and telehealth, into your cohort strategies, including how you will adjust your TA based on shifting trends.
 - e. Describe how you will develop and refine TA for each outcomes-focused cohort, including educational resources, performance tools, and capacity-building strategies, as applicable.
- 6. Describe how you will encourage knowledge exchange between the national audiences, CoPs, and outcomes-focused cohorts that you will lead.
- 7. Describe how you will make TA available and accessible to all health centers, including health centers serving special medically underserved populations, no matter their H80 award, look-alike designation, or NTAP membership status, or geographic location.
 - a. Include how you will create and review TA to ensure relevance.
 - b. Include an outline of your plan to submit TA to the National TA and Coordination Center for inclusion in the Health Center Clearinghouse. Not applicable to **National TA and Coordination Center NTAP** applicants.
- 8. Discuss how you will monitor and notify HRSA about issues that could affect health centers' ability to succeed and address HHS/HRSA priorities.
- 9. Describe how you will contribute to a national TA needs assessment led by the National TA and Coordination Center. Not applicable to **National TA and Coordination Center NTAP** applicants.
- 10. National TA and Coordination Center NTAP applicants will address the following, in addition to numbers 1-6:
 - a. Describe your strategy to provide TA specifically targeting leadership and foster peer exchange for health center leadership, including C-suite officials (e.g., CEO, CMO, CFO, CTO), governing board chairs, and new health center leaders. Include how you will recruit health center leaders to participate in CoPs.
 - b. Explain how you will facilitate collaboration and coordination among NTAPs, PCAs, and HCCNs.
 - c. Describe how you will coordinate and conduct the national health center TA needs assessment in year one and year three.
 - d. Describe how you will sustain and improve the Health Center Resource Clearinghouse to ensure accessible, relevant, and well-maintained TA resources.
 - e. Describe your plan for sharing the national needs assessment results with HRSA, health centers, and other HRSA-supported TA programs.

Collaboration

See merit review criterion 3: [Collaboration](#)

1. Describe your existing and proposed partnerships and contracts to ensure that you have the necessary subject matter expertise to meet objectives for your NTAP category. You must partner with at least one other HRSA-supported TA program and one regional or national organization, such as other national TA organizations, health departments, state or local health agencies, professional and community organizations, institutions of higher learning, and academic medical centers. You can include as many partners and contracts as needed to carry out your project. For each collaboration and partnership, you must include:
 - a. The organization's name.
 - b. Whether your partnership exists or is planned.
 - c. A description of the partnership and how it will support your project, including how the partner will increase the reach, quality, and relevance of the TA.
2. Attach a letter of support that details the partner's commitment to helping you address national health center TA needs and achieve the objectives for your NTAP category. Include these letters as [Attachment 6: Letters of Support](#).
3. Describe how you will coordinate with other NTAPs and align your activities to maximize impact, promote shared learning, and avoid duplication.

Impact

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

1. Describe how you will evaluate the effectiveness of the TA, including:
 - a. How health centers are applying new knowledge, skills, and processes learned from the TA.
 - b. Participation analytics, pre- and post-assessments, and longitudinal tracking throughout engagement periods for CoPs and outcomes-focused cohorts.
2. Describe how you will measure success for each objective.
3. Describe the following for your CoPs and outcomes-focused cohorts:
 - a. How you determine your objective target, referring to your PWP and relevant data sources.
 - b. Baseline assessment methods.
 - c. Metric selection and frequency of assessment to optimize TA quality improvement, considering such data sources as UDS and national surveys.

- d. How you will track performance improvement among your cohort members.
 - e. How you will share your results with participants and HRSA.
4. Provide four-year period of performance data and a plan for collecting and reporting progress toward it, and any other required data, in your annual non-competing continuation (NCC) progress report and final report (see the [reporting section of this NOFO](#).
- a. Your target total number of TA engagements, such as national TA sessions, CoP sessions, and outcomes-focused cohort sessions.
 - b. The target total number of health center representatives who receive TA. If you estimate that an individual will participate in more than one TA session, you may count them more than once. Include participants in asynchronous TA sessions, such as recorded webinars, in this total.
 - c. The target average usefulness score for your TA, as measured by participant evaluation responses. The measure should use a 5-point Likert rating scale, where a rating of 1 is least useful and 5 is most useful.
 - d. The participant change target for national CoPs, as measured by an evaluation within three to six months of participants receiving TA. The measure should use a 5-point Likert scale, where a rating of 1 is the least change and 5 is the most change.

