



Sickle Cell Disease Regional Care Excellence (SoRCE) Program

Notice of Funding Opportunity

HRSA-26-052

Technical Assistance Webinar

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

Genetic Services Branch (GSB)

Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



Agenda

- Brief overview of HRSA-26-052 SoRCE NOFO
 - Program Overview
 - Eligibility
 - Funding
 - Application Contents
 - Supplements

The SoRCE Program

- Funded through the Sickle Cell Treatment Act, which was most recently reauthorized in 2024.
- The Sickle Cell Disease Regional Care Excellence (SoRCE) Program aims to improve the health of people with sickle cell disease (SCD). It does this by:
 - Expanding access to care.
 - Improving the quality of care.
 - Tracking quality of life indicators.
- The program will:
 - Work with clinicians to improve SCD care.
 - Connect people and families to high-quality clinical care and community services.



The SoRCE Program Structure

- **Regional Coordinating Hubs (RCHs):** The award recipient will be the RCH, which may be a federally qualified health center, nonprofit hospital, clinic, or a university health center with SCD experience. Each RCH is required to partner with at least three Clinical-Community Spokes (CCSs).
- **Clinical-Community Spokes (CCSs):** Each CCS includes one clinical center partnered with at least one community-based organization (CBO).
- This structure increases the number of regional hubs and connects the specialized care of RCHs and the local services of CCSs, reaching people with SCD where they live.



The SoRCE Program Structure

- What is a Clinical-Community Spoke?
 - A CCS is a team made up of a clinical center working closely with one or more community-based organizations (CBOs). Together, they help connect people with SCD and their families to:
 - High quality clinical care.
 - Community-based services.
- Each RCH and its CCS partners will form a regional network. These networks improve the health and well-being of people with SCD and their families.



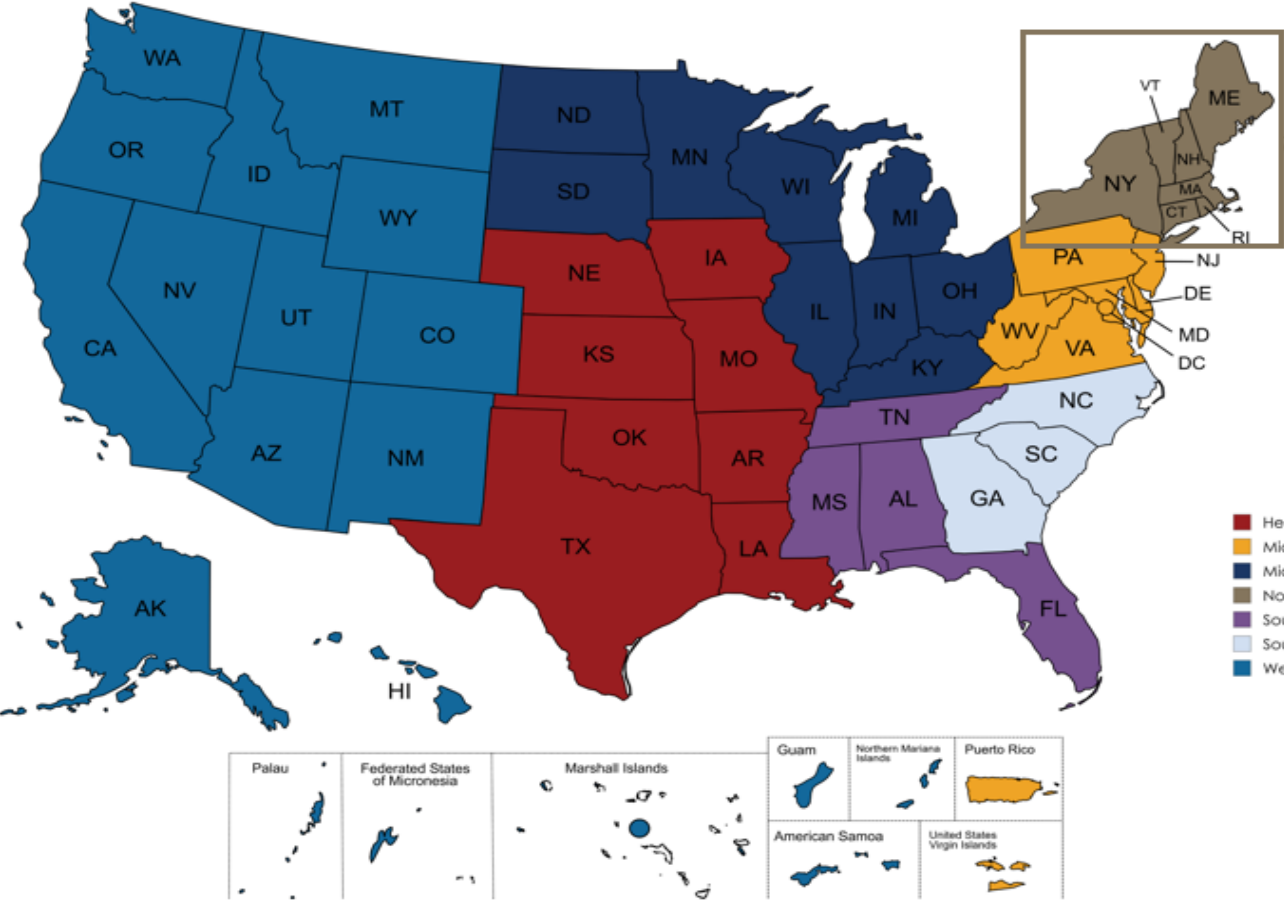
Sickle Cell Regional Care Excellence (SoRCE) Regional Structure

