

Notice of Funding Opportunity

Application due 09/09/2026

HRSA

Health Resources & Services Administration

Bureau of Primary Health Care (BPHC)








Health Center Program

Fiscal Year 2027 Expanding Nutrition Services

Opportunity number: HRSA-27-099



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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 09/09/2026.



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.

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



Step 1:

Review the Opportunity

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Basic information

Health Resources and Services Administration (HRSA)

Bureau of Primary Health Care (BPHC)

Health Center Program

Increase access to nutrition services at HRSA-funded health centers.

Summary

The purpose of Fiscal Year (FY) 2027 Expanding Nutrition Services (ENS) funding is to increase access to nutrition services at HRSA-funded health centers. Nutrition services can help to prevent, manage, and treat diseases and conditions through nutritional and food-based interventions. Health centers will use ENS funding to increase the number of nutrition services patients or visits.

Funding details

Application types: Competing supplement

Expected total available funding in FY: 2027: \$125,000,000

Expected number and type of awards: 357 Grants (G)

Funding range per award: \$350,000

We plan to fund awards in 2 12-month budget periods for a total 2-year period of performance from 12/01/2026 to 11/30/2028.



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name:
Fiscal Year 2027 Expanding Nutrition Services

Opportunity number:
HRSA-27-099

Announcement version:
Initial

Federal assistance listing:
93.224

Key dates

NOFO issue date:
07/08/2026

Application deadline:
09/09/2026

Expected award date:
12/01/2026

Expected start date:
12/01/2026

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

Eligibility

Types of eligible organizations

These types of domestic organizations may apply:

You can apply if you are a Health Center Program award recipient with an active H80 award. A Health Center Program (H80) award is funded under section 330(e) of the Public Health Service (PHS) Act.

Individuals are not eligible applicants under this NOFO.

Completeness and responsive 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](#).
- Requests above the amount of \$350,000 annually.

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. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

Post-award requirements

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

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

Program description

Purpose

Fiscal Year (FY) 2027 Expanding Nutrition Services (ENS) funding will support HRSA-funded health centers to increase access to nutrition services. Nutrition services can help to prevent, manage, and treat diseases and conditions through nutritional and food-based interventions.

Goal

Applicants for this funding must increase the number of nutrition services patients or visits.

Background

Three in four American adults and more than 40 percent of school-aged children have at least one chronic condition^[1]. The United States has high rates of nutrition-related chronic conditions such as obesity, heart disease, and diabetes^[2]. Nutrition services can help to prevent and manage chronic conditions. These services may include nutritional assessments, patient education and counseling on healthy eating, and connection to food resources. A variety of personnel may be involved, including nutritionists, dietitians, health educators, care coordinators, and community health workers. Successful delivery of nutrition services may require patient support services, such as case management, outreach, eligibility assistance, and transportation. Partnerships with farms, food banks, schools, other health care providers, and community-based organizations, can increase efficiency and impact.

The Health Center Program is well positioned to expand access to nutrition services through comprehensive primary and preventive care. More than 32 million people received care from HRSA-funded health centers in 2024. Health centers already assess weight, provide nutrition counseling, and help millions of patients achieve better outcomes, such as controlled A1c levels and blood pressure. However, health centers can expand these services to support increased nutrition and food-based interventions that promote health and reduce disease.

The [Make America Healthy Again](#) (MAHA) initiative addresses the nation's chronic disease epidemic. ENS aligns with the MAHA priority to guide patients and families in making lifestyle changes in a trusted primary care setting. For many communities, the health center is the first point of access for any health care need. ENS funding will support health centers in expanding nutrition services to better manage and prevent chronic conditions and improve patient outcomes.