Capacity

See merit review criterion 5: [Capacity](#)

1. Describe your experience providing support to health centers. Document your expertise in:
 - a. Coordinating and providing TA for health center national audiences and communities of practice. Include past performance, accomplishments, and lessons learned.
 - b. Responding to changes in the health care landscape.
 - c. Fostering collaborations between groups of health centers, HRSA-supported TA programs, and other regional or national organizations.
 - d. Partnering with another organization to accomplish shared goals.
 - e. Leveraging data expertise to support health centers.
2. Describe how your organizational structure and staffing plan (as presented in [Attachment 2: Project Organizational Chart](#) and [Attachment 3: Staffing Plan](#)) will enable you to successfully implement and oversee your project.
 - a. Identify subject matter experts and their credentials. Be sure it is clear how these individuals have expertise in your NTAP category.

- b. Describe how subject matter experts remain up to date with the most current trends, research, and best practices.
 - c. Describe staff knowledge of health center-related data and your ability to support health centers in accessing, interpreting, and using data for quality improvement.
3. Describe how you will recruit and retain staff needed to execute your project plan.
4. Describe the resources you will use to ensure the necessary subject matter expertise to carry out your project plan, including through subawards and contracts.
5. If applicable, describe how the written agreements you summarize in [Attachment 7: Summary of Contracts and Agreements](#) support the proposed activities. Document your experience overseeing and managing contracts and agreements.
6. Describe how your key personnel, such as the CEO/president, project director (PD), TA director/lead, and project manager, are appropriate for the operational and oversight needs, scope, and complexity of your project, including:
 - a. Defined roles that are consistent with [Attachment 4: Position Descriptions for Key Personnel](#).
 - b. Skills and experience for the defined roles consistent with [Attachment 5: Biographical Sketches of Key Personnel](#).
7. Describe how you will ensure that you will begin delivering TA within 60 days of award.

Budget and budget narrative

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

Your **budget** should follow the instructions in Section 3.1.4 Project Budget Information – Non-Construction Programs (SF-424A) 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 your 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 NTAP award. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement.

As you develop your budget:

- Make sure costs are reasonable, allowable, allocable, and consistent with your project's purpose and activities.
- Follow the restrictions on spending funds. See [funding policies and limitations](#).
- Comply with all related HHS policies and other federal requirements.

You can decide how to allocate the total budget between federal funds under this program and other funding that supports the project as long as you follow policies and federal requirements.

You may allocate funding to help health centers participate in up to two outcomes-focused cohort meetings within the period of performance. Allowable costs include attendance fees, transportation, and per diem.

You may only pay for meals as part of a per diem.

You may not spend funds on conference sponsorship, except for content development for sessions related to your PWP, which is allowable.

You may not spend funds on professional development for NTAP staff.

Budget Information Form for Non-Construction Programs (SF-424A)

Complete the Budget Information Form in Grants.gov. This form collects your project budget information. Use the instructions here if they contradict Section 3.1.4 of the [Application Guide](#).

- **Section A – Budget Summary:** Under New or Revised Budget, in the Federal column, enter the federal funding requested for year one. The maximum request is \$8 million.
 - The federal amount refers to only the NTAP funding requested, not all federal funding that you receive. Leave the Non-Federal and Estimate Obligated Funds columns blank.
- **Section B – Budget Categories:** Enter an object class category (line item) budget for year one. Include only federal funding. The amounts for each category in the Federal column, as well as the total, should align with the budget narrative.
- **Section C – Non-Federal Resources:** This section should be left blank.
- **Section D – Forecasted Cash Needs:** Enter the forecasted cash needs from federal funding for each quarter of year one.
- **Section E – Budget Estimates of Federal Funds Needed for Balance of the Project:** Enter the federal funding request (the maximum is \$8 million) for year two in the (a) first column, for year three in the (b) second column, and for year four in the (c) third column. Leave the other columns blank. Your request for years two, three, and four cannot exceed your year one request.
- **Section F – Other Budget Information:** Enter the type of indirect rate (provisional, predetermined, final, fixed, or *de minimis*) that will be in effect during the period of performance. If applicable, explain amounts for individual object class categories that may appear to be out of the ordinary in Direct Charges.

