

Notice of Funding Opportunity

Application due 07/10/2026

HRSA

Health Resources & Services Administration





Maternal and Child Health Bureau

Pediatric Mental Health Care Access Program (PMHCA)

Opportunity number: HRSA-26-058



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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 07/10/2026.



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 Services Administration

Maternal and Child Health Bureau

PMHCA: Powering up pediatric mental health support to reduce chronic illness—one connection at a time.

Summary

The Pediatric Mental Health Care Access Program (PMHCA) helps improve mental and behavioral health for children and youth by funding programs that give pediatric primary care providers quick access to teleconsultation, training, and case coordination support (referred to as care coordination and care coordinator after this point). The program aims to remove barriers to care, focusing on [rural areas](#) and [areas experiencing health professional shortages](#). Recipients implement mental health care access programs that increase regular screening and assessment, diagnosis, treatment, and referral of behavioral health conditions in children and youth, within primary care settings. You may set up a new program or build upon, expand, or enhance an existing program. Recipients should provide a 20% non-federal contribution (a statutory match requirement) for every year of the five-year performance period.

Funding details

Application type: New

Expected total available funding in FY 2026: \$9,790,000

Expected number and type of awards: 22 CA (Cooperative Agreement)

Funding range per award: Up to \$445,000

We plan to fund awards in five 12-month budget periods for a total 5-year period of performance from 09/30/2026 to 09/29/2031.

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



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name:
Pediatric Mental Health Care Access Program (PMHCA)

Opportunity number:
HRSA-26-058

Announcement version:
Initial

Federal assistance listing:
93.828

Key dates

NOFO issue date:
06/08/2026

Informational webinar:
[See Join the webinar.](#)

Application deadline:
07/10/2026

Expected award date is by:
09/30/2026

Expected start date:
09/30/2026

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

Eligibility

Who can apply

You can apply if you are an eligible organization as described in the following section, Types of eligible organizations.

Types of eligible organizations

These types of domestic* organizations may apply:

- State governments
- County governments
- City or township governments
- Special district governments
- Native American tribal governments (Federally recognized)
- Native American tribal organizations (other than Federally recognized tribal governments)
- Others (see text field entitled “Additional Information on Eligibility” for clarification)

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

Individuals are not eligible applicants under this NOFO.

Please provide documentation in one attachment in [Attachments 8-15](#) that shows your organization is an eligible organization.

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](#).

Application limits

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

Cost sharing

You can meet your [match requirement](#) through any combination of:

- Cash contributed by your organization, partners, or other third parties.
- In-kind (non-cash) contributions from your organization, partners, or other third parties.

We waive cost sharing requirements up to \$200,000 for any award to the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands. (48 U.S.C. 1469a(d)).

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 PMHCA program helps improve mental and behavioral health for children and youth by giving pediatric primary care providers quick access to teleconsultation, training, and care coordination support.

Funding opportunity goals

The main goal of the program is to help primary care providers better identify and treat behavioral health conditions in children and youth. This includes increasing regular screening, assessment, diagnosis, treatment, and referrals within primary care settings. The program focuses on reducing barriers to care, especially in rural areas and communities with shortages of health professionals.

During the project period, you should work toward these objectives:

1. Increase the use of teleconsultation

Expand the number of providers who use real-time behavioral health teleconsultations and care coordination services, including help with referrals.

2. Train pediatric and primary care providers

Provide training on child and youth behavioral health, including how to screen for, diagnose, and treat these conditions.

3. Improve access to services and resources

Expand access to PMHCA services and offer resources that address the behavioral health needs of children and youth.

4. Increase the number of children and youth who receive care

Ensure more children and youth receive needed behavioral health services because their providers contact the PMHCA program for teleconsultation and care coordination support, with a focus on those in rural areas and areas with health professional shortages.

Background

In 2022–2023, about 1 in 4 children ages 3 to 17 had a mental, emotional, developmental, or behavioral condition.^[1] Mental health conditions often begin early in life. Half start by age 14, and three out of four are established by age 24.

Even though many children need mental health support, getting care is difficult because there are not enough mental health professionals, and they are unevenly spread across the country. More than 122 million Americans live in areas with a shortage of mental health providers.^[2]

There are especially too few specialists for children and youth. Fewer than 4% of clinical psychologists focus on children.^[3] The U.S. has an average of 14 child and adolescent psychiatrists for every 100,000 children, far below the recommended 47 per 100,000.^{[4],[5]} Access is even more limited in rural areas, where young people have higher suicide rates and are more likely to misuse opioids.^[6]

Because of these shortages, pediatric health professionals are often the first to notice mental health concerns in children. However, many pediatric providers report that they do not feel adequately trained or confident treating behavioral health conditions. As a result, many children who need help are not identified or treated.^{[7],[8]} Integrating mental health services into primary care can help address these gaps. It supports whole-person care and ensures mental health is treated with the same importance as physical health, leading to better outcomes for children and youth.

