

Notice of Funding Opportunity

Application due July 8, 2026

HRSA

Health Resources & Services Administration

Bureau of Primary Health Care (BPHC)







Ongoing Investments

Fiscal Year (FY) 2026 Quality Improvement Fund — Improving Access to Dental Services for Children with Neurodevelopmental Disorders (QIF-DNDD)

Opportunity number: HRSA-26-062



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Before you begin

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

SAM.gov registration (this can take several weeks)

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

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

Grants.gov registration (this can take several days)

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

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

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on July 8, 2026.



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

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



Step 1:

Review the Opportunity

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Basic Information

Health Resources and Services Administration (HRSA)

Bureau of Primary Health Care (BPHC)

Ongoing Investments

Build upon existing evidence-based models to pilot innovative approaches in health centers to strengthen dental access, workforce, and patient outcomes for children with neurodevelopmental disorders.

Summary

The purpose of this funding is to increase access to preventive dental and additional dental services. This will improve dental health outcomes for children with neurodevelopmental disorders (NDDs), including children with autism spectrum and developmental disorders. Through this one-time investment, health centers will build upon existing evidence-based models to pilot innovative approaches to increase access to dental services for children with NDDs, advance the skills and knowledge of their workforce to support access to services, and improve patient outcomes.

Applicants for this funding must propose project work plans that include:

- Specific evidence-based models and innovative approaches that will increase access to dental services. Projects will also improve patient outcomes for children with NDDs.
- Plans to advance the skills and knowledge of the health center workforce. Projects will also support access to dental services for children with NDDs.



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name: Fiscal Year (FY) 2026 Quality Improvement Fund — Improving Access to Dental Services for Children with Neurodevelopmental Disorders (QIF-DNDD)

Opportunity number: HRSA-26-062

Announcement version: Initial

Federal assistance listing: 93.224

Key dates

NOFO issue date: June 5, 2026

Application deadline: July 8, 2026

Expected award date is by: August 24, 2026

Expected start date: September 1, 2026

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

Funding details

Application types: New

Expected total available funding in FY26: \$50,000,000

Expected number and type of awards: 25 grants (G)

Funding per award: \$2,000,000

Fiscal Year (FY) 2026 Quality Improvement Fund — Improving Access to Dental Services for Children with Neurodevelopmental Disorders (QIF-DNDD) awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

QIF-DNDD is one-time funding. The full award amount will be provided in the first year. The recipient must allocate the award funding across the entire 2-year period of performance. All awards will be up to \$2,000,000.

Eligibility

Who can apply

Types of eligible organizations

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

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

- At the time of application your Health Center Program scope of project must include preventive and additional dental services provided in at least one directly operated in-scope service site in your scope of project.
- You are not eligible to apply if you received any of the following:
 - QIF-Optimizing Virtual Care (HRSA-22-097).
 - QIF-Maternal Health (HRSA-23-027).
 - QIF-Transitions in Care for Justice-Involved Populations (HRSA-25-005).

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](#).
- Does not include a [project narrative](#).
- Does not include a [project work plan](#).

Application limits

You may submit only one application. If you submit more than one application, we will accept the last on-time submission.

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review.

Post-award requirements

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

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

Program description

Purpose

The purpose of the fiscal year (FY) 2026 Quality Improvement Fund: Improving Access to Dental Services for Children with Neurodevelopmental Disorders (QIF-DNDD) is to increase access to preventive dental and additional dental services^[1] and improve dental health outcomes for children with neurodevelopmental disorders (NDDs), including children with autism spectrum and developmental disorders. Through this one-time investment, health centers will build upon existing evidence-based models to pilot innovative approaches to:

- Increase access to dental services for children with NDDs.
- Advance the skills and knowledge of their workforce.
- Improve patient outcomes.

Health centers awarded QIF-DNDD funds must:

- Implement specific evidence-based models and innovative approaches. These approaches will aim to increase access to dental services and improve outcomes for children with NDDs.
- Advance the skills and knowledge of the health center workforce. This will support access to dental services for children with NDDs and improve their outcomes.

Background

The Health Center Program is authorized by [42 U.S.C. § 254b](#) (Title III, § 330 of the Public Health Service (PHS) Act). QIF-DNDD funds will be awarded under 42 U.S.C § 254b(d)(1) (Title III, § 330(d)(1) of the PHS Act), which authorizes supplemental awards to implement evidence-based models for increasing access to high-quality primary care services.

Key Terms

The following is a list of key terms and definitions used throughout this NOFO.

- **Dental services** — Services provided by or under the supervision of a dentist^[2]. Services may include fillings and single unit crowns, non-surgical endodontics, extractions, periodontal therapies, diagnostic x-rays and imaging, bridges, and dentures.
- **Neurodevelopmental disorders (NDDs)** — A behavioral and cognitive disorder with onset during the developmental period. NDDs involve impaired or aberrant development of intellectual, motor, or social functions^{[3][4]}. Autism spectrum

disorder, sensory disorders, and other developmental disorders such as Down Syndrome, Cerebral Palsy and intellectual disabilities are examples of NDDs. See [Appendix C](#) for a sample of related ICD-10 diagnostic codes.