Budget Narrative with Staff Justification Table

The **budget narrative** supports the information you provide in Section B: Object Class Categories of the SF-424A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

To create your budget narrative, see detailed instructions in Section 3.1.5 of the [Application Guide](#).

See the [NTAP TA webpage](#) for a sample budget narrative.

Submit a detailed budget narrative that outlines federal costs for each budget year of the four-year period of performance. For years two, three, and four, highlight the changes from year one or clearly indicate that there are no substantive changes.

The sum of line-item costs for each category must align with those in your SF-424A.

Your budget narrative must:

- Show that you will use the awarded funds to meet the program objectives.
- Clearly detail the proposed costs for each line item on your SF-424A, Section B, with calculations for how you estimated each cost.
- Not include [ineligible costs](#).
- Provide us with enough information to determine that you will use the funds awarded separately and distinctly from other federal support.
- Include a staff justification table attachment, as shown in section 3.1.4 of the [Application Guide](#).
- Explain the purpose of any contracts and subawards, including how you estimated the costs. You must provide oversight of services provided through such arrangements to ensure compliance with applicable award requirements. See [2 CFR Part 200 Subpart D](#).

Attachments

See Section [3.2.6 of the Application Guide](#).

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

Attachment 1: Project work plan (required)

Does not count towards the page limit.

Develop a project work plan (PWP) that outlines your proposed project. See [Appendix A: Project Work Plan Instructions](#) for detailed instructions and refer to the [NTAP TA webpage](#) for a sample.

Attachment 2: Project organizational chart (required)

Counts towards the page limit.

Upload a one-page document with a graph showing your organizational structure, key personnel, staffing, and any sub awards and/or affiliated organizations. Clearly indicate which positions will be funded in whole or part by the NTAP cooperative agreement.

Attachment 3: Staffing plan (required)

Counts towards the page limit.

Upload a table that includes all staff required to carry out the project. For each position, the table must include:

- Position title (for example, chief executive officer).
- Staff name. If you have not yet identified this person, write “To be determined.”
- Education, experience, and qualifications. State licensing and national certifications of all clinical personnel should be current and not expired.
- General project responsibilities.
- Percentage of full time equivalent (FTE) dedicated to the NTAP project.
- Annual base salary (for 1.0 FTE).

Note: Combined time and effort percentages of staff across all federal awards may not exceed 1.0 FTE. You should also document staffing in the [Staff Justification Table of your Budget Narrative](#) and other relevant attachments.

Attachment 4: Position descriptions for key personnel (required)

Counts towards the page limit.

For key personnel, attach a one-page job description. It must include:

- Position title and role, if title does not clearly convey role.
- Description of duties and responsibilities.
- Position qualifications.
- Supervisory relationships.
- Skills, knowledge, and experience requirements.
- Travel requirements.
- Salary range.
- Work hours.

Attachment 5: Biographical sketches of key personnel (required)

Counts towards the page limit.

Include biographical sketches for people who will hold the key positions you describe in [Attachment 4: Position Descriptions for Key Personnel](#).

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: Letters of support (required)

Counts towards the page limit.

Upload documents that are dated, signed, and addressed to your board, CEO, or other appropriate member of the management team. The letters must:

- Be provided from all partners listed in the [collaboration](#) section.
- Reference coordinated activities in support of the proposed NTAP project.
- Document your proposed collaboration with at least one other HRSA-supported TA program and one regional or national organization.

If you do not have a required letter of support, upload documentation of your efforts to obtain the letter.

Attachment 7: Summary of contracts and agreements (as applicable)

Counts towards the page limit.

Provide a summary describing any proposed contracts and agreements. The summary must align with your [budget narrative](#) and address the following items for each contract and agreement:

- Name and contact information.
- Type of agreement, such as a contract, memorandum of understanding, or agreement.
- Brief description of the purpose and scope of the contract or agreement, including how and where services are or will be provided.
- Timeframe for each contract or agreement, such as ongoing or for a specific duration.