Nutrition Services Under the Health Center Program

Nutrition services can help to prevent, manage, and treat diseases and conditions through nutritional and food-based interventions. These services may include:

- Nutritional assessment and treatment, including counseling and patient education.
- [Medical Nutrition Therapy](#).
- Nutrition instruction (for example, promote healthy eating and meal preparation, improve food literacy).
- Weight management programs (for example, group visits).
- Nutritional and food-based interventions to help prevent, manage, and treat diet-related chronic diseases and promote health.

Nutrition services are separate and distinct from:

- Basic nutrition recommendations or dietary education given during general primary care visits.
- Helping patients apply for or enroll in food assistance programs that would be recorded under the Eligibility Assistance service, such as Supplemental Nutrition Assistance Programs (SNAP), Women, Infants, and Children (WIC), or other federal, state, and local nutrition and food assistance programs.

Program requirements and expectations

- You must propose to increase the number of nutrition services patients or visits.
 - HRSA will add a new nutrition services measure to the Uniform Data System (UDS) Table 5: Staffing and Utilization in 2027. We will use the difference between your 2027 and 2028 data for this measure to determine if you meet the ENS objective.
- You must propose to start or expand nutrition services either directly or by contract ([Form 5A](#), columns I or II).
- You must add nutrition services to your scope of project within 120 days of award if you are not already providing them ([Form 5A](#), columns I or II).

Statutory authority

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

Award information

Funding policies and limitations

Changes in HHS regulations

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

Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- All uses of funds must align with your H80 scope of project. Your scope of project includes the approved service sites, services, providers, service area, and target population supported (wholly or in part) by your approved health center budget.
- 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.
- You must maintain your H80 award status throughout the ENS period of performance to maintain this funding.
- You must have accounting structures and internal controls in place that provide accurate and complete information for costs associated with this award. HRSA funding and expenditures for ENS must be tracked and documented in alignment with the specifications described in [2 C.F.R. § 200.302](#).
- You must comply with Health Center Program requirements as described in the [Health Center Program Compliance Manual](#), and applicable law and regulations.
- If we receive more funding for this program, we may:
 - Fund more applicants from the rank order list.

General limitations

- For guidance on some types of costs we do not allow or restrict, see:
 - Project Budget Information in the [Application Guide](#).
 - [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
 - Allowable and Unallowable Costs and Activities, in the [HHS Grants Policy Statement](#).

- All costs must be [reasonable](#), necessary, [allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
- You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).
- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds.

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 ENS purpose.
- Gift cards or other cash equivalent incentives.
- Costs for services and activities that are not provided directly by or on behalf of the health center.
- Purchase or upgrade of an electronic health record (EHR) that is not certified by the office of the National Coordinator for [Health Information Technology's Health IT Certification Program](#).
- New construction activities, including additions or expansion.
- Major alteration or renovation (A/R) projects valued at \$1,000,000 or greater in total federal and non-federal costs (excluding the cost of movable equipment).
- Purchase and installation of trailers and prefabricated modular units.
- Concrete or asphalt paving of new areas outside of a building.
- Facility or land purchases.

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

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

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

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

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

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

Program income

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

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.

In accordance with [42 USC § 254b\(e\)\(5\)\(D\)](#), health centers must use non-grant funds, including funds in excess of those originally expected, “as permitted under this section,” and may use such funds “for such other purposes as are not specifically prohibited under this section if such use furthers the objectives of the project.”



Step 2:

Get Ready to Apply

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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.

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

Grants.gov

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

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-27-099.

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.

Frequently Asked Questions (FAQs) will be posted on the [ENS technical assistance \(TA\) webpage](#).

Join the webinar

For more information about this opportunity, details will be posted on the [ENSTA webpage](#).



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



Step 3:

Build Your Application

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Application checklist

There are two types of forms in Grants.gov:

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

Make sure that you have everything you need to apply.

Narratives

Component	Grants.gov form	Included in page limit?
<input type="checkbox"/> 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 in the Attachments Form in this order.

You may download the forms below from the HRSA-27-099 announcement in Grants.gov under [Related Documents](#) or the [ENS TA webpage](#).