Program requirements and expectations

Your project should create a new pediatric mental health care access program or strengthen an existing one. The program may serve parts of your state, the entire state, or may work across state lines with neighboring states or regions.

To meet the goals described in the [Purpose](#) section, your project should do the following:

- Create or expand pediatric mental health care teams that include:
 - At least one care coordinator, such as a social worker, nurse practitioner, or patient/family navigator.
 - At least one child and adolescent psychiatrist.
 - At least one licensed mental health professional, such as a psychologist, social worker, or mental health counselor.

You may also include other specialists as needed, such as developmental-behavioral pediatricians, substance use specialists, or pharmacists.

- Provide teleconsultation support to pediatric providers.
 - Offer teleconsultation services to pediatricians and other pediatric providers.
 - Focus on helping providers screen, treat, and refer children and youth with behavioral health needs.
- Coordinate with State Title V programs.
 - Work with the State Maternal and Child Health (MCH) Services Block Grant Program (Title V).
 - If you are not the State Title V program, include a letter of support in Attachments 8–15.
- Build and manage program infrastructure.
 - Put systems in place to organize, staff, and oversee the program.
 - Serve as the fiscal agent and meet all reporting requirements.
 - Provide resources for pediatric providers that reflect the needs of the populations they serve.
- Provide resources for pediatric providers that are tailored and responsive to the populations that they serve.
 - Provide trauma-informed and evidence-based tools and resources.
 - Ensure pediatric providers can effectively serve children in rural areas and areas with health professional shortages.

- Develop or enhance a referral database.
 - Maintain an up-to-date referral database that includes:
 - Community care coordination services.
 - Service locations and telehealth options.
 - Supports for health-related social needs, such as housing, food, and transportation.
 - Make sure the database includes services that are accessible and relevant to rural areas and areas with health professional shortages.
- Create an advisory committee.
 - Form a committee with members from:
 - Pediatric health.
 - Mental and behavioral health.
 - Tribal health (if applicable).
 - Other relevant community groups.
 - Meet at least twice per year to guide program activities and ensure they align with community needs.
- Conduct outreach and provider recruitment.
 - Create a process for providers to enroll and access teleconsultation services.
 - If you do not plan to use an enrollment process, explain why and how you will still collect required provider information.
 - Actively recruit providers who serve rural areas and areas with health professional shortages.
- Collaborate across state and regional programs.
 - Coordinate with existing pediatric mental health care access programs in neighboring states or regions.
 - Avoid duplicating services and share best practices.
- Plan for sustainability.
 - Begin a sustainability plan in year one.
 - Strengthen the plan over the five-year project period so key program elements can continue after funding ends.

- Ensure adequate coverage and capacity.
 - Make sure program staff have the capacity to provide services statewide or regionally.
 - By the end of the project period, either:
 - Achieve statewide or regional coverage, or
 - Document existing coverage.
- Measure performance and improve quality.
 - Track how the program increases access to pediatric behavioral health care, including specific data for rural areas and areas with health professional shortages.
 - Monitor progress on key activities, goals, and outcomes.
 - Develop an evaluation plan to measure:
 - Changes in provider knowledge, confidence, and comfort.
 - Changes in clinical practices related to behavioral health care.
- Report required data.
 - Collect and report demographic information on children served and other required measures through the Discretionary Grant Information System (DGIS), as outlined in the reporting section.

Statutory authority

42 U.S.C. § 254c–19 (§ 330M of the Public Health Service Act)

Award information

Cooperative agreement terms

Our responsibilities

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

- Provide experienced federal staff to support the planning and development of this funding opportunity. This includes connecting funded programs to technical assistance and support resources.
- Host and participate in meetings, committees, conference calls, and working groups related to technical assistance and evaluation.
- Review how funded programs plan and carry out activities, procedures, and performance measures to meet the goals of this funding opportunity.
- Help build strong partnerships with federal and state agencies, federally funded programs, national technical assistance organizations, and other relevant groups.
- Review and provide feedback on written materials, training resources, and screening, assessment, and treatment protocols developed under this funding opportunity.
- Support peer-to-peer learning by organizing information sharing and the spread of project results, promising practices, and lessons learned.
- Plan and host an annual meeting and quarterly webinars for funded programs.
- Share program information through conference presentations and journal articles.
- Arrange teleconsultations to connect funded programs with technical assistance and evaluation experts.
- Work with the federal [Office for the Advancement of Telehealth \(OAT\)](#) programs and [federal Telehealth Resource Centers](#), to provide recipients with up to 10 hours of virtual, high-level technical support.
 - This support will help programs share best practices, address technology challenges, and strengthen telehealth services.
 - Assistance may focus on both behavioral health service delivery and training and education for pediatric providers and practices.

