

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

# HRSA

## Health Resources & Services Administration

MATERNAL AND CHILD HEALTH BUREAU  
Hereditary Hemorrhagic Telangiectasia (HHT) Center  
HRSA-26-092



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## Before You Begin

Health Resources and Services Administration

Maternal and Child Health Bureau

Division of Services for Children with Special Health Needs (DSCSHN)

Opportunity name: Hereditary Hemorrhagic Telangiectasia (HHT) Center

Opportunity number: HRSA-26-092

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

## Step 1: Review the Opportunity

### Basic information

Tagline: Strengthening access to HHT care through clinical centers

### Summary

This funding aims to support one center that will work to improve care for Hereditary Hemorrhagic Telangiectasia (HHT) to reduce illness and death by:

- Partnering with at least 15 clinical centers that specialize in treating HHT to expand access and coordination of care for HHT patients seen by multidisciplinary teams.
- Leading clinical centers in quality improvement projects aimed at improving quality of life for individuals with HHT and expanding access to care for the HHT population.
- Developing a de-identified, aggregate patient data registry to better understand HHT and treatment outcomes.
- Developing, implementing, or improving patient registry data extraction from clinical center EHR systems.
- Piloting an EHR enhancement alert system within clinical centers that assists with identifying and diagnosing potential HHT patients and can prevent clinical complications.

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

Key facts

Opportunity name:

Hereditary Hemorrhagic Telangiectasia (HHT) Center

Opportunity number:

HRSA-26-092

Announcement version:

initial

Federal assistance listing:

93.110

Key dates

NOFO issue date:

06/08/2026

Informational webinar:

See [Join the webinar](#)

Application deadline:

07/10/2026

Expected award date:

08/02/2026

Expected start date:

09/01/2026

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

## Funding details

Application Types:

Competing continuation

New

Expected total available funding in FY:

2026: \$2,900,000

Expected number and type of awards:

1 CA (Cooperative Agreement)

Funding range per award:

\$0 - \$2,900,000

We plan to fund awards in three budget periods for a period of performance from 09/01/2026 to 08/31/2029.

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

## Eligibility

You can apply if you're located in an eligible state or represent a domestic\* organization.

## **Types of eligible organizations**

These types of domestic organizations may apply:

State governments

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

## **Additional information on eligibility**

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

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

### **Completeness and responsiveness criteria**

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

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).
- Exceeds the 50-page limit. HRSA will not review any pages that exceed the page limit.

### **Application limits**

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

### **Cost sharing**

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

### **Post-award requirements**

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

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

## **Program description**

### **Purpose**

The purpose of the HHT Center Program is to reduce illness and death related to HHT by:

- Partnering with at least 15 clinical centers that specialize in treating HHT to expand access and coordination of care for HHT patients seen by multidisciplinary teams.
- Leading clinical centers in quality improvement projects aimed at improving quality of life for individuals with HHT and expanding access to care for the HHT population.

- Developing a de-identified, aggregate patient data registry to better understand HHT and treatment outcomes.
- Developing, implementing, or improving patient registry data extraction from clinical center EHR systems.
- Piloting an EHR enhancement alert system within clinical centers that assists with identifying and diagnosing potential HHT patients and can prevent clinical complications.

### **Funding Opportunity Goals**

- The program aims to strengthen the system of services for people with HHT, their families, and caregivers by establishing a national center supporting comprehensive care and expand access to care for the HHT population. This care includes screening, diagnosis, and treatment to improve health outcomes. One of the Make America Healthy Again (MAHA) initiatives include addressing the root causes of the chronic disease epidemic, rather than treating symptoms alone. HRSA's HHT Center Program expands patient access to coordinated care and long-term management of a rare and chronic condition, consistent with MAHA's broader prevention health goals.

By August 31, 2029, the program aims to achieve the following objectives:

1. Increase the percentage of patients seen by a multidisciplinary HHT team in each clinical center's catchment area, including those from communities with limited access to care, by 15%.
2. 100% of clinical centers enter data into a national HHT patient registry maintained by the funding recipient.
3. 100% of clinical centers participate in continuous quality improvement projects related to improving quality of life for people with HHT and expand access to care for the HHT population.
4. At least five clinical centers will electronically transfer de-identified patient data from their EHR systems to the national HHT patient registry.

### **Background**

HHT is a rare genetic disorder. It causes abnormal blood vessel formation<sup>[1]</sup> on the surface of the skin, lining of the nose and intestinal tract, and in the liver, lungs, and brain.<sup>[2]</sup> These blood vessels can burst and bleed,<sup>[3]</sup> causing serious issues like embolic stroke, brain abscess, pulmonary hypertension, and other respiratory complications.<sup>[4]</sup> 10% of patients die from complications.<sup>[5]</sup> The disorder affects roughly 1 in 5,000 people.<sup>[6]</sup> HHT can impact anyone, regardless of age, sex, or ethnicity.<sup>5</sup>

HHT can be hard to diagnose. Symptoms like nosebleeds may be mistaken for other conditions. HHT also varies by person. The time from first symptom to diagnosis can be as long as 27 years.<sup>[7]</sup>

Specialists from many fields care for people with HHT because the disease impacts multiple parts of the body. Outcomes for people with HHT are better when specialists work together as teams. There are currently no Food and Drug Administration (FDA)-approved therapeutics for the treatment of HHT.