HRSA will fund up to one award recipient in each region below, and recipients will undertake activities to support all states within the region. Seven regions have been programmatically designated as HRSA SoRCE Regions:

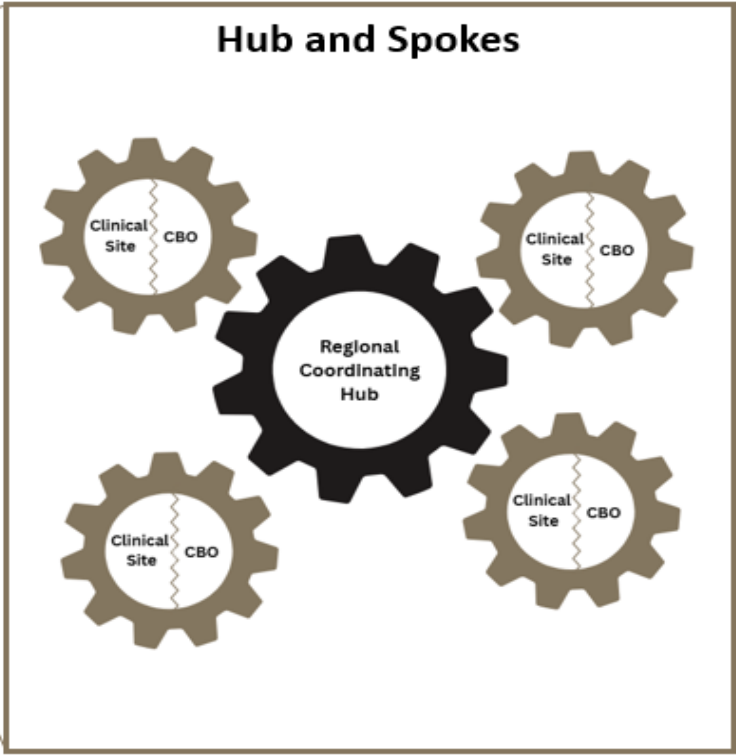
| 7 Regions | States |
|---------------------|--|
| Northeast | Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont |
| Mid-Atlantic | Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Puerto Rico, Virginia, Virgin Islands, West Virginia |
| Southeast | Georgia, North Carolina, South Carolina |
| South | Alabama, Florida, Mississippi, Tennessee |
| Midwest | Kentucky, Illinois, Indiana, Michigan, Minnesota, North Dakota, South Dakota, Ohio, Wisconsin |
| Heartland | Arkansas, Iowa, Kansas, Louisiana, Missouri, Nebraska, Oklahoma, Texas |
| West | Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming, the Trust Territory of the Pacific Islands, American Samoa |



Sickle Cell Regional Care Excellence (SoRCE) Regional Structure



- Heartland
- Mid-Atlantic
- Midwest
- Northeast
- South
- Southeast
- West



Eligible Applicants

- You can apply if your organization is a Federally-qualified health center, a nonprofit hospital or clinic, or a university health center that provides primary health care, that:
 1. Has a collaborative agreement with a community-based sickle cell disease organization or a nonprofit entity with experience in working with individuals who have sickle cell disease; and
 2. You as a Federally-qualified health center, the nonprofit hospital or clinic, the university health center, the organization or entity described in clause 1, can demonstrate at least 5 years of experience in working with individuals who have sickle cell disease.
- See NOFO for full list of types of organizations.
- Individuals are not eligible to apply.



Funding

- 7 awardees expected
- Up to \$950,000 per year
- Type of award: Cooperative Agreements
- Type of applications: New
- Period of Performance: September 1, 2026 - August 31, 2030 (4 years)

Funding Opportunity Goals

- By August 31, 2030, award recipients and their partners will:
 - Serve at least 30% of people with SCD in their region.
 - Increase the percent of eligible people receiving disease-modifying therapies (DMTs) by 5%, compared to baseline established at the end of year 1.
 - Collect and report annual data in two areas:
 - **Quality of care:** Emergency department use among people served.
 - **Quality of life:** High school graduation (or equivalent) rate among people served.
- **Note:** Award recipients are required to report data each year.