Your responsibilities

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

- Meet with the federal project officer at the time of award to confirm that project goals align with federal priorities.
- Maintain regular and timely communication with the federal project officer, including scheduled check-in meetings.
- Maintain ongoing communication with the federal Grants Management Specialist.
- Collaborate with HRSA on the review of program activities, procedures, budgets, publications, contracts, and interagency agreements before they are shared or finalized.
- Participate in a federal evaluation of the PMHCA program.
- Recipients will implement telehealth-based models that integrate behavioral health into pediatric primary care. As part of a national PMHCA network, recipients will:
 - Take part in technical assistance, resource sharing, and peer-to-peer learning.
 - Identify and share effective and innovative training and care models.
 - Implement program and policy approaches that strengthen and sustain PMHCA programs.
 - Submit all required administrative data and performance reports on time, as directed by the federal government.
 - Provide technical support to start and sustain telehealth activities, including teleconsultation, training, technical assistance, and care coordination for participating providers.
 - Remain flexible and collaborative to meet program needs.
- Recipients must build statewide or regional partnerships, including partnerships with organizations funded by other federal programs, such as:
 - [Screening and Treatment for Maternal Mental Health and Substance Use Disorders \(MMHSUD\)](#) program
 - [Health Centers](#)
 - [Federally-funded training programs](#)
 - [National Health Service Corps](#).
- Recipients should also:
 - Establish connections with national and state partners and other federal programs that support the project's goals (see Appendix A for examples).

- Use available federal resources, such as the [Data Warehouse](#), to identify relevant programs and partners.

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.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Your satisfactory progress in meeting the project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
 - Fund more applicants from the rank order list.
 - Extend the period of performance.
 - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see
 - Project Budget Information in the [Application Guide \[PDF\]](#).
 - 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 cost 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 \[PDF\]](#).

Cost sharing and matching funds

This program requires cost matching.

The statutory authority for the PMHCA program requires that recipients provide a 20 percent non-federal contribution (in cash and/or in-kind) each year. For example, a non-federal match of \$89,000 is needed for an annual award of \$445,000.

Some examples of sources for cost matching include:

- Sponsoring organization (state, clinic, hospital, university, etc.) supports the project financially.
- Local or national foundation.
- Local business or corporate funding.
- Community fundraising.
- In-kind funds (i.e., space, rent, equipment, staff time, health provider time, volunteer time, etc.).
- For-profit ventures.
- Program income.
- Private insurance payments.

The cost sharing requirement allows recipients to use federal funds alongside match funding to develop programs, deliver services, and conduct evaluations to test program success. Programs cannot use other federal funds, including Medicaid and CHIP payments, as matching funds.

We waive cost sharing requirements up to \$200,000 for any award to the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands. (48 U.S.C. 1469a(d))*.

*Source: (48 U.S.C. 1469a(d)). For details, see [AT 2024-03](#) Waiving Match Requirements for Awards to Insular Areas.

The panel will also review [Criterion 6: Support](#) requested to determine:

- How appropriate the proposed budget is for how funds are distributed across proposed subrecipients.
- How well you described meeting the 20 percent non-federal cost matching requirement in each year of the five-year performance period. *Territories and freely associated states are exempt from this [requirement](#).

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 don't have a current 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](#).



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. 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](#) and [How to Apply for Grants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-058.

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

Application writing help

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

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

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

Join the webinar

More information on the HRSA-26-037 webinar will be posted to the Related Documents tab in Grants.gov.

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

We will record the webinar.



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



Step 3:

Build Your Application

In this step

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Application checklist

There are two types of forms in Grants.gov.

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

Make sure that you have everything you need to apply.

Narratives

Component	Grants.gov form	Included in page limit*?
<input type="checkbox"/> Project narrative	Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative	Budget Narrative Attachment form.	Yes

Attachments

Insert each in the Attachments Form in this order.

Component	Included in page limit*?
<input type="checkbox"/> 1. Work plan	Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions	Yes
<input type="checkbox"/> 3. Biographical sketches	Yes
<input type="checkbox"/> 4. Agreements with other entities	No
<input type="checkbox"/> 5. Multi-year budgets, fifth year budget	No
<input type="checkbox"/> 6. Project organizational chart	Yes
<input type="checkbox"/> 7. Tables and charts	Yes
<input type="checkbox"/> 8-15. Other relevant documents	Yes

Other required forms

Upload using each required form in Grants.gov.

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

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

Application contents and format

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

Application page limit: 60

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 \[PDF\]](#).

Project narrative

Introduction

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

Briefly describe the purpose of your project. In your response, be sure to:

- State whether this is a new project for your state or region or an expansion of an existing project. The project may serve parts of your state, the entire state, or may work across state lines with neighboring states or regions.
- Explain how you will start or expand a statewide or regional Pediatric Mental Health Care Access (PMHCA) program.