Congress stated in its [FY2026 Departments of Labor, Health and Human Services, Education, and Related Agencies \(Labor HHS\) Appropriations Act Report](#) that \$3 million should be used for the HHT Program. This NOFO addresses this report and builds on the prior funding opportunity. It aims to reduce illness and death from HHT by expanding access and coordination of care and analyzing data to better inform clinicians on how to diagnose and treat HHT cases.

### **Program requirements and expectations**

This program is expected to improve the system of services for people with HHT, including those in communities with limited access to care.

You must propose strategies for all of the following activities:

- HHT Network of clinical centers
  - Establish a network of at least 15 clinical centers to expand access to care and support comprehensive teams that provide care to HHT patients and their families.
    - You must include the names of the 15 clinical centers and Memorandum of Understandings (MOU) or Letters of Support (LOS) in your application. A template of the MOU and a list of the 15 clinical centers may be included in the application to minimize the number of pages of the application. After award, all final MOUs must be provided to HRSA.
  - Provide sufficient oversight and financial assistance to network clinical centers to expand treatment access and increase the number of individuals with HHT served. You may provide subawards to qualified clinical centers that can fulfill the goals and requirements of this program.
  - All network clinical centers must provide clinical evaluation, treatment, and education to patients and their families or caregivers.
  - All network clinical centers must collect and submit data to the national HHT patient data registry.
- National HHT patient data registry
  - Develop, maintain, and use a patient data registry to better understand HHT and support the advancement of new diagnostic and treatment options.
    - The registry must comply with Health Industry Cybersecurity Practices<sup>[1]</sup> for managing cyber threats and protecting patient data.
    - The HHS 405(d) Program offers Healthcare and Public Health ([HPH](#)) [sector resources and guidance](#), which must be consulted in developing the patient registry. These are focused on providing organizations across the nation with useful and impactful HPH-focused resources, products, and tools that help educate, raise awareness, and provide vetted cybersecurity best practices and strengthen the sector's cybersecurity posture against cyber threats.
    - The registry must adhere to all applicable privacy laws, including Health Insurance Portability and Accountability Act (HIPAA) General Administrative and Privacy and Security Requirements detailed in 45 CFR Part 160 through Part 164. The following provisions also apply: Sections 1171-1180 of the Social Security Act (the Act), sections 262 and 264 of

[Public Law 104-191](#), section 105 of [Public Law 110-233](#), sections 13400-13424 of [Public Law 111-5](#), and section 1104 of [Public Law 111-148](#).

- The registry must include clear safeguards to protect sensitive patient data from unauthorized access, breaches, or misuse.
  - The registry must follow the Office of the National Coordinator's (ONC's) Interoperability Standards (standards that allow systems to share and use data) Advisory (ISA), and more information about this is in the section on [Health information technology interoperability](#).
  - The registry must contain common data elements and data standards.
  - The registry must follow the FAIR principles<sup>[2]</sup> for data management that make sure data within the registry is findable, accessible, interoperable, and reusable.
- Work with the National Institutes of Health (NIH)-funded Rare Diseases Clinical Research Network's Data Management Coordination Center (DMCC) to learn more about development, maintenance, and use of rare disease registries.
    - Incorporate industry level interoperability standards used for rare disease data collection into the patient data registry.
    - If your organization does not have access to an existing national registry, instead of creating a standalone registry, consider collaborating with another organization or the DMCC in developing a national HHT patient registry to meet all required federal, state, and institutional regulations governing interoperability, and patient privacy and security standards. After award, you must work with HRSA to obtain approval for your approach in developing the patient data registry.
  - Establish data use agreements with network clinical centers.
    - Develop a diagram that summarizes the flow of data in and out of the national HHT registry, that also includes who has access, the security measures in place, how collaborators will use the data, and how other stakeholders in the field, HRSA funded recipients, and the federal government will have access to de-identified patient registry.
    - Establish data use agreements that reflect this data flow.
- EHR enhancements
    - Pilot an EHR alert system in participating clinical centers to identify and diagnose potential HHT patients and prevent complications.
    - Establish, improve, and or refine a method to transfer data from network clinical center EHRs to the selected national registry used for this work.
    - Ensure that all EHR enhancements meet ONC interoperability standards, as provided for in the ISA and by applicable state and federal laws and regulations.
    - Conduct quality improvement activities to assess EHR enhancements and their impact on clinic operations including but not limited to process improvement, care delivery, and care coordination.
  - Quality of Life/Continuous Quality Improvement (CQI)