Note: You must exercise appropriate oversight and authority over all contracts. All procurements, including contracts, must comply with [2 CFR Part 200](#).

Attachment 8: Other relevant documents (as applicable)

Counts towards the page limit.

Include other relevant documents, such as a survey instrument, to support your proposed project plan, as desired.

If you are requesting indirect costs, provide your indirect cost rate agreement. You do not need to attach anything if you indicated in your budget narrative on the indirect cost rate line that you are using the *de minimis* rate of 15%. Your indirect cost agreement does not count towards the page limit.



Step 4:

Understand Review, Selection, and Award

In this step

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Application review

Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, it will not be funded.

We will not review any pages that exceed the page limit. Pages that exceed the page limit will be redacted and will not be reviewed. Only the content within the page limit will be used to determine eligibility.

Merit review

A panel reviews all applications that pass the initial review. The members use these criteria.

Criterion	Total number of points = 100
1. Need	15 points
2. Response	30 points
3. Collaboration	10 points
4. Impact	15 points
5. Capacity	25 points
6. Support Requested	5 points

Criterion 1: Need (15 points)

See the project narrative [Need](#) section.

The panel will review your application for:

- The strength of the documented current and anticipated national TA needs for existing and potential health centers relevant to your selected NTAP category, including:
 - Delivering comprehensive, high-quality primary health care.
 - Improving chronic disease management, nutrition, and preventive services.
 - Improving operational effectiveness, efficiency, and quality.
 - Addressing emergent public health needs and priorities.

- Complying with and exceeding Health Center Program and supplemental funding requirements.
- The extent to which you clearly describe unique health center needs related to outcomes-focused cohort and national CoP activities, as applicable to your NTAP category.
- **For organizations applying for the Clinical and Preventive Excellence NTAP category**, the strength of the documented health center needs associated with:
 - Clinical quality improvement/assurance and patient safety, including practice transformation, team-based care, and clinical quality management (CQM) performance.
 - Implementing, improving, or expanding high-quality required and additional health center services, including:
 - Primary care and preventive health services.
 - Oral health services.
 - Mental health and substance use disorder services.
 - Patient support services.
 - Activities to prevent human trafficking and address intimate partner violence.
 - Expanding support for community health-related needs.
- **For organizations applying for the Operational Excellence NTAP category**, the strength of the documented health center needs associated with:
 - Financial and resource management.
 - Workforce recruitment, retention, and development.
 - Governing board recruitment, retention, and development.
 - Optimizing clinical and operational workflows.
 - Enhancing HIT, including:
 - Cybersecurity and data privacy.
 - Data management and patient engagement and access to information.
 - AI and AI adoption.
 - Patient-level reporting, clinical dashboards, interoperability, and data sharing.
 - Fast Healthcare Interoperability Resources ([FHIR](#)) capability and enhancements.
 - Capital planning, growth, and operational development.
 - Expanding required and additional health center services.
 - Pharmacy management and optimization.

Criterion 2: Response (30 points)

See the project narrative [Response](#) section and [Attachment 1: Project Work Plan](#).

Project work plan (15 points):

The panel will review your application for:

- The strength and appropriateness of the proposed activities to make progress toward meeting the objectives for your [NTAP category](#), including meeting all [minimum requirements](#).
- The strength and appropriateness of the objective targets.
- The strength and appropriateness of your planned TA to help health centers improve in the [performance domain\(s\)](#).

Project narrative (15 points):

The panel will review your application for:

- The strength and appropriateness of your proposed activities to address the issues described in the [Need](#) section.
- The extent to which you will use data to adjust your activities in years two, three, and four, as needed, including adjustments to your selected emerging issue.
- The extent to which you demonstrate that your TA will incorporate evidence-based and promising practices and innovations to address patient needs.
- **For CoPs:**
 - The strength of your plan to construct CoPs.
 - The degree of your CoP recruitment strategy and your plan to retain and engage participants for one year.
 - The strength of your plan to ensure impact in a one-year timeframe and use lessons learned to improve future CoPs.
- **For outcomes-focused cohorts:**
 - The extent of your plan to construct outcomes-focused cohorts within required timeframes, including working with HRSA and using UDS data.
 - The degree of your outcome-focused cohort recruitment strategy and your plan to retain and engage participants for a three-year period.
 - The strength of your plan to phase outcomes-focused cohort activities based on health center needs.
 - The extent of your plan to incorporate clinical and operational trends, including how you will adjust your TA based on shifting trends.
 - The extent of your plan to develop and refine interventions for each outcomes-focused cohort.

