



# Hereditary Hemorrhagic Telangiectasia (HHT) Center Program

HRSA-26-092 Notice of Funding Opportunity (NOFO)  
Technical Assistance (TA) Webinar  
May 2026

**Division of Services for Children with Special Health Needs  
Maternal and Child Health Bureau (MCHB)  
Health Resources and Services Administration (HRSA)**



# Agenda

- Brief overview of HRSA-26-092 HHT Center NOFO
  - Program Overview
  - Eligibility
  - Funding
  - Application Contents



# 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 electronic health record (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.

# Eligible Applicants

- State governments
- Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled “Additional Information on Eligibility”
- See NOFO for details on “Additional Information on Eligibility.”
- Individuals are not eligible to apply.



# Funding



- Up to \$2,900,000 per year
- 1 awardee expected
- Type of Award: Cooperative Agreement
- Period of Performance: September 1, 2026 - August 31, 2029 (3 years)

# Program Objectives

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- **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 underserved communities, 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 (CQI) 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.
- **The recipient is expected to collect and report data annually on progress toward meeting the objectives listed above.**



# Program Requirements and Expectations (PRE)

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- Establish an HHT Network of Clinical Centers
- Develop, maintain and use National HHT patient data registry
- Work with the National Institutes of Health (NIH) -funded Rare Diseases Clinical Research Network's Data Management Coordination Center (DMCC)
- Establish data use agreements with network clinical centers
- Implement EHR enhancements



## PRE continued

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- Create and report on quality-of-life metrics informed by individuals with HHT, their families, and caregivers;
- Support clinical centers in expanding access to care and implementing CQI projects to improve patient quality of life
- Engage Persons with Lived Experience (PWLE) in program activities
- Establish and maintain an Advisory Committee
- Provide ongoing education and technical assistance to clinicians
- Create and implement a communication and collaboration plan



# Reporting Requirements

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- **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.



# Application Contents

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- **Project narrative**
  - Introduction
  - Need
  - Approach
  - High-level work plan and Logic model
  - Strategies to resolve challenges
  - Performance management
  - Performance reporting and evaluation
  - Sustainability
  - Organizational information
  - Budget and budget narrative



# Performance Management

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- You must collect and report annually on key performance measures such as:
  - 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.



## Performance Management, continued

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- Aggregate de-identified data that show health outcomes and best practices (data should be broken down by demographic groups)
- Collect performance measures related to:
  - National HHT Patient Registry
  - EHR Enhancements
  - Quality of Life/CQI
  - Provider Education

# Program Evaluation

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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.



# Program Evaluation, continued

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- 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.



# Sustainability

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Propose a plan for project sustainability after the period of federal funding ends:

- Highlight key elements of your project.
- 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.



# Attachments

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- Attachment 1: Work Plan (and Logic Model)
- Attachment 2: Staffing Plan and Job Descriptions
- Attachment 3: Biographical Sketches
- Attachment 4: Agreements with Other Entities
- Attachment 5: Project Organizational Chart
- Attachment 6: Registry Standards of Interoperability
- Attachment 7: Tables and Charts
- Attachment 8-15: Other relevant documents



# Required Forms

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



# Reporting

## Annual Progress Reports

**Annual Performance Reports** – submit through the Discretionary Grants Information System (DGIS).\* See NOFO for DGIS form assignments.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 1, 2026- August 31, 2027 (administrative data and performance measure projections, as applicable)	Period of performance start date	90 days from the available date
b) Non-Competing Performance Report	September 1, 2026- August 31, 2027 September 1, 2027- August 31, 2028	Beginning of each budget period (Years 2–4, as applicable)	90 days from the available date
c) Project Period End Performance Report	September 1, 2028- August 31, 2029	Period of performance end date	120 days from the available date

\* [DGIS Website](#), [DGIS Wiki](#)



# Budget and Budget Narrative



# Budget Tips and Reminders

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- Total Award Amount – \$2,900,000 annually
- Three Year Project Period – You must provide a SF-424A Budget and Budget Narrative for all three years.
- The Indirect Cost Agreement should be included with your application, if applicable. If you do not have an IDC Agreement you can use the De Minimis Rate of 15% if claiming indirect costs (please indicate, you are using the De Minimis Rate in your budget narrative).
- Applicants must completely breakdown all costs in the Budget Narrative and costs must correspond with the SF-424A.



# Budget Requirements

## A complete budget submission Includes:

SF-424A Budget Forms

Budget Narrative

Indirect Cost Rate Agreement, if applicable

## The budget narrative must:

Clearly explain how costs within each budget category will support the achievement of the proposed goals and objectives. (*e.g. personnel, fringe benefits, travel, supplies, contractual, other, etc.*)

Provide a cost breakout for each line-item to show how the costs were calculated.

Match the costs reflected on the SF-424A budget form.



# Personnel & Fringe - Cost Category

**Personnel:** Are all positions described in the narrative also included in the budget?

**Example:**

- full name (or indicate if the position is vacant)
- position title
- annual/base salary
- Federal amount requested
- percent of effort/FTE funded under HRSA grant (or if in-kind, include the source)
- description of role/responsibilities on project

**\*\*Note Salary Cap is \$228,000\*\***

**Fringe Benefits:** You must include the means by which these fringe benefits were calculated and what is included in the fringe benefits.



# Travel - Cost Category

**Travel:** Itemize and justify costs requested

## Example:

*X Conference, June 25-27, 2027, Los Angeles, CA. Jane Doe, RN and Jim Rogers, MSW will attend. Each attendee will have the following costs:*

*Airfare, \$300*

*Hotel, \$450*

*Per diem, \$150*

*Registration, \$350*

*Total cost = \$1,250/attendee x 2 attendees = \$2,500*



# Supplies & Equipment - Cost Category

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**Supplies:** Provide clear justification for all supplies requested.

**Example:**

General office supplies, \$500 based on 5 staff and \$100 per staff person. Our department provides basic office supplies (printer paper, pens, paper clips, binder clips, staplers) to each employee at a cost of \$100/employee.

**Equipment:** Is tangible, non-expendable property charged directly to an award having a useful life of more than one year and an acquisition value of \$10,000 or more per unit or whatever value your organizations capitalizes equipment.

Each item of equipment requested must have its specific cost per unit listed and its need explained/justified.



# Contractual & Other - Cost Category

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**Contracts:** Provide a clear explanation as to the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables.

**Other:** Each item or service being requested in the Other budget category must have its specific cost listed and the need explained/justified.

**Example:**

- printing costs
- telephone fees
- training activities
- office space rent (if not already included in IDC)



# Key Information

System for Awards Management (SAM) and Grants.gov registrations

Ceiling amount per year is \$2,900,000.00 (inclusive of direct & indirect costs)

All HRSA awards are subject to 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



# Contact Information

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