- Create and report on quality-of-life metrics guided by people with lived experience, including people with HHT and their families and caregivers.
- Involve clinical centers in efforts to improve HHT patients' quality of life and expand access to care for the HHT population.
- Support clinical centers in implementing CQI projects that improve quality of life for individuals with HHT.
- Annually report on each center's CQI projects.
- Engagement of Persons with Lived Experience (PWLE)
  - Involve PWLE with HHT and their families/caregivers in program activities in each of the 15 clinical centers.
    - Their engagement may focus on giving feedback about care quality, patient registries, and identifying unmet needs, particularly in areas with limited access to care.
- Advisory Committee
  - Establish and maintain an advisory committee for the national center.
  - It must include clinicians and PWLE who have firsthand experience about HHT who provide input on all grant activities.
- Provider education
  - Provide ongoing education and technical assistance to clinicians to improve knowledge about diagnosis, referrals, and treatment for HHT. Clinicians may include hematologists, pulmonologists, gastroenterologists, genetic counselors, primary care physicians, school nurses, etc.
  - Share tools and resources to support clinicians who are part of the care team for HHT patients.
- Communication
  - Create and implement a communication and collaboration plan to share best practices across the clinical center network.
  - Develop a plan to identify and address national patient-centered care challenges and gaps.
- Follow the guidance in the Performance measurement, evaluation, and continuous quality improvement (CQI) section.

### **Performance measurement, evaluation, and continuous quality improvement (CQI)**

We expect you to measure your performance, evaluate your program, and conduct CQI activities. Actions include:

- Measuring performance on key activities and program objectives.
  - Annually collect and report data on the program objectives listed above and the Discretionary Grants Information System (DGIS) measures in the [Reporting](#) section.
  - Each clinical center must identify the number of people living with HHT in their catchment area to report on NOFO objectives.

- Develop and implement an evaluation plan to assess the impact of grant activities and use the data to make improvements to the program.
- Conducting CQI activities to improve processes and outcomes.

### **Reporting Requirements:**

1. Annually collect and report in the non-competing continuation progress report and DGIS on:
  - Engagement of PWLE who have firsthand knowledge of HHT.
  - Meeting interoperability and privacy/security standards for the national HHT registry.
  - Collaboration with the DMCC on the national HHT registry.
  - Patients' quality of life.
  - Identifying HHT patients through the EHR enhancement alert system.
  - Provider education.

### **Statutory authority**

[Title V, Section 501\(a\)\(2\) of the Social Security Act \(42 U.S.C. 701\(a\)\(2\)\)](#), as amended

[1] Alkhalid, Y. et al. (2023). "Multidisciplinary coordinated care of hereditary hemorrhagic telangiectasia (Osler-Weber-Rendu Disease)." *Vascular Medicine*, 28(2), 153-165.  
<https://pubmed.ncbi.nlm.nih.gov/36890671/>

[2] Centers for Disease Control and Prevention. "About Hereditary Hemorrhagic Telangiectasia (HHT). Available at <https://www.cdc.gov/hht/about/index.html>. Accessed 11/12/24.

[3] Medline Plus. "Hereditary Hemorrhagic Telangiectasia." Available at <https://medlineplus.gov/genetics/condition/hereditary-hemorrhagic-telangiectasia/#resources>. Accessed 11/12/24.

[4] De Gussem, E.M. et al. (2016). "Life expectancy of parents with Hereditary Hemorrhagic Telangiectasia." *Orphanet Journal of Rare Disease*, 46(2016).  
<https://ojrd.biomedcentral.com/articles/10.1186/s13023-016-0427-x>.

[5] Lessnau, K.-D. (2020). "Osler-Weber-Rendu Disease (Hereditary Hemorrhagic Telangiectasia)." *Medscape*. Available at <https://emedicine.medscape.com/article/2048472-overview#a7?form=fpf>. Accessed 7/26/24.

[6] Faughnan, M.E. et. Al. (2020). "Second International Guidelines for the Diagnosis and Management of Hereditary Hemorrhagic Telangiectasia." *Annals of Internal Medicine*, 173(12).  
<https://www-acpjournals-org.ezproxyhhs.nihlibrary.nih.gov/doi/10.7326/M20-1443>.

[7] Cuesta, M.A. (2022). "Hereditary Hemorrhagic Telangiectasia: Diagnosis and Management." *Journal of Clinical Medicine*, 11(16):4698. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9410055/>.

[1] HHS 405(d) Aligning Health Care Industry Security Approaches.  
<https://405d.hhs.gov/cornerstone/hicp>. Accessed 4/3/25.

[2] Wilkinson, M.D. et al. (2016). “The FAIR Guiding Principles for scientific data management and stewardship.” Scientific Data. 3:160018.  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC4792175/>

## Award information

### Cooperative agreement terms

Our responsibilities

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

- Participate in planning and developing project activities through meetings during the period of performance.
- Review policies, procedures, activities, emerging issues, data, measures, and tools.
- Provide approval for approach in developing the patient data registry.
- Collaborate and approve all public facing documents, findings, best practices, lessons learned, reports, articles, and presentations related to the work developed under this NOFO.
- Conduct site visits.
- Monitor performance data to track progress, provide feedback, and assess outcomes.
  - HRSA and the recipient will work together after the award to finalize the monitoring and accountability approach.
- Support your collaboration with national centers and grantees funded by the Division of Services for Children with Special Health Needs (DSCSHN).