Component	Included in page limit?
<input type="checkbox"/> 1. H80 Grant Number Form (Required)	No
<input type="checkbox"/> 2. Form 1B: Funding Request Summary (Required)	No
<input type="checkbox"/> 3. Equipment List Form (as applicable)	No
<input type="checkbox"/> 4. Environmental and Information Documentation (EID) Checklist Form (as applicable)	No
<input type="checkbox"/> 5. Minor A/R Project Cover Page Form (as applicable)	No
<input type="checkbox"/> 6. Other Requirements for Sites Form (as applicable)	No
<input type="checkbox"/> 7. Property Information (as applicable) and Landlord Letter of Consent (as applicable)	No
<input type="checkbox"/> 8. Floor Plans/Schematic Drawings/Site Plans (as applicable)	No

Component	Included in page limit?
<input type="checkbox"/> 9. Minor A/R Budget Justification (as applicable) and Copy of Form 5B: Service Sites for Minor A/R Project (as applicable)	No
<input type="checkbox"/> 10. Other Relevant Documents (as applicable)	Yes

Other required forms

Complete each required form in Grants.gov.

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: 50. 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

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

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

File format: We only accept the following document formats:

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

Size: 12-point font

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

Ink color: Black

Spacing: Single-spaced, including all text and tables

Alignment: Left

Headings: Bold all headings and align left

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

Margins: 1-inch on all sides

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

Page numbering:

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

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

Other required forms

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

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

Form instructions

The [Application Guide](#) has detailed instructions for:

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

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](#).

Project abstract summary form instructions

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, whether you will add nutrition services with this funding or expand services you already offer, your proposed increase in the number of nutrition services patients or visits, and how your project aligns with [MAHA](#) priorities, such as:

- Disease Prevention.
- Fighting the Chronic Disease Epidemic.
- Nutrition.

When writing your summary:

- Use 4,000 characters or fewer. Make sure it's clear, accurate, and short.
- Do not refer to other parts of the application.
- Do not include [personally identifiable information \(PII\)](#).

If you receive an award, we'll put your project abstract on public websites and databases, including [USAspending.gov](#).

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.

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.

Project narrative

Need

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

1. Describe the need to start or expand your nutrition services to help prevent and manage chronic conditions in your service area. Include the following data to demonstrate unmet need:
 - a. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents ([UDS Table 6B Quality of Care Measures](#), Line 12).
 - b. Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (UDS Table 6B Quality of Care Measures, Line 13).
 - c. Additional UDS Table 6B Quality of Care Measures, as appropriate.
 - d. Other relevant data specific to your service area.
2. Describe any challenges with your current health center workforce that impact your capacity to start or expand nutrition services. Workforce challenges may include personnel, training, roles, or workflows.

Response

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

1. Describe how you will:
 - a. Increase the number of patients receiving nutrition services and/or the number of nutrition-related visits.
 - b. Help prevent and manage chronic conditions through expanded nutrition services.
 - c. Coordinate care for patients with inconsistent access to adequate nutritious food.

- d. Advance the skills and knowledge of your workforce to support expanded nutrition services.
2. Describe your quality improvement plan to improve patient health outcomes related to nutrition services.
3. Explain how any proposed equipment and/or minor A/R costs are necessary for your project. Describe how you will complete all equipment purchases and/or minor A/R within 12 months of award.

Collaboration

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

1. Describe how you will work with organizations in your service area that improve patient health through better nutrition. If applicable, include how you will leverage expertise of [Health Center Technical Assistance Programs](#), such as Primary Care Associations (PCAs), Health Center Controlled Networks (HCCNs), or National Technical Assistance Program (NTAPs).
2. Describe how you will link patients to partners that support access to healthy food, such as food banks, mobile markets, or community-supported agriculture.
3. Explain how your project aligns with and does not duplicate existing federal programs that may be operating in your service area, like those proposed or currently funded by [MAHA ELEVATE](#), [National Diabetes Prevention Program](#), [IHS Produce Prescription Pilot Program](#), [USDA Food and Nutrition Service Programs](#), [Healthy Start](#), [Maternal Child Health Nutrition Training Program](#), or [Gus Schumacher Nutrition Incentive Program \(GusNIP\)](#). If there are no other federal programs operating in your service area, state this in your narrative.