NDDs are characterized by deficits in the development of the central nervous system. NDDs can affect a child's memory, language, motor function, and ability to learn, socialize, and maintain self-control^[5]. Children with NDDs are at increased risk of developing oral health problems. These problems include tooth decay, periodontal (gum) disease, malocclusion, oral malformations, and trauma and injury to the mouth due to accidents^[6]. It is often difficult for children with NDDs to participate in protective oral health behaviors. These patients and their caregivers may need help to adopt oral health strategies. Some examples include using the recommended amount of toothpaste, brushing for the recommended amount of time, cleaning between the teeth, and limiting sugar intake. These patients and their caregivers may also need help to engage with dental treatment. Some examples are x-rays, dental cleanings, fillings, crowns, and root canals. Children with NDDs face challenges with dental visits due to oral hypersensitivity, anxiety, mobility problems, and a low tolerance for new procedures^[7]. Innovations are needed in dental services delivery for children with NDDs to improve their dental outcomes.

The health center model of integrating comprehensive primary and dental care is a best practice for serving patients with NDDs. Health centers can use their expertise in treating families to support caregivers of patients with NDDs. They can help caregivers overcome challenges such as keeping appointments and following prevention and treatment plans. Health centers provide various patient support services. They include transportation, outreach and education, case management, care coordination, and eligibility assistance. Health centers serve all patients regardless of ability to pay. By doing so, patients can overcome financial challenges to access dental services.

QIF-DNDD projects will build knowledge about dental services delivery for this specific population. QIF-DNDD recipients will pilot and evaluate innovative approaches in their health center settings. The innovative approaches need to be informed by evidence-based models.

Program requirements and expectations

All uses of QIF-DNDD funds must align with your Health Center Program scope of project. Your scope of project includes the approved sites, services, providers, service area, and target population supported (wholly or in part) under your total approved health center budget^[8].

You must use QIF-DNDD funds to build upon existing evidence-based models to pilot and evaluate innovative approaches. Your approaches will be catered to health center settings. They will focus on increasing access to dental services for children with NDDs,

advancing the skills and knowledge of the health center workforce, and improving dental health outcomes for children with NDDs. Your project must address access challenges, workforce needs, and patient outcomes. Your project can include activities such as patient-support services, such as case management and transportation, training for health center staff, performing minor alterations or renovations (A/R) to support the delivery of dental services for children with NDDs, and establishing new workflow options. These innovative approaches must be patient-centered, sustainable, and scalable for use with other patients with NDDs. Approval of your QIF-DNDD project and activities is limited to the 2-year period of performance.

Your proposed activities must be informed by the specific needs of your service area, community data, and your health center's capacity for implementation. Your proposed evidence-based innovations must go beyond the implementation of best practices. Your innovations need to be designed for the health center setting. They also must meet the needs of your population of focus. Consider tailoring approaches to meet the specific needs of children with NDDs in your service area. This could include leveraging your community partners in your projects.

Patient and community input: You must gather input from health center patients and their caregivers, community members, and community partners. Their input will help to inform the development of your proposed project. Use their input for evaluating and adapting your project as needed. Your project must include input from individuals and families whose lives are impacted by NDDs such as autism spectrum, sensory, and other developmental disorders like Down Syndrome, Cerebral Palsy, and intellectual disabilities.

Your application must include at least one letter of support from a community partner. The community partner must work with children with NDDs, advocate for their needs, or have specialized knowledge of the health topic. Community partners have to pledge collaborative support specific to the QIF-DNDD project. Your letter(s) of support must align with your project's goals and activities. Your letter(s) of support must document support for the QIF-DNDD project.

Communities of practice: If awarded, you must participate in collaborative learning and evaluation activities with HRSA, other QIF-DNDD award recipients, and the HRSA-funded coordination and evaluation center. You must collect and share data with HRSA and the coordination and evaluation center to support the ongoing evaluation of the effectiveness of QIF-DNDD innovations in achieving your intended outcomes. You must also share data to support potential scalability and use by other health centers. We strongly encourage you to engage with a variety of relevant community members. This includes health center patients, staff, community members whose lives are impacted by NDDs, and community partners in the communities of practice.

You will use outcome measures outlined in the NOFO and those determined by HRSA post-award to assess your project throughout the period of performance. You will also propose two of your own outcome measures to track community engagement and patient/caregiver experience. HRSA will require all award recipients to report on a set of the same measures (see [Reporting](#)), which will be used to evaluate innovations for potential scaling across the Health Center Program, with assistance from the coordination and evaluation center. All measures and reporting will be used to assess your project throughout the period of performance.

Population of focus: The population of focus is children with NDDs who live within your service area. Your proposed project must address the needs of these individuals to improve their access to dental services at your health center, expand workforce capacity to serve these patients, and improve their dental health outcomes. For this NOFO, we are defining children as people under 21 years old.

Statutory authority

[42 U.S.C § 254b\(d\)\(1\) \(Title III, § 330\(d\)\(1\) of the Public Health Service Act\)](#)

Award information

Funding policies and limitations

Changes in HHS regulations

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

Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- You must comply with all Health Center Program requirements as described in the [Health Center Program Compliance Manual](#), and applicable law and regulations.
- All uses of funds must align with your H80 scope of project. Your scope of project includes the approved service sites, services, providers, service area, and target population supported (wholly or in part) by your approved health center budget.
- You must maintain your H80 award status throughout the QIF-DNDD period of performance to maintain this funding.
- You must have accounting structures and internal controls in place that provide accurate and complete information for costs associated with this award. HRSA funding and expenditures for QIF-DNDD must be tracked and documented in alignment with the specifications described in [2 CFR Part 200](#).
- If you receive a QIF-DNDD award, it will be a new grant award. QIF-DNDD is separate from your Health Center Program operation (H80) award. Under [2 CFR Part 200](#), you must document use of QIF-DNDD funds separately and distinctly from other federal awards.
- Award recipients will receive the full award amount in the first year. Award recipients must allocate the award funding across each of the 2 years.
- If we receive more funding for this program, we may:
 - Fund more applicants from the rank order list.