Your responsibilities

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

- Completing activities described in this NOFO.
- Meeting with the HRSA project officer at the time of award and throughout the project period to review current strategies and progress.
- Producing and sharing project findings by publishing articles, reports, or presentations.
- Adhering to HRSA guidelines related to acknowledgment and disclaimer on all products produced by HRSA awards (Refer to [Communicating and Acknowledging Federal Funding](#) for how to comply.).
- Analyzing evidence-informed and CQI data, impact, and any relevant data trends.
- Collaborating with HRSA to review activities, budget items, procedures, information, and publications prior to them being shared.
- Collaborating with other federally funded entities like NIH’s DMCC, DSCSHN’s Family Engagement and Leadership in Systems of Care, and others.
- Seeking approval from HRSA regarding the patient registry and following all relevant federal, state and institutional data requirements for registries and maintaining confidentiality of patient data.

### Funding policies and limitations

Changes in HHS regulations

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

## Policies

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

## General limitations

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

## Program-specific statutory or regulatory limitations

- Foreign travel: No foreign travel (using federal award dollars or federal program income) is allowed.

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

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

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

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

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

## Program income

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

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

## Step 2: Get Ready to Apply

### Get registered

#### SAM.gov

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

To register:

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

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

Once you register:

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

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

#### Grants.gov

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

### Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-092.

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

### Application writing help

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

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

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

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

**Join the webinar**

For more information about this opportunity, join the webinar. More information on the HRSA-26-092 webinar will be posted at a later date to the related documents tab on Grants.gov.

We recommend that you “Subscribe” to the NOFO on Grants.gov to receive updates when we post documents.

We will record the webinar.

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

**Step 3: Build Your Application**

**Application checklist**

There are two types of forms in Grants.gov.

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

Make sure that you have everything you need to apply.

**Narratives**

Component	Grants.gov form	Included in page limit*?
Project Abstract	Use the Project Abstract Summary form.	No
<input type="checkbox"/> <a href="#">Project narrative</a> Use the Project Narrative Attachment form.	Project Narrative Attachment form.	Yes
<input type="checkbox"/> <a href="#">Budget narrative</a> Use the Budget Narrative Attachment form.	Budget Narrative Attachment form.	Yes
Attachments	Insert each in the Attachments form.	Yes
Other required forms	Upload using each required form.	Yes

**Attachments**

Insert each in the Attachments Form in this order.

Component	Included in page limit*?
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<input type="checkbox"/> 1. Work plan	Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions	Yes
<input type="checkbox"/> 3. Biographical sketches	Yes
<input type="checkbox"/> 4. Agreements with other entities	Yes
<input type="checkbox"/> 5. Project organizational chart	Yes
<input type="checkbox"/> 6. Registry Standards of Interoperability	Yes
<input type="checkbox"/> 7. Tables and charts	Yes
<input type="checkbox"/> 8. Other relevant document	Yes
<input type="checkbox"/> 9. Other relevant document	Yes
<input type="checkbox"/> 10. Other relevant document	Yes
<input type="checkbox"/> 11. Other relevant document	Yes
<input type="checkbox"/> 12. Other relevant document	Yes
<input type="checkbox"/> 13. Other relevant document	Yes
<input type="checkbox"/> 14. Other relevant document	Yes
<input type="checkbox"/> 15. Other relevant document	Yes

**Other required forms**

Upload using each required form in Grants.gov.

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

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

**Application contents and format**

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

**Application page limit: 50**

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

**Required format**

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

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

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

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

**Size:** 12-point font

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

**Ink color:** Black

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

**Alignment:** Left

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

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

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

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

**Page numbering:**

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

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

**Project narrative**

Introduction

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

Briefly describe the purpose of your project.

Need

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

- Document the challenges people with HHT face, such as unmet health needs, access issues, coordination needs, desired outcomes, and emerging issues.
- Outline the HHT community’s needs you plan to address.
- Include information on populations experiencing the greatest health challenges, including due to community impact factors, such as rurality.
- Discuss barriers that you hope to overcome.
- Use and cite demographic data whenever possible.

Approach

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

- Tell us how you'll address the needs you described and meet the program requirements and expectations described in this NOFO.

Include plans to partner with clinical centers and support ongoing staff training, teamwork, and sharing information.