Impact

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

1. Describe how you will measure the impact of your project by the end of the two-year period of performance. Include:
 - a. Number of nutrition services patients and/or visits. HRSA plans to add a nutrition services measure to 2027 UDS.
 - b. Other measures to demonstrate that your project has helped prevent and manage chronic conditions.
2. Describe how you will measure the impact of your program beyond the two-year period of performance. Include:
 - a. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (UDS Table 6B Quality of Care Measures, Line 12).

- b. Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (UDS Table 6B Quality of Care Measures, Line 13).
- c. Targeted patient health outcomes you identified in your Need and Response sections.

Capacity

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

1. Describe your skills, expertise, and organizational capacity to start or expand your nutrition services.
2. Describe your use of screening tools to assess the nutritional status of your patients. If you do not currently use screening tools for this purpose, describe your use of other risk identification screening tools to inform program development.
3. Describe your capability to implement, monitor, and adapt the project throughout the period of performance.

Budget and budget narrative

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

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

HHS now uses the definitions for [equipment](#) and [supply](#) in 2 CFR § 200.1. The new definitions change the threshold for equipment to the lesser of 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 ENS 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 may use up to \$150,000 for one-time costs in year 1 to meet this program's objective, including:

- Moveable equipment that costs \$10,000 or more.

- A single minor alteration or renovation (A/R) project. The total federal and non-federal cost of the A/R project must be less than \$1,000,000, excluding the cost of moveable equipment.

Your total budget must:

- Include the requested federal funds.
- Include all non-federal funds that will support your project, as applicable.
- Directly relate to and support the proposed project.
- Comply with all related HHS policies and other federal requirements.

Use of grant funds for food purchases is allowed for this NOFO due to its focus on nutrition services. If approved by HRSA, you may use federal funds to purchase healthy foods for patients if the purchases are necessary for proposed activities that will meet the ENS objective. For examples of allowable food costs, see [Appendix B: Example Allowable Food Costs](#).

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 1 (up to \$350,000). We will award funding based on your current H80 award proportions. The Federal amount refers to only the ENS funding requested, not all federal funding that you receive. Enter other support for the ENS project in the Non-Federal column. Leave the Estimate Obligated Funds column blank.
- **Section B – Budget Categories:** Enter an object class category (line item) budget for year 1. Include only Federal funding. The amounts for each category in the Federal and Non-Federal columns, as well as the totals, should align with the Budget Narrative. You may request up to \$150,000 for equipment and minor A/R in year 1. If you request funds for equipment, include that amount on the equipment line. If you request funds for minor A/R, include that amount on the construction line.

- **Section C – Non-Federal Resources:** Enter all sources of funding for year 1 except for the federal funding request. The total in Section C must match the Non-Federal Total in Section A. When providing Non-Federal resources by funding source, include other Federal funds supporting the proposed project in the “other” category.
- **Section D – Forecasted Cash Needs:** Leave this section blank.
- **Section E – Budget Estimates of Federal Funds Needed for Balance of the Project:** Enter the federal funding request (up to \$350,000) for year 2 in the (a) first column. The other columns must remain \$0. Any funding beyond year 2 will be based on appropriations, satisfactory progress in meeting the project’s objective, and a decision that continued funding is in the government’s best interest.
- **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, which includes the Staff Justification Table**, supports the information you provide in Section B: Object Class Categories of the SF-424A. It gives an itemized breakdown and clear justification of the costs you request. The merit review committee reviews the budget narrative.

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

See the [ENS TA webpage](#) for a sample Budget Narrative.