Need

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

In this section, explain why your project is needed and who it will serve. Be sure to:

- Use and cite demographic and community data to show unmet behavioral health needs in the populations you plan to serve.
- Include findings from your state's most recent [State Title V Needs Assessment](#) and Action Plan.
- If you already offer teleconsultation or telehealth services, describe:
 - What services are currently available
 - What gaps or unmet needs still exist
- Explain how this federal funding will support other state or grant-funded efforts without duplicating activities.
 - Identify related programs and briefly describe how this work will complement, not repeat, existing efforts.
 - Include the funding sources, funding amounts, and funding years for any related projects or activities.

Approach

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

Goals and objectives

- List your project goals and objectives. Explain how your project goals and objectives will meet these needs and make it easier for people to get behavioral health services (intended outcomes).
- Describe the activities you'll conduct to meet them. Describe how the activities will meet the challenges children and youth face when trying to get behavioral health care, especially in rural areas or areas experiencing health professional shortages.
- Describe how your project goals and objectives respond to the PMHCA program's [purpose](#). If applicable, share plans to expand access to behavioral health services in a [Health Professional Shortage Area \(HPSA\)](#) or a [Medically Underserved Area/Population \(MUA/P\)](#); or other high-need areas (based on information obtained from a federal source such as [Rural-Urban Commuting Area \(RUCA\) codes](#)).
- Identify the kinds of pediatric providers (like pediatricians, family doctors, and nurse practitioners) and other providers (like psychiatrists or counselors) you want to connect with.
- Discuss teleconsultation approaches that will expand the reach of your project in rural areas and areas experiencing health professional shortages, such as providing PMHCA services to neighboring states, jurisdictions, or tribal areas (if programs do not exist in those areas or will end due to financial, infrastructure, or capacity issues), or partnerships with [Federally Qualified Health Centers \(FQHCs\)](#), [Rural Health Clinics \(RHCs\)](#), [Certified Community Behavioral Health Clinics \(CCBHCs\)](#), area hospitals and health systems, or tribes or tribal health organizations in your area.
- Describe tools and systems you already have for teleconsultation (online care), what's missing, and how you'll make it better.

For each goal, include clear steps that are SMART:

- Specific
- Measurable
- Achievable
- Realistic
- Time-bound

Planning and development for applicants with no prior PMHCA experience

- Describe how you'll build partnerships, create contracts, and make agreements during year one.
- Describe the staff who will provide teleconsultation, care coordination, and training. Include their roles, skills, and how they'll meet the needs of the people you serve.

Planning and development for applicants with prior PMHCA experience

- Describe how you'll build new partnerships and improve existing ones to benefit the project.
- Describe the staff who provide teleconsultation, care coordination support, and training. Include their roles, skills, and how they'll meet the needs of the populations you serve.

Program model and consultation services

- Explain how your program will work, including phone, web, and telehealth teleconsultations.
- Discuss how the project will alleviate behavioral health provider workforce challenges in the populations served.
- Describe your current or planned teleconsultation line, how it's used, and any improvements you'll make if funded.

Provider training

- Share your plan for offering training based on strong evidence. Training should be:
 - Tailored to providers' needs
 - Focused on addressing behavioral health crises and trauma-informed care
 - Connected to preventing chronic illness in children
- Include how you'll track who attends training and what they learn or change in their behavior toward addressing behavioral health conditions.

Direct behavioral health care (if applicable)

- Explain what kind of care is provided and how it fits into your project.
- Share how this direct care will help keep the program going overtime.
- Describe any plans where a PMHCA team member participates in a one-time psychiatric consultation with a pediatric provider and a patient to increase the

provider's comfort and confidence in addressing mental and behavioral health issues.

Provider engagement

- Describe how you will involve providers and practices, especially those in rural areas, areas experiencing health professional shortages, or serving Medicaid and CHIP patients.
- Describe challenges to engaging providers, how this could affect your program, and what you'll do to solve these issues.

Resource and referral database

- Explain your plan to build or improve a resource and referral database that helps pediatric providers and practices find local resources and referrals. If you propose helping families receive direct referrals, please describe your plan to do this.
- Develop a database that is searchable, current, includes telehealth, and possibly open to the public.
- Share your plan to build a database that helps families (if applicable).

Outreach, education, collaboration, and communication

- Share how you'll spread the word about your program to others through outreach, education, and partnerships.

Advisory committee

- Share your plan for creating or using an advisory group made up of people from the area you serve.
- Describe how this group will help with program planning, reviewing materials, giving feedback, and making suggestions to keep the program going.
- Describe the composition of the group (the group should include expertise in mental and behavioral health, pediatrics, tribal health (if applicable), child and youth advocates, and families to make sure your services meet the needs of your community).

Participation in technical assistance

- Describe your commitment to participating in technical assistance activities, including sharing best practices and lessons learned and engaging with the network of PMHCA award recipients.

Sustainability plan

- Provide a sustainability plan to support effective strategies, resources, and outcomes after federal funding ends.