- Plan and develop a national HHT Patient Data Registry that:
  - Provides details on the interoperability and security standards that will be included.
  - Collaborates with the DMCC.
  - Shows how data will be safeguarded, meeting all applicable federal, state and institutional regulations.
  - Shows how the registry will work with EHR systems.
- Describe how you will form an advisory committee and find potential members, including PWLE who have firsthand knowledge of HHT.
- Include plans for outreach and collaboration to involve individuals with lived experience who have firsthand knowledge of HHT, as well as their families, caregivers, and communities.
- Provide a timeline for how EHR enhancements will be implemented and a plan to roll out quality improvement activities to improve clinic operations using EHR enhancements.
- Include a plan to support clinical centers in quality improvement projects that improve the quality of life for people with HHT and expand access to care for the HHT population.
- Include a plan to distribute reports, products, or project outputs to target audiences.
- Propose a plan for continuing the project when federal funding ends.
  - We expect you to continue key strategies or services and actions that have led to improved practices and outcomes for the target population.
- Describe how you will manage and securely store data, including how you will protect data against cybersecurity threats, misuse, breaches, or other loss of data integrity.
- Describe how you will ensure patient registry data privacy and security, and how you will obtain clinical center data use agreements.

High-level work plan

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

- Describe how you'll achieve each objective during the period of performance.
- Include a detailed work plan in [Attachment 1](#).
  - Include a timeline for each activity and assign a responsible person.
  - As needed, identify how key stakeholders will help plan, design, and carry out these activities.

You will also include a more detailed work plan in your [attachments](#).

## Logic Models

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

Submit a logic model for your project. A logic model is a one-page diagram that presents a conceptual framework and explains the links between program elements.

This specific logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable)
- Assumptions (e.g., beliefs about how the program will work and support resources; base assumptions on research, best practices, and experience).
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources).
- Target population (e.g., the individuals to be served).
- Activities (e.g., approach, listing key intervention, if applicable).
- Outputs (i.e., the direct products of program activities).
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an action, how-to guide with a timeline and steps used during program implementation.

You can reference the [Logic Model Tip Sheet](#). The work plan and logic model should be submitted as [Attachment 1](#).

## Resolving challenges

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

Discuss possible challenges you may face in designing and carrying out the activities in the work plan. Explain approaches that you'll use to resolve them. Specifically, discuss how you will resolve challenges related to:

- Determining a clinical center's catchment area denominator (the total individuals living with HHT) and your solutions.
- Creating a registry that follows all federal regulations, and how you will comply with registry security, data safeguards, and protections against data breaches.
- Transferring patient registry data from clinical centers' EHR systems and your solutions.
- Piloting an EHR enhancement alert system for clinical centers to identify possible HHT patients and your solutions.

## Performance management

### See merit review criteria 3: [Performance reporting and evaluation](#)

**Outcomes.** Describe the expected outcomes (desired results) of the funded activities.

- **Performance measurement and reporting.** See our reporting manual for performance measure requirements and examples of reporting forms.
  - Describe how you will collect and report required performance data on time and without errors.

- Describe how you will monitor and analyze performance data to improve your program.
- In addition, describe your plans to annually report key performance measures such as:
  - HHT Patients
    - The percentage of new and returning HHT patients seen by each clinical center in their catchment area, broken down by demographic subgroups.
      - This includes a numerator (which is the number of patients seen by the clinical center in their catchment area), a denominator, (which is the number of individuals with HHT estimated to live in the catchment area), and the percentage of the population reached for each relevant demographic subgroup.
  - Aggregate de-identified data that show health outcomes and best practices (data should be broken down by demographic groups).
  - National HHT Patient Registry
    - The percentage of clinical centers that are entering patient data in the registry.
    - The percentage of the 15 clinical centers that transferred patient registry data from their EHR systems.
  - EHR Enhancements
    - The percentage of clinical centers piloting an EHR enhancement function to identify possible HHT patients and prevent complications.
    - The percentage of clinical centers implementing quality improvement activities to evaluate EHR enhancements and their impact on clinic operations.
  - Quality of Life/CQI
    - The percentage of clinical centers participating in CQI projects addressing quality of life and expanding access to care for people with HHT.
    - The number of quality-of-life metrics created and implemented that reflect the needs of people with lived experience who have firsthand knowledge of HHT and their families and caregivers.
    - The percentage of clinical centers who have implemented EHR enhancements and have improved clinic operations.
  - Provider Education
    - The percentage of unique medical providers who reported increased knowledge about HHT and its treatment.
    - This data should be broken down by characteristics such as provider role or specialty.

- Explain your plan and ability to collect data on the measures specified by HRSA MCHB in the [Program requirements and expectations](#).
- **Program evaluation.** Describe how you will evaluate your project. The evaluation should examine processes and progress towards goals, program objectives, and expected outcomes. Evaluations must follow the [HHS Evaluation Policy](#), as well as the standards and best practices described in [OMB Memorandum M-20-12](#). In the description of your evaluation, include:
  - The evaluation questions, methods, data you will collect, and timeline for evaluating the program.
  - Challenges in evaluating your program and how you will address them.
  - The capacity of your organization and staff to evaluate the program. Include their experience, skills, and knowledge.
  - How you will share results, how you will assess whether you are sharing results effectively, whether your results are national in scope, and whether other organizations can replicate your program.
  - Describe the systems and processes that you'll use to track performance outcomes.
    - Describe how you'll collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of those outcomes.
  - Describe the quality and feasibility of your proposed measures, how they align with the purpose of this NOFO, and how they will assess performance and progress towards the program goals and objectives.
  - Describe how these measures can be used to attribute results to the project.
  - Describe how you will report performance measurement and evaluation findings, use them to show the outcomes of this NOFO, and apply them for continuous program quality improvement.
  - Describe your plans to monitor progress and conduct quality improvement efforts to make sure the program meets the needs of people with HHT and their families.