Submit a detailed budget narrative that outlines federal and non-federal costs for each budget year of the two-year period of performance. For year two, highlight the changes from year 1 or clearly indicate that there are no substantive changes.

Make sure your budget narrative aligns with your Minor A/R Budget Justification and Equipment List form if you request this funding. See [Appendix A: Minor A/R Requirements](#) for details.

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](#).
- Not exceed \$150,000 in minor A/R and equipment costs.
- Provide us with enough information to determine that you will use the funds awarded separately and distinctly from other Health Center Program 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 Section 330 requirements. See [Chapter 12: Contracts and Subawards in the Compliance Manual](#).

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: H80 Grant Number Form (Required)

Does not count towards the page limit.

Provide your current H80 grant number in the H80 Grant Number Form. We will use this to help determine eligibility. You can download this form from the HRSA-27-099 announcement in Grants.gov under [Related Documents](#) or the [ENS TA webpage](#).

Attachment 2: Form 1B: Funding Request Summary (Required)

Does not count towards the page limit.

Use Form 1B to summarize data from your SF-424A. Enter the amount of federal ENS funding you requested on the SF-424A in the Federal Funding Request box. Use the radio buttons to indicate if you are requesting funding for one-time expenses. You can download this form from the HRSA-27-099 announcement in Grants.gov under [Related Documents](#) or the [ENS TA webpage](#).

Attachment 3: Equipment List Form (As applicable)

Does not count towards the page limit.

If you request one-time funding for equipment, you must complete the Equipment List Form. You can download this form from the HRSA-27-099 announcement in Grants.gov under [Related Documents](#) or the [ENS TA webpage](#). Total federal equipment and minor A/R costs combined in year one cannot exceed \$150,000. Enter the amount for your request on the Equipment row of the SF-424A: Budget Information Form.

Equipment is:

- Moveable and can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space.
- Non-expendable, tangible personal property, including IT systems.
- Useful for more than one year.
- At a cost of \$10,000 or more per unit, or the lesser capitalization level established by the recipient.

Any equipment you purchase with ENS funds must be:

- Pertinent to the ENS project.
- Procured through a competitive process.
- Maintained, tracked, and disposed of in accordance with [2 CFR Part 200](#).
- Used only at in-scope service sites.

Complete the following for each item on the Equipment List Form:

- **Type:** Select clinical or non-clinical.
- **Item Description:** Provide a description of each item.
- **Unit Price:** Enter the price of each item.
- **Quantity:** Enter the number of each item to be purchased.
- **Total Price:** The system will calculate the total price by multiplying the unit price by the quantity entered.

Attachment 4: Environmental and Information Documentation (EID) Checklist Form (As applicable)

Does not count towards the page limit.

If you request one-time funding for minor A/R, you must complete the Environmental Information Documentation (EID) Checklist Form. You can download this form from the HRSA-27-099 announcement in Grants.gov under [Related Documents](#) or the [ENS TA webpage](#). Follow the instructions on the form.

Attachment 5: Minor A/R Project Cover Page Form (As applicable)

Does not count towards the page limit.

If you request one-time funding for minor A/R, you must complete the Minor A/R Project Cover Page Form. You can download this form from the HRSA-27-099 announcement in Grants.gov under [Related Documents](#) or the [ENS TA webpage](#). Follow the instructions on the form.

Ground disturbance is allowed for ENS if limited to food garden beds (raised or not raised).

Attachment 6: Other Requirements for Sites Form (As applicable)**Does not count towards the page limit.**

If you request one-time funding for minor A/R, you must complete the Other Requirements for Sites Form. You can download this form from the HRSA-27-099 announcement in Grants.gov under [Related Documents](#) or the [ENS TA webpage](#). Follow the instructions on the form.

Attachment 7: Property Information (As Applicable) and Landlord Letter of Consent (As applicable)**Does not count towards the page limit.**

If you request one-time funding for minor A/R, provide a copy of the title, deed, or lease for the site of your project.