High-level work plan

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

- Describe how you'll achieve each of the objectives you outline in the [Approach](#) section during the performance period.
- Provide a more detailed work plan and timeline that links each activity to the program expectations, names responsible staff, and shows progress milestones for the performance period as [Attachment 1](#).
- Describe how ready you and your expected partners are to work together to plan and implement activities and to achieve project goals and expectations. Please include letters of agreement, memoranda of understanding, or description(s) of proposed or existing contracts (project-specific) in [Attachment 4](#).

Resolving challenges

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

- Discuss challenges you'll likely meet in carrying out your work plan. Explain approaches that you'll use to address them.
- Describe how you intend to address any challenges about how ready you and your expected partners are.
- Discuss any challenges and potential solutions for data acquisition, including data ownership and data use agreements.

Performance management

See merit review criteria 3: [Performance management](#) and 5: [Resources and capabilities](#)

Program evaluation

Evaluations should follow the [HHS Evaluation Policy](#), as well as the standards and best practices described in [OMB Memorandum M-20-12](#). In the description of your evaluation:

- Explain how you'll use data to guide how you carry out the project and support CQI.
- Describe how you'll assess knowledge and behavior change in providers.
- If applicable, describe how you'll measure changes in provider confidence or comfort in addressing behavioral health conditions and changes in practices.
- Include potential evaluation barriers and strategies to overcome them.
- Submit a preliminary evaluation plan that details the objectives and methods in [Attachments 8-15](#). We'll ask award recipients to provide updates to their

evaluation plans and report findings of the evaluation in their annual progress reports.

Continuous quality improvement

- Describe how you'll use performance measurement and evaluation data to revise processes and improve outcomes.
- Highlight strategies to use feedback for ongoing enhancements to the PMHCA program.

Monitoring

- Outline methods for tracking PMHCA project activities throughout the performance period.
- Describe your ability to collect, manage, and use data to ensure exact and prompt monitoring, performance measurement, evaluation, and continuous quality improvement (CQI).

Performance measurement and reporting

- Describe how you'll measure and track the project goals and objectives outlined in the [Purpose](#) section. Discuss how you'll collect and report these measures promptly.
- Describe how you'll measure and track the [performance measures and reporting requirements](#).
- Describe how you'll partner with program staff and PMHCA recipients post-award to find or develop more measures that show program impact.
- Describe how you'll collect qualitative and quantitative data showing the program's impact on children and youth in the target population.
- Describe how you'll measure and collect data to report on at least one measurable outcome for PMHCA objectives.

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

Sustainability

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

We expect you to show impact after project implementation and sustain key project elements that improve practices and outcomes for the target population. To this end:

- Highlight the most important elements of your project and explain why they are effective.

- Discuss how you'll measure impact. Propose a sustainability plan after the federal funding period ends.
- Describe how you'll share the project's results to the target population, the public, and other groups who might be interested in using the results of the project.
- Describe the actions you'll take to secure future sources of funding.
- Discuss challenges that you'll likely meet in sustaining the program. Include how you will address these challenges.

Organizational information

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

Briefly describe your mission, structure, and the scope of your current activities. Explain how they'll help you carry out the program requirements. You'll include a project organizational chart in [Attachment 7](#).

- Describe the reach of your proposed project and whether you'll serve multiple jurisdictions across states or territories.
 - Discuss your project's ability to serve the proposed geographic area and population.
- Describe how you'll recruit and retain key project members that will ensure that key staff are available to start, carry out, and oversee the project.
- Discuss how you'll follow the approved project, keep track of all federal funds that you and subrecipients use, and record all costs to avoid issues during the project audit. All award recipients will perform a major role in carrying out project activities. Recipients cannot serve as a pass through for an award to another party or provide funds to an ineligible party.
- Describe your planned oversight of, and frequency of communication with, any partners or subrecipients.
- Describe how you'll assess the unique needs of the pediatric providers and children and youth who live in the communities you serve.
- Describe your organizational experience, including potential subrecipients and key partners.
- Describe your key staff's experience, skills, and knowledge to carry out the project.
- For applicants without prior PMHCA experience, please show which staff positions you'll recruit during year one.
 - Include a staffing plan and position descriptions of key personnel for the project in [Attachment 2](#).

- The Project Director and/or Program Manager should have adequate qualifications, proper experience, and reasonable time and effort dedicated to the project to carry out their proposed responsibilities.
- Other key personnel include a Fiscal Manager and a Data Manager.
- Include biographical sketches and resumes of key personnel for the project in [Attachment 3](#).
- If the state Title V program is not the lead applicant for your proposal, describe how you'll develop, and/or maintain collaborative relationships between the proposed project and the state [Title V Program](#).
 - Include a letter of support from the state Title V Program in one attachment under Other Relevant Documents ([Attachments 8–15](#)).
- Describe relationships with any organization or subrecipients you intend to collaborate with while conducting project activities. Ensure that when a subrecipient changes during the project, the new subrecipient will help the earlier subrecipient transition activities.
- If you are an applicant without prior PMHCA experience, discuss how you will use year one to develop organizational expertise and partnerships on the required program components.
- If you are not a state government applicant, describe the relationship you have with relevant state health and mental and behavioral health agencies and how you'll collaborate and coordinate activities.