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

Sustainability

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

We expect you to sustain key project elements that improve practices and outcomes for the target population. Propose a plan for project sustainability after the period of federal funding ends.

- Highlight key elements of your projects.
  - Examples include training methods or strategies that have been effective in improving practices.
- Describe the actions you will take to obtain future sources of funding that do not include HRSA funding.
- Set a timeline to become self-sufficient.
- Describe a plan to integrate proposed activities into routine practice at the network clinic level so that federal funding is no longer needed.

- For example, how CQI becomes part of managed care practices.
- Discuss challenges that you'll likely encounter in sustaining the program.
  - Include how you will resolve these challenges.
- Describe how you plan to collaborate with rare disease networks or other registries to make the project sustainable.

#### Organizational information

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

Briefly describe your organization's mission, structure, and the scope of your current activities. Explain how they will help you carry out the program requirements. Include a [project organizational chart](#) in [Attachment 4](#).

- Describe your key staff's experience, skills, and knowledge.
  - Include a staffing plan and job descriptions for key personnel in [Attachment 2](#).
- Provide a description of the organizational capacity to gather, manage, and use data.
- Explain your experience with performance reporting and program evaluation.
- Describe the quality of the facilities you will use to carry out the project.
- Discuss how you'll follow the approved project, keep track of all federal funds, and record all costs to avoid issues during the project audit.
- Include plans to partner with DMCC.

#### **Budget and budget narrative**

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

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

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

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

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

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).

- Appropriate support to clinical centers to participate in the registry, develop EHR linkage and reporting to the registry.

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

### **Attachments**

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

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

#### Attachment 1: Work Plan

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

Also include the required logic model in this attachment.

If you will make subawards or expend funds on contracts, describe how your organization will ensure that it uses funds for appropriate purposes (e.g., through a subrecipient monitoring plan).

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

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

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

#### Attachment 3: Biographical sketches

Include biographical sketches for people who will hold the key positions you describe in Attachment 2.

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

#### Attachment 4: Agreements with other entities

Provide MOUs or LOS that describe working relationships between your organization and others you mention in your project narrative.

If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of subrecipients and contractors, as well as any deliverables.

You do not need to include all parts of lengthy agreements if the parts that you include describe the working relationship between you and the other organization.

Ensure that authorized officials sign and date all letters of agreement.

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

#### Attachment 6: Tables and charts

Provide tables or charts that give more detail about the national HHT registry and the standards that will be used to support the registry. Include information about how you will manage and securely store data, including how you will protect data against cybersecurity threats, breaches, or other loss of data integrity.

**Attachment 7: Registry Standards of Interoperability**

Provide tables or charts that give more detail about the proposal. These might be Gantt, PERT, or flow charts.

**Attachment 8-15: other relevant documents**

You may use attachments 8 through 15 to add other relevant documents.

**Other required forms**

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

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

**Form instructions**

The application guide has detailed instructions for:

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

**Project abstract summary form instructions**

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. When writing your summary:

Use 4,000 characters or fewer.

Make sure it's clear, accurate, short.

Do not refer to other parts of the application.

Do not include [personally identifiable information \(PII\)](#) in abstract form.

If you receive an award, we'll put your project abstract on public websites and databases, including [USAspending.gov](https://www.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](https://www.usaspending.gov). This is where the public goes to learn how the federal government spends their money.

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

[See instructions and examples.](#)

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

### **Application review**

#### **Initial review**

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

#### **Merit review**

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

Criterion 1: Need (10 points)

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

The panel will review your application for how well it describes the problem and its contributing factors. This includes:

- An explanation of the purpose of the project.
- The reasonableness of the estimated number of people with HHT in each clinical center's catchment area. This includes an explanation of how you calculated this figure.
- The description of challenges faced by people with HHT, especially those in populations with limited access to care.
- The description of unmet health needs, access to care and coordination needs, desired outcomes, and challenges related to geography, age, or emerging issues.
- Discussion of barriers that will be overcome.
- Using and citing demographic data whenever possible.

Criterion 2: Response (40 points)

The panel will review your application for:

#### **Approach (20 points)**

- How well it responds to the program's [purpose](#).
- The strength of the proposed goals and objectives and how well they relate to the project.

- How well it describes how the [Program Requirements and Expectation](#) activities will be carried out.
- How the applicant will manage and securely store data, including how they will protect data against cybersecurity threats, breaches, or other loss of data integrity.