- The extent to which you will encourage knowledge exchange between your national audiences, CoPs, and outcome-focused cohorts.
- The strength of your plan to make TA available and accessible to all health centers, including health centers serving special medically underserved populations, and how you will create and review TA to ensure relevance and, if not the National TA and Coordination Center, submit TA for inclusion into the Health Center Clearinghouse.
- The extent to which you demonstrate that you will monitor and notify HRSA about issues that could affect health centers' ability to succeed and address HHS/HRSA priorities.
- The extent of your plan to contribute to a national health center TA needs assessment. Not applicable to **National TA and Coordination Center NTAP** applicants.
- **For the National TA and Coordination Center NTAP:**
 - The extent to which you clearly explain your strategy, including your recruitment strategy, to provide TA and fostering peer exchange for health center leadership, including C-suite leadership, governing board chairs, and new health center leaders.
 - The strength of your plan to facilitate collaboration and coordination among NTAPs, PCAs, and HCCNs.
 - The extent to which you clearly describe how you will coordinate and conduct the national health center TA needs assessment.
 - The strength of your plan to sustain and improve the Health Center Resource Clearinghouse to ensure that all health centers have accessible, relevant, and well-maintained TA resources.
 - The strength of your plan to share the national needs assessment results with HRSA, health centers, and other HRSA-supported TA programs.

Criterion 3: Collaboration (10 points)

See the project narrative [Collaboration](#) section and [Attachment 6: Letters of Support](#).

The panel will review your application for:

- The strength of your existing and proposed partnerships and contracts to ensure necessary subject matter expertise to meet your objectives, including at least one other HRSA-supported TA program and one regional or national organization.
- The extent to which the letters of support provided in [Attachment 6](#) document support for the NTAP project.
- The strength of your plan to coordinate with other NTAPs and align your activities to maximize impact, promote shared learning, and avoid duplication of TA.

Criterion 4: Impact (15 points)

See the project narrative [Impact](#) section.

The panel will review your application for:

- The strength of your plan to evaluate the effectiveness of your TA, including:
 - How health centers apply knowledge, skills, and processes learned from the TA.
 - Participation analytics, pre- and post- assessments, and longitudinal tracking through engagement periods for CoPs and outcome-focused cohorts.
- The strength of your plan to measure success for each objective.
- The extent to which you will track performance improvement among your CoPs and outcomes-focused cohorts, including how you will share your results with participants and HRSA, as well as the following:
 - Determination of the objective target.
 - Baseline assessment methods.
 - Metric selection and frequency of assessment to optimize TA.
- The reasonableness of your four-year period of performance targets and the strength of your plan for collecting required data for the NCC progress report and final report.

Criterion 5: Capacity (25 points)

See project narrative [Capacity](#), [Attachment 2: Project Organizational Chart](#), [Attachment 3: Staffing Plan](#), [Attachment 4: Position Descriptions for Key Personnel](#), [Attachment 5: Biographical Sketches of Key Personnel](#), and [Attachment 7: Summary of Contracts and Agreements](#) sections.

The panel will review your application to determine:

- The extent of your experience:
 - Coordinating and providing health center TA for national audiences and communities of practice, including past performance, accomplishments, and lessons learned.
 - Responding to changes in the health care landscape.
 - Fostering collaborations between groups of health centers, HRSA-supported TA programs, and other regional or national organizations, including other national TA organizations.
 - Partnering with another organization to accomplish shared goals.
 - Leveraging data expertise to support health centers.