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 the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

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

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

As you develop your budget, consider:

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

Additional items to consider as you develop your budget:

- How you'll use the funds requested to plan, carry out, and develop a program to achieve the proposed goals, objectives, activities, and outcomes. The funding request should align with your line-item budget which supports the needs and activities you described in the project narrative.
- How you'll explain costs as they relate to the scope of work and the technology that you'll need to implement the project.
- How you'll show that staff have adequate time devoted to the project to achieve program objectives.
- How you'll describe how funds are distributed across proposed subrecipients. If funds for subcontracts change after a performance period starts because contracts were not in place at time of application, you'll have the opportunity to adjust post-award.
- How you'll clearly describe meeting the 20 percent non-federal cost matching requirement in each year of the five-year performance period. *Territories and freely associated states are exempt from this [requirement](#).

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

Attachments

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

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

Attachment 1: Work plan

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

Attachment 2: Staffing plan and job descriptions

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

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

Attachment 3: Biographical sketches

Include biographical sketches for people who will hold the key positions you describe in Attachment 2 (Staffing plan and job descriptions).

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

Attachment 4: Agreements with other entities

Provide any documents that describe working relationships between your organization and others you mention in your project narrative. If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of subrecipients and contractors and any deliverables. It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization. Make sure you include signed and dated letters of agreement.

Attachment 5: Multi-year budgets, fifth year budget

For the fifth budget year, include a copy of Section B of the SF-424A as an attachment. We do not count this in the page limit, but any related budget narrative does count. See Section 3.1.4 of the [Application Guide \[PDF\]](#).

Attachment 6: Project organizational chart

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

Attachment 7: Tables and charts

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

Attachment 8 through 15: Other relevant documents

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

Other required forms

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

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary form	With application.
Grants.gov Lobbying form	With application.

Form instructions

The [Application Guide \[PDF\]](#) 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 \[PDF\]](#).

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 their money.

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

[See instructions and examples.](#)

The application requires these additional other required forms:

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

Disclosure of Lobbying Activities (SF-LLL), optional

Project/Performance Site Location(s)

Key Contacts



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.

Merit review

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

Criterion 1: Need (15 points)

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

The panel will review your application for how well it:

- Describes the problem, unmet needs in the target population, and barriers to optimal access.
- Uses data and citations to prioritize providing PMHCA services in high-need areas and areas experiencing health professional shortages, including data from your state or region's [Title V Needs Assessment and Title V State Action Plan](#).
- Describes whether this is a new project for your state or region, or an expansion of an existing statewide or regional PMHCA program. The project may serve parts of the state, the entire state, or may work across state lines with neighboring states or regions.
- Explain how this federal funding will support other state or grant-funded efforts without duplicating activities.
- Discusses need for PMHCA services in a [Health Professional Shortage Area \(HPSA\)](#) or a [Medically Underserved Area/Population \(MUA/P\)](#); or other high-need areas (based on information obtained from a federal source such as [Rural-Urban Commuting Area \(RUCA\) codes](#)).

Criterion 2: Response (30 points)

See the project narrative [Approach](#), [High-level work plan](#), and [Resolving challenges](#) sections.

The panel will review your application for:

2.1 Approach (15 Points)

- How well it responds to the PMHCA program's [purpose](#).
- The strength of the proposed SMART goals and objectives and how well they relate to the project.
- How well the activities described will address the problem, meet project objectives, and produce improved outcomes by the end of the performance period.
- How well it describes telehealth approaches that will expand the reach of the project to neighboring states, jurisdictions, or tribal areas (if programs do not exist in those areas or will end due to financial, infrastructure, or capacity issues), or partnerships with [Federally Qualified Health Centers \(FQHCs\)](#), [Rural Health Clinics \(RHCs\)](#), [Certified Community Behavioral Health Clinics \(CCBHCs\)](#), area hospitals and health systems, or tribes or tribal health organizations in the area.
- If you have no prior PMHCA experience, please discuss the following prompts:
 - How well it discusses identifying partners and forming partnerships.
 - How well it describes the project staff composition to carry out teleconsultation, care coordination support services, and the provider training program, including qualifications, roles, and how they can provide tailored and responsive services that reflect the patient populations served.
- If you have prior PMHCA experience, please discuss the following prompts:
 - How well it describes forming new partnerships and strengthening existing ones to benefit the project.
 - How well it describes the staff who provide teleconsultation, care coordination support services, and provider training, including qualifications and roles, and how they'll meet the needs of the populations you serve.
- How well it describes setting up, expanding, or enhancing a program model to carry out the project.
- How well it discusses how the project will ease behavioral health provider workforce challenges in populations served.
- How well it describes the plan to provide teleconsultation and how it will change teleconsultation based on best practices and lessons learned.
- How well it explains the design and content of the training curricula that address providers' needs, trauma-informed care, and preventing chronic illness.
- How well it describes the plan to collect data on attendance and knowledge and behavior changes because of provider training.
- If applicable, how well it discusses the plan to provide tele-behavioral health services directly to children and youth, and in what situations.