### **Work Plan and Logic Model (15 points)**

- How well the activities described will address the problem and meet project objectives.
- The connection between and completeness of activities or steps to meet objectives proposed in the Work Plan and Logic Model section.
- The degree of meaningful support and collaboration with key stakeholders, including individuals with HHT, families, caregivers, and others.
- The clarity and completeness of the logic model, showing relationships among resources, activities, outputs, target population, short-term outcomes, and long-term outcomes.
- Proposal of a plan for continuing the project when federal funding ends.

### **Resolving challenges (5 points)**

- How well the project will address obstacles and challenges during design and implementation.

Criterion 3: Performance reporting and evaluation (15 points)

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

The panel will review your application to assess the strength and effectiveness of the proposed performance measurement and evaluation plan. This includes:

- A clear description of the expected outcomes (desired results) of the funded activities.
- How well the applicant describes monitoring and evaluation procedures, and describes how they will incorporate evaluation and performance measures into planning, implementation, and reporting.
- The applicant's plan and ability to collect data on the measures specified by HRSA MCHB in the Program requirements and expectations and proposed measures presented by the applicant in their Narrative.
- How the applicant will monitor and analyze performance data to continually improve the program.
- The quality and feasibility of any proposed measures, and the degree to which the proposed measures align with the purpose of the NOFO and are adequate to assess performance and progress towards the program goals and objectives of the NOFO.
- How measures can be used to attribute results to the project.
- The strength and effectiveness of the evaluation plan and method proposed to monitor and evaluate the project results, including:
  - The evaluation questions, methods, specific data you will collect, and timeline for evaluating the program.
  - How you will address challenges in evaluating the program.
  - The capacity of the organization and staff to evaluate the program, including their experience, skills, and knowledge.

- How results will be effectively shared, whether results are national in scope, and whether other organizations can replicate the program.
- A description of the systems and processes you will use to track performance outcomes.
- How well you will report findings, demonstrate NOFO outcomes, and use the findings for CQI.
- The applicant's capacity to collect, track, manage, and report proposed and required data over time, including available resources, systems, and processes.
- Plans to monitor progress and conduct quality improvement efforts to make sure the program meets the needs of people with HHT and their families.
- Overall approach and methodology to evaluate project results against goals and objectives and gain insights into program outcomes and impact.
- Evidence that the measures assess how well program objectives have been met and to what extent the results are attributed to the project.

Criterion 4: Impact (10 points)

The panel will review your application for:

- The key elements of the project.
- How effective the proposed project is likely to be.
- How strong a public health impact it is likely to have.
- How effective plans for sharing project results are likely to be.
- What the likely impact on the community or target population will be.
- How likely the project results are to be national in scope.
- How easy it will be to replicate project activities.
- How likely the program is to continue beyond the federal funding.
- A description of the actions the applicant may take to obtain future sources of funding that do not include HRSA funding.
- A plan to integrate proposed activities into routine practice at the network clinic center level so that federal funding is no longer needed.
  - For example, how CQI becomes part of managed care practices.
- nullDiscussion of challenges that will likely be encountered in sustaining the program, and how they'll be resolved. null

Criterion 5: Resources and capabilities (15 points)

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

The panel will review your application to determine the extent to which:

- Project staff have the training or experience to carry out the project.
- Project staff have the training and experience to carryout performance reporting (and program evaluations, if applicable).
- You have the capabilities to fulfill the needs of the project.

- You have quality facilities available to carry out the project.
- You have the capacity to gather, manage, and use data.

Criterion 6: Support requested (10 points)

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

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable costs are, and how well they align with the project's scope.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.

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

### **Risk review**

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

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

We may ask you to submit additional information.

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

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

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

## **Selection process**

When making funding decisions, we consider:

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

We may:

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

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

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

### **Award notices**

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

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

## **Step 5: Submit Your Application**

### **Application submission and deadlines**

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

#### **Application deadline**

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

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

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

#### **Submission method**

Grants.gov

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

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

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

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

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

## Other submissions

### Intergovernmental review

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

## Step 6: Learn What Happens After Award

### Post-award requirements and administration

#### Administrative and national policy requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Conflicts of interest.

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

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

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

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

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

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

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

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

**Cybersecurity**

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

**HIT**

Successful applicants under this NOFO agree that:

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

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

In addition to the health information technology interoperability requirements stated above, if you receive an award, you must agree to the following conditions when implementing, acquiring, or upgrading health IT. These conditions also apply to all subrecipients.

- If 45 CFR part 170, subpart B standards cannot support the activity, we encourage you to:
  - Use health IT that meets non-proprietary standards.
  - Follow specifications from consensus-based standards development organizations.
  - Use standards identified in the [ONC Interoperability Standards Advisory](#) to support the HHT national registry and data collection for submission to registries.
- The registry must contain common data elements and data standards that are based on the FAIR principles for data management that ensure that the data within the registry is findable, accessible, interoperable and reusable.
- The patient registry must comply with all applicable federal, state and institutional regulations governing patient privacy and security standards including but not limited to:
  - HIPAA Privacy and Security Rules (45 CFR Part 160, Part 164).
  - National Institute of Standards and Technology (NIST) Cybersecurity Network, which provides guidelines for managing cybersecurity risks.
- Privacy and security measures must include authentication, access control, authorization, auditable events and tamper-resistance, audit report(s), applicable amendments, automatic access time-out, emergency access, end-user device encryption, integrity standards, auditing actions on health information, and accounting of disclosures.
- The registry must include systematic measures to protect data from unauthorized access, breaches or misuse of sensitive patient data.