- The appropriateness of the organizational structure and staffing plan presented in [Attachment 2: Project Organizational Chart](#) and [Attachment 3: Staffing Plan](#) to successfully implement and oversee the project, including:
 - Identifying subject matter experts and their credentials based on your NTAP category.
 - Describing how subject matter experts remain up to date with the most current trends, research, and best practices.
 - Describing the engagement of staff with strong knowledge of health center-related data and your ability to support health centers in accessing, interpreting, and using data for quality improvement.
- The strength of your plan to recruit and retain staff needed to execute your project plan.
- The strength of your plan to ensure the necessary subject matter expertise to carry out your project plan, including through subawards and contracts.
- If applicable, the extent to which the written agreements in [Attachment 7: Summary of Contracts and Agreements](#) will support proposed activities, including your experience overseeing and managing contracts and agreements.
- The appropriateness of the key personnel presented in [Attachment 4: Position Descriptions for Key Personnel](#) and [Attachment 5: Biographical Sketches of Key Personnel](#) for the operational and oversight needs, scope, and complexity of the project.
- The extent to which you demonstrate that you will begin delivering TA within 60 days of award.

Criterion 6: Support requested (5 points)

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

The panel will review your application to determine:

- The extent to which you:
 - Clearly and consistently describe your funding request in the [Budget Narrative with Staff Justification Table](#) and [Budget Information for Non-Construction Programs \(SF-424A\)](#).
 - Align your funding request with the [PWP](#) and the [project narrative](#).
 - Propose a reasonable budget to help you achieve your objective targets.

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.

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.
- Adjust award amounts or number of awards based on the number of fundable applications and final available funding in FY 2026.

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 Section 4 of the [Application Guide](#) for more information.

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



Step 5:

Submit Your Application

In this step

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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 Tuesday, March 31, 2026, at 11:59 p.m. ET.

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

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.

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

Other submissions

Intergovernmental review

If your state has a process, you will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the list of [state single points of contact](#). If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.



Step 6:

Learn What Happens After Award

In this step

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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 \(GPS\)](#). 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.

Subawards

If you receive an award, you'll be responsible for how the project, program, or activity performs; how you and others spend award funds; reporting; and all other duties as cited in the NOA.

In general, subrecipients must comply with the award requirements that apply to you. You must make sure your subrecipients comply with these requirements. See [2 CFR § 200.101](#) for details.

If you make subawards, you must document that the subrecipient meets all applicable award requirements.

Cybersecurity

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

Reporting

If you are funded, you will have to follow the reporting requirements in Section 4 of the [Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- **Federal Financial Report** – The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements](#). More specific information will be included in the [NOA](#).
- **Non-Competing Continuation (NCC)** – You must submit, and we must approve, an NCC progress report to release year two, three, and four funding. Funding depends upon congressional appropriation, satisfactory performance, and a determination that continued funding would be in the government's best interest and meet program goals and agency priorities. Your submission will include updates and progress on your PWP activities and objective targets. You may be required to include the name of each health center served. Details will be included in the NCC instructions released about six months after the start of year one, two, and three.
- **Final Report** – You must submit a final report within 120 days of the end of the four-year period of performance. The final report should include data on meeting each objective target.
- **Integrity and Performance Reporting** – The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as [2 CFR Part 200 Appendix I, B.8](#) and [2 CFR Part 200 Appendix XII](#) require.



Contacts and Support

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Agency contacts

Program and eligibility

Kayla Miller

Public Health Advisor, Office of Policy and Program Development

Attn: Fiscal Year (FY) 2026 National Technical Assistance Programs (NTAP) Cooperative Agreements

Bureau of Primary Health Care

Health Resources and Services Administration

Contact: [BPHC Contact Form](#)

- Under Funding, select Applications for Notice of Funding Opportunities, then National Technical Assistance Programs (NTAP)

Program and Technical Assistance: [NTAP TA webpage](#)

301-594-4300

Financial and budget

Brian Feldman

Grants Management Specialist, Division of Grants Management Operations

Office of Financial Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

bfeldman@hrsa.gov

301-443-3190

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

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 resources

- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- The HRSA-supported [Health Center Resource Clearinghouse](#) provides TA resources for health centers nationwide.
- [Health Center Program Uniformed Data System](#) (UDS) is a standardized reporting system that provides aggregated Health Center Program data based on annual reporting.