General limitations

- For guidance on some types of costs we do not allow or restrict, see
 - Project Budget Information in the [Application Guide \[PDF\]](#).
 - You can also see [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. For help calculating salaries under this limit, read more at “salary rate limitation” in the application guide.

Program-specific statutory or regulatory limitations

You may not spend funds for:

- Costs already paid for by any other federal awards.
- Costs not aligned with the QIF-DNDD purpose.
- Costs for dental services that are not provided at a directly-operated in-scope service site in your scope of project.
- Purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for [Health Information Technology's Health IT Certification Program](#).
- New construction activities, including additions or expansion.
- Major alteration or renovation (A/R) projects valued at \$500,000 or greater in total federal and non-federal costs (excluding the cost of movable equipment).
- Purchase and installation of trailers and prefabricated modular units.
- Concrete or asphalt paving of new areas outside of a building.
- Facility or land purchases.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with applicable legal requirements and restrictions, including those that limit specific uses of funding.

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

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

Indirect costs

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

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

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

Method 2 – *De minimis* rate. Per [2 CFR § 200.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

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

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

Program income

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

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

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

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



Step 2:

Get Ready to Apply

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Get registered

SAM.gov

You must have an active account with SAM.gov to apply. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register:

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

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

Once you register:

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

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

Grants.gov

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

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Search Grants at Grants.gov](#) and search for opportunity number HRSA-26-062.

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

Application writing help

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

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

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

Frequently Asked Questions (FAQs) will be posted on the QIF-DNDD TA webpage.

Join the webinar

For more information about this opportunity, details will be posted on the QIF-DNDD TA webpage.



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



Step 3:

Build Your Application

In this step

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Application checklist

There are two types of forms in Grants.gov.

- Some of 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.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

Narratives

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

Attachments

Insert each in the Attachments form in this order.

Component	Included in page limit?
1. Project work plan	No
2. Program-specific forms <ul style="list-style-type: none"> • Equipment List form (if applicable) • Minor A/R forms (if applicable) • H80 Grant Number form • Form 1B: Funding Request Summary 	No
3. Letters of support	Yes
4. Summary of contracts and agreements (as applicable)	Yes
5. Environmental Information and Documentation Checklist (as applicable)	Yes
6. Floor plans/schematic drawings/site plan (as applicable)	Yes
7. Landlord letter of consent—minor alterations/renovation (as applicable)	Yes
8. Other relevant documents (as applicable)	Yes

Other required forms

Complete each required form in Grants.gov.

You can find them in the NOFO application package or review them and any available instructions at Grants.gov Forms.

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

Application contents and format

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

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

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

Required format

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

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

File format: We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format
- .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 our files in the [Application Guide \[PDF\]](#).

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](#).

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. For more information, see Section 3.1.2 of the [Application Guide \[PDF\]](#).

Application for Federal Assistance (SF-424)

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

Important: public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends its money.

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

[See instructions and examples.](#)

Project/Performance Site Location(s)

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

Project narrative

The project narrative is required for completeness.

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

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

Introduction

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

1. All dental services funded by QIF-DNDD must occur at a directly-operated in-scope service site in your health center's scope of project.
2. You have the capacity to partner with HRSA for evaluation and learning activities and to engage in a community of practice.

Need

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

You will base your project work plan on the information in this section. Describe the critical health needs of the children with NDDs living in your service area. Focus specifically on their dentistry needs. Describe how patient and community input informed the identification of these needs.

1. Provide data on children with NDDs living in your service area. Include the number of health center patients who are children with NDDs.

2. Describe and provide data on the dental health of children with NDDs in your service area. Include data for children with NDDs who are patients of your health center. Provide the proportion of children with NDDs who had a dental visit in the past 12 months and the proportion of children with NDDs who have an established dental treatment plan.
3. Describe challenges with accessing dental services and the unmet needs of children with NDDs in your service area that you hope to address. This can include facility-related needs like space limitations or a lack of appropriate equipment. Describe how patient and community input informed the identification of these challenges.
4. Describe challenges with your current health center workforce that impact your capacity to address the dental health needs of children with NDDs. Include any challenges with staff recruitment and retention, training, and other workforce-related needs.

Response

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

This section has two parts.

Part 1: In the project work plan

1. Develop a 2-year project work plan that describes your activities. Submit [Attachment 1: Project work plan](#) in a table format and include the following:
 - Project name.
 - Brief narrative overview of the proposed project. Include the evidence-based model(s) you plan to implement.
 - Project goals.
 - Innovative activities that you will implement to improve upon evidence-based model(s) of care. These activities will address the needs and challenges of children with NDDs.
 - Outcome measures and targets:
 - Proportion of children with NDDs aged 2 years and over who report having had a dental visit in the past 12 months.
 - Proportion of children with NDDs who have had a dental visit during the period of performance who have a treatment plan established or updated.
 - Number of dental providers and other health center staff receiving training to improve dental services for children with NDDs.