Application Contents

Project narrative

- Introduction
- Need
- Approach
- Work plan
- Resolving challenges
- Performance reporting and evaluation
- Sustainability
- Organizational information
- Budget and budget narrative

SoRCE Program-Specific Instructions

In your application ensure that details related to the following activities are included:

- **As the Regional Coordinating Hub, you must:**
 - Create a network of at least three CCSs across your region.
 - Each CCS must have one clinical center partnered with at least one community-based organization (CBO). Clinical centers and CBOs must work as a unit to connect people and families with services necessary to access health care.
 - Choose CCSs to serve the entire region and who have clinicians experienced in caring for individuals living with SCD.
 - **Spend at least 40% of your budget on CCSs** to ensure that all clinical centers and community-based organizations have sufficient resources for planned activities.



SoRCE Program-Specific Instructions (cont'd)

- **Partner with the HRSA-funded Sickle Cell Disease National Coordinating Center (SCDNCC)**
 - Share provider training and educational resources with the SCDNCC.
 - Receive technical assistance from SCDNCC to build local services and to respond to emerging needs or issues in the SCD community.
 - Participate in SCDNCC workgroups and attend the SCDNCC annual meeting.
 - Work with the SCDNCC on CQI projects.
 - Report data regularly to HRSA or third parties.
 - Follow the guidance in the **Performance measurement, evaluation, and continuous quality improvement (CQI)** section within the NOFO.



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.**
 - This includes Discretionary Grants Information System (DGIS) measures noted in the Reporting section.
 - If using proxy data, you must discuss this approach with HRSA after awarded.

Performance measurement, evaluation, and CQI (cont'd)

You must collect and report annually on added measures that align with program goals and objectives including:

- Percent of individuals with SCD living in the region that you and your CCS partners served.
 - This includes a numerator (the number of individuals you and your clinical center partners served) as well as a denominator (your estimate of the number of individuals with SCD living in your region).
- Percent of individuals served who are on disease modifying therapy (DMT).
 - This includes a numerator (the number of individuals you serve on DMT) as well as a denominator (the number of individuals you serve who are eligible for DMT).



Performance measurement, evaluation, and CQI (cont'd)

During the project period, you must also develop a plan to collect data on two additional measures.

Baseline data must be reported by August 31, 2027.

- The specific measures are:
 - **The rate of emergency department use among people served.**
 - Award recipients are expected to finalize this measure in collaboration with HRSA and the SCDNCC.
 - **The high school graduation rate or equivalent among youth served.**
 - Award recipients are expected to finalize this measure in collaboration with HRSA and the SCDNCC.



Attachments

- Attachment 1: Work plan
- Attachment 2: Staffing plan and job descriptions
- Attachment 3: Biographical Sketches
- Attachment 4: Project organizational chart
- Attachment 5: Agreements with other entities
- Attachment 6: Tables and Charts
- Attachment 7: SoRCE Emerging Issues Supplement (optional)
- Attachment 8: Key Contacts
- Attachment 9: Project Performance Site Locations
- Attachment 10-15: Other relevant documents



Optional Supplement

- **Funding selection for the SoRCE Emerging Issues Supplemental award**
- Up to \$250,000 for one-year can be used to support emerging issues in SCD care. See **Attachment 7** for application requirements.
- We plan to fund awards in 4 12-month budget periods for a total 4 year period of performance from 09/01/2026 to 08/31/2030.
- Each year, the SoRCE Emerging Issues Supplement funding may be awarded to recipients selected for the SoRCE program.
- Supplemental funding may be awarded in any of the four project years. Supplements will be funded in the order of the objective review score earned by the applicant in the base competition.
- These are one time, one-year supplements.
- This funding selection method only applies to applicants requesting additional funding under the supplement. Applying for this supplement does not impact the base application score.



Required Forms

- SF-424 (Application for Federal Assistance)
- Project Abstract Summary Form
- Grants.gov Lobbying Form



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 September 1, 2028- August 31, 2029 | Beginning of each budget period (Years 2–4, as applicable) | 90 days from the available date |
| c) Project Period End Performance Report | September 1, 2029- August 31, 2030 | Period of performance end date | 120 days from the available date |

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



Budget and Budget Narrative



Budget Tips and Reminders

- Total Award Amount – \$950,000 annually
- Five Year Project Period – You must provide the SF-424A Budget form and a Budget Narrative for all five budget periods. The SF-424A for Year 5 can be submitted as a separate attachment
- 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 = \$1250/attendee x 2 attendees = \$2,500



Supplies & Equipment - Cost Category

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

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 \$950,000.00 (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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