Appendix A: Project work plan instructions

You must develop a project work plan (PWP) to outline your proposed four-year project. The PWP is where you include details of activities you plan to conduct in the first 12 months of the period of performance, from August 1, 2026 to July 31, 2027. The PWP is also where you provide target data that shows you will achieve the objectives by the end of the four-year period of performance.

A sample PWP is available on the [NTAP TA webpage](#).

Make sure your PWP is consistent with the rest of your application, such as your project and budget narratives. Follow the PWP instructions below to ensure that you provide all necessary information. If you submit an incomplete or incorrect PWP, it may decrease your application's review score.

Upload your PWP as a single attachment ([Attachment 1](#)). Specific instructions are provided in the table below.

Refer to NTAP [program requirements](#) to ensure that you include the required number of participants and activities. [Table 2](#) and [Table 3](#) provide a quick way to check the minimum numbers for multiple requirements that must be met in your PWP.

When completing your PWP:

- Provide your organization name and NTAP category at the top.
- Add as many activities sections as needed under each objective to clearly outline your year one plan to help you meet each objective within the period of performance. You must tailor activities to the needs of existing and potential health centers nationwide and to specific needs for your NTAP category.
- Make sure you have the [minimum required number of activities, participants, and sessions](#) across all objectives.

Project work plan instructions

Element	Instructions
Objective title	Enter each objective name as stated in NTAP Objectives and Measures for your NTAP category.
Objective description	<p>Enter each objective description as stated in NTAP Objectives and Measures for your NTAP category. Edit your description to clearly state your selected topics of focus if the objective requires you to make selections.</p> <p>Start with “Increase the number of health centers” for objectives that you define.</p>
Objective target	<p>For most objectives: Enter the number of unique health centers that will receive TA between August 1, 2026, and the end of the period of performance (July 31, 2030).</p> <p>For outcomes-focused cohort objectives: Enter the percentage of cohort member health centers that will advance toward the next highest quartile.</p> <p>For National TA and Coordination Center NTAP objectives: Enter the target based on each specific measure listed in Table 6.</p> <p>For objectives that you define: Develop your target using measures that are valid, reliable, and, whenever possible, derived from current national-level data sources related to health centers.</p>
Objective impact narrative	Describe how your planned activities will help you achieve the objective target by the end of the period of performance (July 31, 2030). Your description should include the quantitative and qualitative data you will use to evaluate the overall impact of activities to achieve the objective target.

Element	Instructions
Activities section	<p>Describe the major activities you propose to conduct in the first 12 months that will support meeting each objective target by the end of the four-year period of performance. You must include the required minimum number of activities based on your NTAP category. See Tables 2 and 3.</p> <p>The number and variety of activities should align with the identified TA needs and support meeting your target.</p> <p>You can include collaborative work related to the Health Center Resource Clearinghouse as an activity under Objective 1: Access to comprehensive primary care. You may document collaborative work related to the national</p>

Element	Instructions
	health center TA needs assessment as an activity under Objective 5: Emerging issues.
Activity name	Provide a unique name for each activity. End your description with the type of activity, such as “technical assistance webinar.” We will use this field to determine if you have the required minimum number of total activities.
Activity format	Provide the TA format for each activity: national audience, national community of practice, or outcomes-focused cohort. We will use this field to determine if you have the required minimum number of activities per TA format.
Activity description	<p>Describe the proposed activity and how it will help you achieve your objective targets.</p> <p>Include a description of how the TA you will provide will help health centers reach a higher level of performance in your selected performance domain(s).</p>
Performance domain(s)	<p>Identify the performance domain(s) connected to the activity. Include all that apply:</p> <ul style="list-style-type: none"> • Governance, leadership, and management. • Workforce. • Financial sustainability. • Community health and health-related needs. • Quality, patient care, and safety. • Patient experience. • Access and affordability.
Person or group responsible	Identify the person(s)/positions(s) or group responsible for conducting the activity.
Target start date	Provide the estimated start date for each activity. This date must be on or after August 1, 2026, and on or before July 31, 2027.
Partner organizations field	Enter the names of organizations that will actively support this objective. The organizations listed must align with the letters provided in Attachment 6: Letters of Support .