- Applicant choice community engagement measure.
 - Applicant choice patient/caregiver experience measure.
2. Share baseline data for the above measures. Set realistic and achievable objective targets.

Part 2: In the project narrative

1. Discuss how your goal reflects input from health center patients and community members whose lives are impacted by NDDs. Describe how that input aligns with identified needs and challenges, organizational capacity, and partnerships.
2. Clearly describe how your project work plan will address the challenges of accessing dental care. Clearly describe how it will meet the unmet needs for children with NDDs.
3. Describe how any proposed facility changes will support your ability to improve dental health outcomes for children with NDDs.
4. Describe how your project will test innovations compared with how your health center currently supports dental services for children with NDDs.
5. Provide specific examples of how your project will build on evidence-based practices and models to adapt or test new strategies that improve dental services for children with NDDs.
6. Describe how you will ensure that health center providers and staff are trained in the unique needs of children with NDDs. For example, implementing workforce development strategies to ensure patient-centered care delivery.
7. Describe anticipated challenges to project implementation and your plan to mitigate these challenges.
8. Describe how your activities and plan are sustainable and scalable for health centers with similar qualities. This means health centers with similar communities, patient populations, or organizational characteristics.

Collaboration

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

1. Describe any current collaboration with providers and community organizations in your service area to address the needs of children with NDDs. Describe your efforts to increase collaboration with other providers and community organizations. These collaborations need to be within your service area during the two years of your project. Describe challenges that may occur when implementing your project as described in the [Response](#) section.
2. Describe how you plan to complement or build upon state and local efforts to improve dental health outcomes for children with NDDs. If no state or local efforts exist, indicate this.
3. In [Attachment 3: Letters of support](#), provide at least one letter from a community partner. The community partner must work with children with NDDs, advocate for their needs, or have specialized knowledge of the health topic. Letter(s) must:
 - Define the nature and duration of the partnership.
 - Describe the specific ways the organizations will collaborate with you to support the target goals and activities for your project.

Impact

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

1. Describe the target goals as documented in [Attachment 1: Project work plan](#), including how:
 - The target goals are specific, measurable, and align with identified needs, challenges, organizational capacity, and partnerships.
2. For each of the required measures in the project work plan, discuss the following:
 - The method you will use to collect reliable data.
 - Your plans to use the findings to evaluate outcome measures and assess performance.
 - How you will use the findings to adapt your project activities as needed.
3. Discuss the source(s) for your selected measure for tracking community engagement and describe how it will support implementation of your proposed project.
4. Describe how you plan to collect patient/caregiver experience data.
5. Describe how you will integrate feedback to inform continuous quality improvement throughout the period of performance.

Capacity

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

1. Describe your skills, capabilities, and expertise to carry out the project. This includes your:
 - Experience providing dental services at your health center.
 - Experience providing comprehensive services to children with NDDs. This includes medical, dental, and patient services.
 - Current workforce capacity to support access to dental services for children with NDDs.
2. Describe your experience designing, implementing, and evaluating clinical quality improvement efforts. This includes:
 - Implementing targeted interventions.
 - Using continuous feedback throughout a clinical transformation effort.
 - Workforce training and development.
 - Data collection and evaluation.
3. Describe your capacity to implement, monitor, and adapt the project throughout the period of performance, including:
 - How the proposed personnel (direct hire and contracted) listed in the Budget Narrative with Staff Justification Table will successfully implement the project. Clearly describe each individual's role.
 - The expertise of key management staff to guide the development and implementation of your project. This includes the expertise of key management staff to provide operational and clinical oversight.
 - Your capacity to use information gathered through communities of practice to improve strategies of innovation.

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 \[PDF\]](#) and the instructions listed in this section. Your budget should show a well-organized plan.

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

The total project or program costs are all allowable (direct and indirect) costs used for the QIF-DNDD award. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement.

As you develop your budget:

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

If awarded, you will receive the full award amount in the first year of the 2-year period of performance. You have discretion on how you will allocate the award funding across each of the 2 years.

The restrictions on spending funds can be found in [funding policies and limitations](#). You may use up to \$250,000 for one-time costs necessary to meet this program's objectives, including:

- Equipment which includes movable items that are non-expendable, tangible personal property (including information technology systems) having a useful life of more than 1 year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the applicant for its financial statement purposes or \$10,000.
- Any purchase of a mobile unit must be done within year 1 of the project.
- Up to \$250,000 federal costs for 1 minor alteration or renovation (A/R) project. The total federal and non-federal cost of the A/R project must be less than \$500,000. This amount excludes the cost of movable equipment.
- Any minor alteration or renovation (A/R) must be completed at 1 in-scope service site. Minor A/R must be completed within year 1 of the project.
- How you will allocate the total budget between federal funds under this program and other funding that supports the project. Your total budget must:
 - Include the requested federal funds.
 - Include all non-federal funds that will support your project, as applicable.
 - Directly relate to and support the proposed project.
 - Comply with all related HHS policies and other federal requirements.

Provide a budget that:

- Is consistent across all documents, including the [SF-424A](#) and [Budget Narrative with Staff Justification Table](#). If funding for minor A/R is requested, your [minor A/R budget justification](#) must align.
- Includes reasonable costs and aligns with your proposed plan to improve access to dental services for children with NDDs.