- How well does it describe a plan to engage providers and practices, including the types of pediatric providers, those in rural areas and areas experiencing health professional shortages or serving Medicaid and CHIP populations.
- How well it describes challenges to provider engagement, the impact it could have on program use, and strategies to address these challenges.
- How well it outlines plans for developing or enhancing a database for resource and referral options to support pediatric providers and practices, and, if applicable, families.
- How well it describes outreach, education, collaboration, communication, and dissemination of program information to interested groups.
- How well it describes a plan to meet or use advisory committee representatives to guide program design and implementation, review program changes, review materials and resources, and offer recommendations on program sustainability.
- How well it ensures that the committee has representation from mental and behavioral health, pediatric health, tribal health (if applicable), child and youth advocates, and families to ensure PMHCA services meet community needs.
- How well it discusses taking part in technical assistance activities, including sharing best practices and lessons learned and engaging with the network of PMHCA award recipients.
- How well it describes a sustainability plan to support effective strategies, resources, and outcomes after federal funding ends.

2.2 High-level work plan (10 points)

- How well it describes the plan to achieve each of the program's objectives during the performance period.
- How well the detailed work plan and timeline links each activity to the program expectations, names responsible staff, and shows progress milestones for the performance period ([Attachment 1](#)).
- How well it describes how ready you and your expected partners are to work together to plan and implement activities and achieve project goals and expectations ([Attachment 4](#)).

2.3 Resolving challenges (5 points)

- How well it describes challenges you will likely meet in carrying out your work plan and explains approaches that you will use to fix them.
- How well it addresses challenges related to how ready you and your expected partners are.
- How well it describes any challenges and potential solutions for getting data, including data ownership and data use agreements.

Criterion 3: Performance reporting and evaluation (15 points)

See the project narrative Performance reporting and evaluation section.

The panel will review your application for:

Evaluation

3.1 Evaluation plan

- How well it describes the overall approach and methodology to evaluate project results against goals and objectives and includes program outcomes and impact.
- If you plan to follow up with participating providers about teleconsultation and care coordination support services, or training, how well it describes measuring changes in provider confidence or comfort in addressing behavioral health conditions and changes in practices including knowledge and behavior change.
- How well it shows potential evaluation barriers and strategies to overcome them.

3.2 Continuous quality improvement

- How well it describes using performance measurement and evaluation data to fine tune processes, implementation, and improve outcomes.
- How well it discusses strategies for ongoing improvements to the PMHCA program.

Performance measurement

3.3 Monitoring

- How well it outlines methods for tracking PMHCA project activities throughout the performance period.
- How well it describes your ability to collect, manage, and use data to ensure correct and prompt monitoring, performance measurement, evaluation, and continuous quality improvement (CQI).

3.4 Performance measurement

- How well it discusses a plan to measure and track the project goals and objectives outlined in the [Purpose](#) section.
- How well it will assess program objectives and be able to credit the results to the project.
- How well it describes a plan to measure, collect, track and report quantitative and qualitative data on required [performance measures and reporting requirements](#) promptly.
- How well it discusses systems and processes that will support effective performance measurement.

- How well it discusses plans to use qualitative and quantitative data to show the program's impact on children and youth in the target population.
- How well it shows potential barriers to performance measurement and strategies to overcome them.

Criterion 4: Impact (10 points)

See the project narrative [High-level work plan](#) and [Sustainability](#) sections.

The panel will review your application for:

- How effective are key elements of the project.
- What is the likely impact of your project on pediatric providers and the populations they serve.
- How effective are your plans for sharing project results with different groups.
- How likely the project is to continue beyond the federal funding based on the plan for sustainability.
- How well did it discuss challenges in sustaining the project and how it will address these challenges.

Criterion 5: Resources and capabilities (20 points)

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

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

- You describe the reach of your proposed program and whether you will serve multiple jurisdictions across states or territories.
 - You describe how you can serve the proposed geographic area.
- You discuss a recruitment and staffing plan that will ensure key personnel are available to start, carry out, and oversee the project.
- Project staff have the training or experience to carry out the project. A staffing plan and position descriptions of key personnel for the project should be in [Attachment 2](#). Biographical sketches and resumes of key personnel for the project should be in [Attachment 3](#).
- You describe a plan for keeping track of federal funds that you and subrecipients use.
- Project staff have planned oversight of, and frequency of communication, with any partners or subrecipients.
- You're able to gather, manage, and use data.