If your minor A/R will be on leased property, include a Landlord Letter of Consent. You may use this [template](#) for the letter.

Attachment 8: Floor Plans/Schematic Drawings/Site Plans (As applicable)**Does not count towards the page limit.**

Provide a floor plan drawn to scale for your minor A/R project. It must show the location of the work and dimensions of the impacted area. All drawings must be consistent with your proposed activities. It must include:

- Rough dimensions of the facility and total square footage
- The area in the facility that will not be affected distinct from the area being altered or renovated
- Total square footage of the impacted area
- Labels for each room where major project components are occurring, such as exam room, reception area, or break room

You may mark up and make notations on an existing plan or diagram to show the area of the renovation. Provide the existing and marked-up plans.

Attachment 9: Minor A/R Budget Justification (As applicable) and Copy of Form 5B: Service Sites for Minor A/R Project (As applicable)**Does not count towards the page limit.**

Combine the Minor A/R Budget Justification and Copy of Form 5B: Service Sites for Minor A/R Project into one attachment.

Minor A/R Budget Justification

- Provide a budget justification for your minor A/R project. Describe each line item in detail. Identify other funding sources that will support your minor A/R project and whether you have already secured these funds.
- Explain how the costs will support your project's purpose and provide a timeline for when you will start and complete each proposed minor A/R activity. Include the number of months necessary for each activity.
- See the [ENS TA webpage](#) for a sample minor A/R budget justification, including allowable and unallowable costs.

Copy of Form 5B: Service Sites for Minor A/R Project

- You may propose one minor A/R project at a site in your scope of project. Attach the Form 5B: Service Sites form for the site of your minor A/R project.
- You can get a copy of your Form 5B in your Scope folder in the HRSA Electronic Handbooks.

Attachment 10: Other Relevant Documents (As applicable)**Counts towards the page limit.**

Use Attachment 10 to add other relevant documents to support your proposed project.

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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Selection process	<u>35</u>
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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, we will not fund it. If this is the case, we will notify your authorized official.

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. You can find more about the merit review process in the application guide. The members use these criteria:

Criterion	Total number of points = 100
1. Need	20 points
2. Response	20 points
3. Collaboration	15 points
4. Impact	20 points
5. Capacity	20 points
6. Support Requested	5 points

Criterion 1: Need (20 points)

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

The panel will review your application for:

- The extent to which you describe the need to start or expand nutrition services to help prevent and manage chronic conditions in your service area.
- The extent to which you use data to demonstrate unmet need, including:
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents data ([UDS Table 6B Quality of Care Measures](#), Line 12).
 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan data (UDS Table 6B Quality of Care Measures, Line 13).

- Additional UDS Table 6B measures, as appropriate.
- Other relevant data specific to your service area.
- The strength of your description of challenges with your current health center workforce that impact your capacity to start or expand nutrition services.

Criterion 2: Response (20 points)

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

The panel will review your application for:

- The strength of your plan to increase the number of patients receiving nutrition services and/or the number of nutrition-related visits.
- The strength of your explanation for how your project will help prevent and manage chronic conditions through expanded nutrition services.
- The strength of your plan to coordinate care for patients with inconsistent access to adequate nutritious food.
- The extent to which you describe how your project will advance the skills and knowledge of your workforce to support expanded nutrition services.
- The strength of your quality improvement plan to improve patient health outcomes.

If applicable:

- How well you justify the necessity of the equipment and/or minor A/R costs for your project.
- The feasibility of your plan to complete all equipment purchases and/or minor A/R within 12 months of award.

Criterion 3: Collaboration (15 points)

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

The panel will review your application for:

- The strength of your plan to partner with organizations in your service area that improve patient health through better nutrition.
 - If applicable, the extent to which you describe how you will leverage the expertise of Health Center Technical Assistance Programs, such as PCAs, HCCNs, or NTAPs.
- The extent to which you describe how you will link patients to partners that support access to healthy food.
- The strength of your project plan to align with and not duplicate federal programs operating in your service area.