Sustainability: Describe your plan to sustain this project after the 2-year QIF-DNDD period of performance ends. Include your plans to sustain funding for any services and personnel that are part of your proposed project.

Minor A/R budget justification (if applicable)

The **minor A/R budget justification** supports the information you provide in Section B: Object Class Categories of the SF-424A for the Construction and Equipment lines. It includes the service site location, total QIF-DNDD funding request, total funding from other sources (if applicable), total project cost, an itemized breakdown and justification of the allowable and unallowable costs, and summary of the minor A/R project. The document must align with your [Budget Narrative with Staff Justification Table, SF-424A](#), and [Equipment List Form \[.xlsx - 14KB\]](#).

See the QIF-DNDD TA webpage for a sample minor A/R budget justification.

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

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

Section A – Budget summary: Under New or Revised Budget, in the Federal column, enter the Federal funding requested for the entire 2-year period of performance (up to \$2,000,000). This amount must be scaled to reflect the size and scope of your proposed project.

The Federal amount refers to only the QIF-DNDD funding requested, not all federal funding that you receive. Enter other support for the QIF-DNDD project in the Non-Federal column. Leave the Estimate Obligated Funds column blank.

Section B – Budget categories: Enter an object class category (line item) budget for year 1. Include only Federal funding. The amounts for each category in the Federal and Non-Federal columns, as well as the totals, must align with the Budget Narrative.

- You may request up to \$250,000 for equipment and minor A/R. If you request funds for equipment, include that amount on the equipment line.
- If you request funds for minor A/R, include that amount on the construction line.

Section C – Non-federal resources: Enter all sources of funding for year 1 except for the federal funding request.

- The total in Section C must match the Non-Federal Total in Section A.

- When providing Non-Federal resources by funding source, include other Federal funds supporting the proposed project in the “other” category.

Section D – Forecasted cash needs: Leave this section blank.

Section E – Budget estimates of federal funds needed for balance of the project:

Leave this section blank.

Section F – Other budget information: Enter the type of indirect rate (provisional, predetermined, final, fixed, or *de minimis*) that will be in effect during the period of performance. If applicable, explain amounts for individual object class categories that may appear to be out of the ordinary in Direct Charges.

Budget Narrative with Staff Justification Table

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

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

See the QIF-DNDD TA webpage for a sample budget narrative.

Submit a detailed budget narrative that outlines federal and non-federal costs for each budget year of the 2-year period of performance. For year 2, highlight the changes from year 1 or clearly indicate that there are no substantive changes.

Make sure your budget narrative aligns with your [minor A/R budget justification](#) and [Equipment List form](#) if such funding is requested. See [Appendix B: Equipment and Minor A/R Requirements](#) for details.

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

Your budget narrative must:

- Show that you will use the awarded funds to meet the program objectives.
- Clearly detail the proposed costs for each line item on your SF-424A, Section B, with calculations for how you estimated each cost.
- Not include [ineligible costs](#).
- Not exceed \$250,000 in minor A/R and equipment costs.
- Provide us with enough information to determine that you will use the funds awarded separately and distinctly from other Health Center Program support.

- Include a staff justification table attachment, as shown in section 3.1.4 of the [Application Guide \[PDF\]](#).
- Explain the purpose of any contracts and subawards, including how you estimated the costs. You must provide oversight of services provided through such arrangements to ensure compliance with Section 330 requirements. See [Chapter 12: Contracts and Subawards](#) in the [Compliance Manual](#).

Attachments

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

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

Attachment 1: Project work plan (Required)

Does not count towards the page limit.

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

Attachment 2: Program-specific forms (Required)

Does not count towards the page limit.

Complete all required program-specific forms as listed in the Attachments table in the [application checklist](#). Upload all forms in one combined PDF as an attachment.

Attachment 3: Letters of support (Required)

Counts towards the page limit.

Upload letters of support and other documentation that show collaboration specific to the project. See the [Collaboration](#) section for more detailed requirements. Letters of support must be addressed to the organization's board, Project Director/Chief Executive Officer, or other appropriate key management staff.

Note: Reviewers will only consider documentation submitted with your application.

Attachment 4: Summary of contracts and agreements (As applicable)

Counts towards the page limit.

Upload a summary describing:

- All current or proposed patient service-related contracts and agreements for your QIF-DNDD project, consistent with [Form 5A: Services Provided \[PDF\]](#). All services for your QIF-DNDD project must be provided at a directly operated site in your scope of project. The summary must address the following items for each contract or agreement:
 - Name of contractor.
 - Brief description of the services to be provided, how they will be provided, and the timeframe of the agreement.

Attachment 5: Environmental Information and Documentation (EID) Checklist (As applicable)

Does not count towards the page limit.

Provide a complete the EID checklist for the project. See: [Environmental Information and Documentation \(EID\) Checklist \[PDF\]](#).

Attachment 6: Floor plans/schematic drawings/site plans (As applicable)

Counts towards the page limit.

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

- Rough dimensions of the facility and total square footage.
- Clearly distinguished area in the facility that will be left unaffected from the area that is being altered or renovated.
- Total square footage of the impacted area.
- Labels for each room where major project components are occurring, such as exam room, reception area, break room, etc.

One-time funding cannot be used for new construction activities, such as:

- Additions or expansions.
- Work that requires ground disturbance, for example, new parking surfaces.
- The installation of trailers or prefabricated modular units, or major A/R.