- Upon award, you must provide a detailed schematic and explanation of all the standards that will be included to support the HHT national registry and provide yearly updates on the progress of meeting all the standards.

## Reporting

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

You must also follow these program-specific reporting requirements:

- Progress report(s) each year
- Annual Performance reports.
- **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where you will report annual performance data to us. You will submit a DGIS Performance Report annually, by the specified deadline.

## Contacts and Support

### Agency contacts

#### Program and eligibility

**Nordia Williams, MPH**

Public Health Analyst, Division of Services for Children with Special Health Needs (DSCSHN)

Attn:

Hereditary Hemorrhagic Telangiectasia (HHT) Center

Health Resources and Services Administration

Nwilliams1@hrsa.gov

240-475-3310

#### Financial and budget

Angela Love

Grants Management Specialist Division of Grants Management Operations Office of Financial

Assistance and Acquisition Management (OFAAM) Health Resources and Services

Administration

alove1@hrsa.gov

301-443-4285

#### 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 websites

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

### Footnotes

[1] Alkhalid, Y. et al. (2023). “Multidisciplinary coordinated care of hereditary hemorrhagic telangiectasia (Osler-Weber-Rendu Disease).” *Vascular Medicine*, 28(2), 153-165.  
<https://pubmed.ncbi.nlm.nih.gov/36890671/>

[2] Centers for Disease Control and Prevention. “About Hereditary Hemorrhagic Telangiectasia (HHT). Available at <https://www.cdc.gov/hht/about/index.html>. Accessed 11/12/24.

[3] Medline Plus. “Hereditary Hemorrhagic Telangiectasia.” Available at <https://medlineplus.gov/genetics/condition/hereditary-hemorrhagic-telangiectasia/#resources>. Accessed 11/12/24.

[4] De Gussem, E.M. et al. (2016). “Life expectancy of parents with Hereditary Hemorrhagic Telangiectasia.” *Orphanet Journal of Rare Disease*, 46(2016).  
<https://ojrd.biomedcentral.com/articles/10.1186/s13023-016-0427-x>.

[5] Lessnau, K.-D. (2020). “Osler-Weber-Rendu Disease (Hereditary Hemorrhagic Telangiectasia).” *Medscape*. Available at <https://emedicine.medscape.com/article/2048472-overview#a7?form=fpf>. Accessed 7/26/24.

[6] Faughnan, M.E. et al. (2020). “Second International Guidelines for the Diagnosis and Management of Hereditary Hemorrhagic Telangiectasia.” *Annals of Internal Medicine*, 173(12).  
<https://www-acpjournals-org.ezproxyhhs.nihlibrary.nih.gov/doi/10.7326/M20-1443>.

[7] Cuesta, M.A. (2022). “Hereditary Hemorrhagic Telangiectasia: Diagnosis and Management.” *Journal of Clinical Medicine*, 11(16):4698. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9410055/>.

[1] HHS 405(d) Aligning Health Care Industry Security Approaches.  
<https://405d.hhs.gov/cornerstone/hicp>. Accessed 4/3/25.

[2] Wilkinson, M.D. et al. (2016). “The FAIR Guiding Principles for scientific data management and stewardship.” *Scientific Data*. 3:160018.  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC4792175/>

In addition to the health information technology interoperability requirements stated above, if you receive an award, you must agree to the following conditions when implementing, acquiring, or upgrading health IT. These conditions also apply to all subrecipients.

- If 45 CFR part 170, subpart B standards cannot support the activity, we encourage you to:
  - Use health IT that meets non-proprietary standards.
  - Follow specifications from consensus-based standards development organizations.
  - Use standards identified in the [ONC Interoperability Standards Advisory](#) to support the HHT national registry and data collection for submission to registries.
- The registry must contain common data elements and data standards that are based on the FAIR principles for data management that ensure that the data within the registry is findable, accessible, interoperable and reusable.
- The patient registry must comply with all applicable federal, state and institutional regulations governing patient privacy and security standards including but not limited to:
  - HIPAA Privacy and Security Rules (45 CFR Part 160, Part 164).
  - National Institute of Standards and Technology (NIST) Cybersecurity Network, which provides guidelines for managing cybersecurity risks.
- Privacy and security measures must include authentication, access control, authorization, auditable events and tamper-resistance, audit report(s), applicable amendments, automatic access time-out, emergency access, end-user device encryption, integrity standards, auditing actions on health information, and accounting of disclosures.
- The registry must include systematic measures to protect data from unauthorized access, breaches or misuse of sensitive patient data.
- Upon award, you must provide a detailed schematic and explanation of all the standards that will be included to support the HHT national registry and provide yearly updates on the progress of meeting all the standards.