- If there are no federal programs operating in your service area, clearly state this in your narrative.

Criterion 4: Impact (20 points)

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

The panel will review your application for:

- The strength of your plan to monitor the impact of your project by the end of the two-year period of performance, including:
 - The number of nutrition services patients and/or visits so you can report it under the nutrition services measure HRSA will add to the 2027 UDS.
 - Your use of other measures of success to help prevent and manage chronic conditions.
- The strength of your plan to measure the impact of your project beyond the two-year period of performance, including:
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (UDS Table 6B Quality of Care Measures, Line 12).
 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (UDS Table 6B Quality of Care Measures, Line 13).
 - The patient health outcomes you identified in your Need and Response sections.

Criterion 5: Capacity (20 points)

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

The panel will review your application for:

- The strength and appropriateness of your skills, expertise, and workforce capacity to start or expand nutrition services.
- The strength of your approach to assessing patients' nutritional status, based on either:
 - Your current use of screening tools to assess nutritional status; or
 - Your use of other risk identification screening tools to inform program development.
- The strength of your description of your capability to implement, monitor, and adapt your project throughout the period of performance.

Criterion 6: Support requested (5 points)

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

The panel will review your application for:

- The extent to which your budget is detailed and aligns across all documents, including the SF-424A and the Budget Narrative with Staff Justification Table.
- If you request funding for equipment and/or minor A/R, the extent to which your Equipment List and/or minor A/R budget justification align with all your budget documents.
- How reasonable costs are and how well they align with your proposed activities to meet the ENS objective.

We do not consider **voluntary** cost sharing during merit review. If you choose to share in the costs of the project, we will hold you accountable for any funds you add, including through reporting.

Risk review

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

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

We may ask you to submit additional information.

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

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

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

Selection process

When making funding decisions, we consider:

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

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- 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 2027.

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

Rural and urban distribution of awards

This program has special consideration(s) based on section 330 of the PHS Act ([42 U.S.C. § 254b](#)). We will make aggregate awards in FY 2027 to ensure that the ratio of rural to urban target populations is not less than two to three or greater than three to two as required by [§330\(e\)\(6\)\(B\)](#) of the PHS Act.

Compliance status

We will review your compliance status before we make funding decisions. You will not receive funding if:

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

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

Award notices

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

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



Step 5: Submit Your Application

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 09/09/2026, at 11:59 p.m. ET.

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

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

Submission method

Grants.gov

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

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

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

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

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

Other submissions

Intergovernmental review

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 Grants Policy Statement](#), Appendix D: HHS Administrative and National Policy Requirements.
- The requirements for performance management in [2 CFR § 200.301](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

Required Alignment with HRSA Mission and Strategic Priorities

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

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

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.

- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 of the Health Center Program requirements. This includes but is not limited to:

- The policy requirements listed above.
- Requirements in Section 330 of the PHS Act ([42 U.S.C. § 254b](#)).
- Program regulations found in [42 CFR Part 51c](#) (for CHC) and [42 CFR Part 56](#) (for MSAW).

Cybersecurity

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

HIT

Successful applicants under this NOFO agree that:

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

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

Reporting

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

You must also follow these program-specific reporting requirements:

- **Non-Competing Continuation (NCC)** – You must include, and we must approve, an update on this funding as part of your H80 Budget Period Progress Report NCC to release year two funding. Funding depends upon congressional appropriation, satisfactory performance, and a determination that continued funding would be in the government’s best interest. You will receive an email when it is time to begin working on your H80 NCC.