You are not allowed to use minor A/R at any approved in-scope service sites beyond the one included in the application.

For minor A/R of the existing space, you may mark up and make notations on an existing plan or diagram to show the area of the renovation. Provide the existing and marked-up plan to identify the space(s) to be renovated and the functional relationship within the building.

All minor A/R activities must be completed at 1 in-scope service site. All minor A/R activities must be done within 1 year of the period of performance start date.

Attachment 7: Landlord letter of consent — Minor alterations/renovations (As applicable)

Counts towards the page limit.

Provide a landlord letter of consent if you propose a project on leased property.

Sample templates for the landlord letter of consent are available at [Landlord Letter of Consent — Minor Alterations/ Renovations \[PDF\]](#).

Attachment 8: Other relevant documents (As applicable)

Counts towards the page limit.

You may use Attachment 8 to add other relevant documents to support the proposed project, as desired. Only include if applicable.

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



Step 4: Understand Review, Selection, and Award

In this step

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Application review

Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, we will not fund it. If this is the case, we will notify your authorized official.

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

Merit review

A panel reviews all applications that pass the initial review. You can find more information about the merit review process in the application guide. The members use these criteria.

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

Criterion 1: Need (15 points)

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

The panel will review your application for:

- The strength and comprehensiveness of the presentation of data provided on children living with NDDs in your service area and of your health center patients who are children with NDDs. This must include data on the dental health of children with NDDs living in your service area and those who are patients of your health center, including the proportion of children with NDDs who have had a dental visit in the last 12 months, and the proportion of children with NDDs with an established dental treatment plan.

- The strength and comprehensiveness of your description of both the challenges with access to dental services and unmet dental needs of children living with NDDs in your service area that your project will address.
- The strength of your description of how patient and community input informed the identification of challenges with access to dental services for children living with NDDs.
- The strength and comprehensiveness of your description of challenges with your current health center workforce that impact your capacity to address the dental health needs of children with NDDs. Include challenges with staff recruitment and retention, training, and other workforce-related needs.

Criterion 2: Response (25 points)

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

Project work plan (10 points)

The panel will review your application for:

- The extent to which the project work plan is presented in the required format.
- The extent to which the project work plan clearly includes all required information.
- The extent to which the activities outlined are innovative. Innovations clearly offer improvements on evidence-based models of care and logically address identified needs by the end of the two-year period of performance.
- The extent to which the proposed community engagement and caregiver/patient experience measures are appropriate.
- The extent to which the measures align with the project, target goals, and activities.
- The strength and appropriateness of the targets for your outcome measures and the extent to which baselines for each measure are provided.

Project narrative (15 points)

The panel will review your application for:

- The degree to which target goals reflect ongoing input from health center patients and community members whose lives have been impacted by NDDs.
- The strength and appropriateness of your project work plan to successfully address challenges to accessing dental care and meeting unmet needs for children with NDDs.
- The extent to which you demonstrate how any proposed facility changes will support the purpose of improving dental health outcomes for children with NDDs.

- The strength of your description of how your project will test innovations compared to how your health center currently supports dental services for children with NDDs.
- The extent to which specific examples demonstrate how the project will build on evidence-based practices and models to adapt or test new strategies to improve dental services for children with NDDs.
- The strength of the plan to train your health center providers and staff in the unique needs of children with NDDs.
- The extent to which you demonstrate understanding of potential challenges that may occur during project implementation and the strength of your plan to mitigate the challenges.
- The extent to which you demonstrate that the activities and plans you propose are sustainable and scalable. This includes by health centers with similar communities, patient populations, or organizational characteristics.

Criterion 3: Collaboration (10 points)

See the project narrative [Collaboration](#) section and [Attachment 3: Letters of Support](#).

The panel will review your application for:

- The extent of your current collaborative relationships and efforts to increase collaboration with other providers and community organizations in your service area to address the needs of children with NDDs, and a description of challenges that may occur when implementing your project as described in the [Need](#) and [Response](#) sections.
- The strength of your plan to complement or build upon state and local collaborative efforts to improve dental health outcomes for children with NDDs. If no efforts exist, the extent to which this is discussed.
- The extent to which the partnership(s), documented in [Attachment 3: Letters of support](#), are appropriate. The partnership(s) must demonstrate:
 - Support from organizations that work with children with NDDs, advocate for their needs, or have specialized knowledge of the health topic.
 - Nature and duration of the partnership.
 - How the organization will support target goals and activities for your project.

Criterion 4: Impact (25 points)

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

The panel will review your application for:

- The degree to which you describe target goals that are specific, measurable, and aligned with identified needs, challenges, organizational capacity, and partnerships.
- The strength and appropriateness of your methods for accurate data collection.
- The strength and appropriateness of your plans to monitor each outcome measure, assess performance and adapt your project activities as needed during the period of performance.
- The strength and appropriateness of your description of the source of your proposed community engagement measure and how it will support implementation of your proposed project.
- The strength and comprehensiveness of your plan to collect patient/caregiver experience data.
- The strength and comprehensiveness of your plan to integrate feedback to inform continuous quality improvement during the period of performance.