Contacts and Support

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Agency contacts

Program and eligibility

Casey Thomas and Lizzet Suarez

Public Health Analysts, Office of Policy and Program Development

Attn: Fiscal Year 2027 Expanding Nutrition Services

Bureau of Primary Health Care

Health Resources and Services Administration

Contact: [BPHC Contact Form](#). Note: Under Applications and Funding, select Notice of Funding Opportunities (NOFOs), then Expanding Nutrition Services (ENS).

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

Telephone: 301-594-4300

Financial and budget

Clare Oscar

Grants Management Specialist, Division of Grants Management Operations

Office of Federal Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

Email: COscar@hrsa.gov

Telephone: 301-443-8862

HRSA contact center

Open Monday to Friday, 7 a.m. through 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

- [Application Guide](#).
- [HRSA Grants page](#).
- [HHS Tips for Preparing Grant Proposals](#).
- [Frequently Asked Questions](#).
- [Applicant Training](#).
- The [HRSA Primary Health Care Digest](#) is an email newsletter with Health Center Program information and updates, including funding opportunities. We encourage you to have several staff subscribe.
- [FTCA Health Center Policy Manual](#)—Federal Tort Claims Act (FTCA) coverage for new services and sites is dependent, in part and where applicable, on HRSA approval of a post-award change in the scope of the project.
- The HRSA-supported [Health Center Resource Clearinghouse](#) provides TA resources for health centers nationwide.

Appendices

Appendix A: Minor A/R Requirements

You may request to use up to \$150,000 of the maximum \$350,000 in federal funds in year 1 for one minor A/R project. Enter the amount for your minor A/R request on the Construction row of the SF-424A: Budget Information Form.

The total federal and non-federal cost of the A/R project must be less than \$1,000,000, excluding the cost of moveable equipment. You must complete the minor A/R in year 1 of your project.

You may not use one-time funding for new construction activities, such as:

- Additions or expansions
- Site work outside of gardens, for example, sidewalks or new parking surfaces
- Installation of trailers or prefabricated modular units
- Major A/R

You can only conduct minor A/R at a single in-scope service delivery site.

Costs to attach equipment, flooring, paint, or carpet are minor A/R. Permanently affixed equipment is part of a minor A/R project. This includes heating, ventilation, air conditioning, generators, and lighting. Include these costs in your minor A/R project budget.

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

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

If you request one-time funding for minor A/R, attach to your application:

- Minor A/R Project Cover Page
- Environmental Information Documentation (EID) Checklist
- Minor A/R Budget Justification
- Other Requirements for Sites Form

Appendix B: Example Allowable Food Costs

With approval from HRSA, you may use ENS funding to support food-related costs that are necessary for the proposed activities. See the examples below.

Supplies

- Food items for meal planning and cooking demonstrations
- Food to be prepared during or after nutrition education activities, such as cooking classes
- Plants or seeds for use in health center food gardens

Contracts

- Contracting with organizations to hold healthy cooking classes (with consumption of healthy food that is cooked)
- Contracting with farmers or grocers to fulfill counseling guidance and food prescriptions with healthy food not readily accessible to the patient

Equipment

- Purchase of a vehicle to support nutrition education activities by transporting patients and staff, moving food, or delivering ingredients to fulfill food prescriptions
- Kitchen equipment to support instructional cooking programs
- Portable greenhouses

Minor A/R

- Creation of food sample pantries
 - Health centers must have internal policies that govern food distribution
- Creation of space to distribute food from a contracted farm or grocer
- Creation of a rooftop food garden on existing health center property
- Creation of a food garden bed (raised or not raised) on existing health center property
- Creation of a teaching kitchen

Transportation

- To nutrition services at the health center
- To support patient nutrition education, for example, trips to grocery stores, farms, or community education facilities

Endnotes

1. Centers for Disease Control and Prevention. (2025). <https://www.cdc.gov/chronic-disease/data-surveillance/index.html> ↑
2. The MAHA Report. (2025). <https://www.whitehouse.gov/wp-content/uploads/2025/05/MAHA-Report-The-White-House.pdf> ↑