Criterion 5: Capacity (15 points)

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

The panel will review your application to determine:

- The strength and comprehensiveness of your description of your skills, capabilities, and expertise to carry out the project. Including:
 - Your experience providing dental services at your health center.
 - Your expertise in providing comprehensive medical, dental, and patient services to children with NDDs.
 - Your current workforce capacity to support access to dental services for children with NDDs.
- The strength and comprehensiveness of your experience designing, implementing, and evaluating clinical quality improvement efforts. Including:
 - Your experience implementing targeted interventions.
 - Your experience using continuous feedback during a clinical transformation effort.
 - Your experience with workforce training and development.
 - Your experience with data collection and evaluation.

- The extent to which you demonstrate sufficient capacity to implement, monitor, and adapt the project throughout the period of performance. This includes:
 - The strength of your description of roles of the proposed personnel (direct hire and contracted) that are listed in the [Budget Narrative with Staff Justification Table](#).
 - The strength of your description of how the proposed personnel will successfully implement the project.
 - The expertise of key management staff to guide the development and implementation of your project.
 - The expertise of management staff to provide operational and clinical oversight for your project.
 - Your capacity to use information gathered through communities of practice to improve strategies of innovation throughout the period of performance.

Criterion 6: Support requested (10 points)

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

The panel will review your application to determine:

- The degree to which your budget aligns across all documents, including the [SF-424A](#) and the [Budget Narrative and Staff Justification Table](#).
- If funding for minor A/R is requested, the degree to which your [minor A/R budget justification](#) and [Equipment List](#) align with all your budget documents.
- How reasonable costs are and how well they align with your proposed plan to improve access to dental care services for children with NDDs.
- The strength of your plan to sustain your innovations after the QIF-DNDD period of performance ends.

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

Risk review

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

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

We may ask you to submit additional information.

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

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

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

Selection process

When making funding decisions, we consider:

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

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Choose to fund no applications under this NOFO.
- Adjust award amounts or number of awards based on the number of fundable applications and final available funding in FY 2026.

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.

Special considerations

Compliance status

Before we make funding decisions, we will review your compliance status. You will not receive funding if:

- You are no longer receiving H80 funding.
- You have an active 30-day condition on your H80 award related to Health Center Program requirements.
- As of October 1, 2025, you must not have a 120-day condition on any HRSA awards due to being delinquent on two or more Single Audit Reports.

Award notices

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

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



Step 5: Submit Your Application

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Application submission and deadlines

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

Application deadline

You must submit your application by July 8, 2026, at 11:59 p.m. ET.

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

If you need a deadline extension, see “requesting a waiver” in the application guide.

Submission method

Grants.gov

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

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

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

If you want to know more about correcting errors or tracking your application, you can refer to the application guide.



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

Other submissions

Intergovernmental review

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

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

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



Step 6: Learn What Happens After Award

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Post-award requirements and administration

Administrative and national policy requirements

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

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

Required alignment with Health Resources and Services Administration (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.

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.

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.

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 [CFR. 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

Subawards

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

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

If you make subawards, you must document that the subrecipient meets all of the Health Center Program requirements. This includes but is not limited to:

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

Cybersecurity

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

Successful applicants under this NOFO agree that:

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

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](#).

Reporting

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

You must also follow these program-specific reporting requirements:

- **Progress reports:**

- You will submit monthly progress updates and semi-annual quantitative reports to HRSA with assistance from the coordination and evaluation contractor.
- You will report on program metrics, and you may also be asked to report HRSA-selected metrics.

- **Final report:**

- You must submit a final report within 120 days of the end of the 2-year period of performance.
- The final report should include data on meeting each objective target.

You can find more information on reporting requirements and timing of reports in your NOA and the QIF-DNDD TA webpage.



Contacts and Support

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Agency contacts

Program and eligibility

Stephanie Cerritos

Public Health Analyst, Office of Policy and Program Development

Attn: Fiscal Year (FY) 2026 Quality Improvement Fund — Improving Access to Dental Services for Children with Neurodevelopmental Disorders (QIF-DNDD)

Bureau of Primary Health Care

Health Resources and Services Administration

Contact: [BPHC Contact Form](#)

- Under Funding, select Applications for Notice of Funding Opportunities, then Improving Access to Dental Services for Children with Neurodevelopmental Disorders (QIF-DNDD)

Program and technical assistance: QIF-DNDD TA webpage

877-464-4772

Financial and budget

Katherine Rutledge

Grants Management Specialist, Division of Grants Management Operations

Office of Financial Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

krutledge@hrsa.gov

301-443-2882

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

Help with systems

Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Helpful resources

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

Appendix A: Project Work Plan Instructions

You must develop a project work plan to outline your proposed 2-year project. The project work plan is where you include details of activities you plan to conduct during the period of performance. The period of performance is from September 1, 2026 – August 31, 2028. The project work plan is also where you provide target data that shows you will achieve the objectives by the end of the 2-year period of performance.

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

Upload your project work plan as a single document in [Attachment 1: Project work plan](#). Specific instructions are provided below.

Refer to the project narrative [Response](#) section to ensure that you include the required sections.

When completing your project work plan:

- Ensure that it is in table format.
- Describe the activities you will conduct over the 2-year period of performance to make progress toward meeting the objectives for this NOFO.
- Include a project name.
- Include a problem statement with a brief description of current challenges your proposed project will address.
- Include the community engagement approach which will describe your plan to gather input from and meaningfully engage with patients, community members and partners.
- Describe the evidence-based model(s) you plan to implement.
- Describe the goals, innovative activities, and outcome measures and targets.

Appendix B: Equipment and Minor A/R Requirements

With the maximum award amount of \$2,000,000, you may request up to \$250,000 in federal funds for one minor alteration/renovation (A/R) project and/or equipment purchases if necessary to support your project. This can only be done for 1 in-scope service site. If you request to use QIF-DNDD funds for equipment purchases, with or without minor A/R, you must enter the amount requested on the SF-424A: Budget Information Form in the Equipment and/or Construction object class categories.

Any equipment purchased with QIF-DNDD funds must be:

- Pertinent to the QIF-DNDD project.
- Procured through a competitive process.
- Maintained, tracked, and disposed of in accordance with [2 CFR § 200](#).

One-time funding cannot be used for new construction activities, such as:

- Additions or expansions.
- Work that requires ground disturbance, for example, new parking surfaces.
- The installation of trailers or prefabricated modular units, or major A/R.

You are not allowed to use minor A/R at any approved in-scope service sites beyond the one included in the application.

For the one minor A/R activity, the total federal and non-federal cost of the A/R project must be less than \$500,000, excluding the cost of movable equipment. Any minor A/R must be completed within year 1 of the project. Equipment and A/R activities must only be used in an in-scope service site directly operated by your health center.

Equipment includes movable items that are non-expendable, tangible personal property (including IT systems) with a useful life span of more than 1 year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the recipient for financial statement purposes, or \$10,000. Movable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space.

For each item on the [Equipment List Form \[.xlsx - 14KB\]](#), complete the following fields:

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

Costs for the attachment of equipment, flooring, paint, or carpeting to any stationary structure are considered A/R. They must be included in your total A/R project costs.

Permanently affixed equipment (for example, heating, ventilation, air conditioning, generators and lighting) is considered fixed equipment and categorized as A/R.

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

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

If you request one-time funding, you must complete the [Equipment List Form \[.xlsx - 14KB\]](#) (if applicable), [Minor A/R Project Cover Page \[PDF\]](#), [Environmental Information Documentation \(EID\) Checklist \[PDF\]](#), the [Minor A/R Budget Justification](#), and [Other Requirements for Sites \[PDF\]](#) form with accompanying attachments (if proposing minor A/R). Refer to the QIF-DNDD TA webpage for instructions.

Appendix C: ICD Codes

The following ICD codes may be used to determine Neurodevelopmental disorders (NDDs):

Pervasive and specific developmental disorders (F80-89)

ICD code	Neurodevelopmental disorder (NDD)
F80	Specific developmental disorders of speech and language
F80.0	Phonological disorder
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder
F80.4	Speech and language development delay due to hearing loss
F80.8	Other developmental disorders of speech and language
F80.81	Childhood onset fluency disorder
F80.82	Social pragmatic communication disorder
F80.89	Other developmental disorders of speech and language
F80.9	Developmental disorder of speech and language, unspecified
F81	Specific developmental disorders of scholastic skills
F81.0	Specific reading disorder
F81.2	Mathematics disorder
F81.8	Other developmental disorders of scholastic skills
F81.81	Disorder of written expression
F81.89	Other developmental disorders of scholastic skills
F81.9	Developmental disorder of scholastic skills, unspecified
F82	Specific developmental disorder of motor function
F84	Pervasive developmental disorders
F84.0	Autistic disorder

ICD code	Neurodevelopmental disorder (NDD)
F84.2	Rett's syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
F88	Other disorders of psychological development
F89	Unspecified disorder of psychological development

Endnotes

1. Dental services includes those outlined in the [Service Descriptors for Form 5A: Services Provided](#) under preventive and additional dental services. ↑
2. *DQA Dental Quality Measures* . (n.d.). ADA. <https://www.ada.org/resources/research/dental-quality-alliance/dqa-dental-quality-measures> ↑
3. *BioPortal*. <https://bioportal.bioontology.org/ontologies/SNOMEDCT?p=classes&conceptid=700364009> ↑
4. US EPA, OA. "Health - Neurodevelopmental Disorders." *EPA* , 29 May 2015, <https://www.epa.gov/americaschildrenenvironment/health-neurodevelopmental-disorders> ↑
5. Straub, L., Bateman, B. T., Hernandez-Diaz, S., York, C., Lester, B., Wisner, K. L., McDougale, C. J., Pennell, P. B., Gray, K. J., Zhu, Y., Suarez, E. A., Mogun, H., & Huybrechts, K. F. (2022). Neurodevelopmental disorders among publicly or privately insured children in the United States. *JAMA Psychiatry* , 79 (3). <https://doi.org/10.1001/jamapsychiatry.2021.3815> ↑
6. National Institute of Dental and Craniofacial Research. (2020). *Developmental Disabilities & Oral Health* | *National Institute of Dental and Craniofacial Research* . NIH. <https://www.nidcr.nih.gov/health-info/developmental-disabilities> ↑
7. National Institute of Dental and Craniofacial Research. (2020). *Developmental Disabilities & Oral Health* | *National Institute of Dental and Craniofacial Research* . NIH. <https://www.nidcr.nih.gov/health-info/developmental-disabilities> ↑
8. A health center's total budget includes the Health Center Program Federal award funds and all other sources of revenue in support of the HRSA-approved Health Center Program scope of project. For additional detail, see the HRSA Health Center Compliance Manual, Chapter 17: Budget. <https://bphc.hrsa.gov/compliance/compliance-manual/chapter17>. ↑