- Project staff have the training and experience to carry out performance measure reporting and other reporting requirements of this NOFO (and program evaluations, if applicable).
- You have the ability, infrastructure, and capabilities to fulfill the needs of the project.
- You will develop and/or maintain a collaborative relationship with the state [Title V Program](#). (Or included a letter of support in one attachment under [Attachments 8-15](#) if you are not a Title V entity).
- You will expand or enhance relationships with organizations or subrecipients who collaborate with you on conducting project activities and explore new relationships to further broaden the reach of PMHCA services.
- If you are an applicant without prior PMHCA experience, you will actively use year one to develop organizational expertise and partnerships on the required program components.
- If you are an applicant not from a state government, you will develop a relationship with relevant state health and mental and behavioral health agencies to collaborate and coordinate activities.

Criterion 6: Support requested (10 points)

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

The panel will review your application to determine:

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

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

We review your application based on its technical merit.

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](#).

The panel will also review Criterion 6: Support requested to determine:

- How appropriate the proposed budget is for how funds are distributed across proposed subrecipients.
- How well you described meeting the 20 percent non-federal cost matching requirement in each year of the five-year performance period. *Territories and freely associated states are exempt from this [requirement](#).

Selection Process

When making funding decisions, we consider:

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

We may:

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

You cannot appeal a denial, or the amount of funds awarded” which comes above funding priorities: “Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

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

Award notices

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

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



Step 5:

Submit Your Application

In this step

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Application submission and deadlines

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

Application deadline

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

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

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

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 \[PDF\]](#).



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](#). 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.

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

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

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

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

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

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

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

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

- **Make America Healthy Again (MAHA):** HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:
 - Personal responsibility.
 - Strong families and communities.
 - Proper nutrition.
 - The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.
- **Child protections, biological integrity, parental rights, and lawful use of funds:** HRSA prioritizes safeguarding children's health and safety by:
 - Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
 - Applying sex-based definitions grounded in biological reality.
 - Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
 - Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

- **Advancing evidence-based, merit-driven, and ethically grounded health care:** HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:
 - Conflicts of interest.
 - “Harm reduction” models.
 - Housing-first approaches.
 - Activities that facilitate illegal drug use or unsafe medical practices.
- **Promoting public safety, lawful use of federal funds, and national health priorities:** To the extent permitted by law, HRSA will align funding with administration priorities by:
 - Supporting ending the HIV epidemic through authorized, evidence-based care.
 - Reserving benefits for eligible individuals.
 - Discouraging illegal immigration and unsafe community practices.
 - Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

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

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

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

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

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions

consistent with federal grant regulations at [2 CFR part 200](#) and the terms and conditions of this award. This includes termination under [2 CFR 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

Cybersecurity

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

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity	<p>Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity.</p> <p>Visit to 45 CFR 170, Subpart B learn more.</p>
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>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 “reporting” section of the [Application Guide \[PDF\]](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

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

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are: Project Abstract, Financial Form, Direct and Enabling Services, Partnerships and Collaboration, Technical Assistance, Outreach and Education, Quality Improvement and Evaluation, and Training 15. The type of report required is determined by the project year of the award’s period of performance. You can see the full OMB-approved reporting package at [Discretionary Grants information System](#) on our website (OMB Number: 0915-0298 | Expiration Date: 12/31/2026).

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 30, 2026, through September 29, 2031 This report includes administrative data and performance measure baseline data, as applicable.	Period of performance start date.	120 days from the available date.
b) Non-Competing Performance Report	September 30, 2026, through September 29, 2027 September 30, 2027, through September 29, 2028 September 30, 2028, through September 29, 2029 September 30, 2029, through September 29, 2030	Beginning of each budget period (years two through five, as applicable).	120 days from the available date.
c) Project Period End Performance Report	September 30, 2030, through September 29, 2031	Period of performance end date.	120 days from the available date.

Of particular importance to successful PMHCA award recipients is DGIS Training Form 15, which includes the following measures:

- Number of training courses held by topic, mechanism used (e.g., in-person, web-based).
- Number and types of providers trained.
- Number and types of unique providers participating in a statewide or regional pediatric mental health care access program. For example: contacting the program for teleconsultation or care coordination support services.
- Number and types of unique providers enrolled and participating in teleconsultation and care coordination support services.
- Reasons for provider contact with the pediatric mental health team. For example: psychiatric teleconsultation, care coordination, or both; suspected or diagnosed behavioral health conditions such as depression, anxiety, ADHD, Autism Spectrum Disorder.
- Number of teleconsultations and referrals provided to providers by the pediatric mental health team.
- Number of teleconsultations and referrals provided by each discipline type (e.g., psychiatrist, counselor, care coordinator) of the pediatric mental health team.
- Number of children and youth, 0 to 21 years of age, for whom a provider contacted the pediatric mental health team for teleconsultation or referral during the reporting period.
- Percentage of children and adolescents, 0 to 21 years of age, for whom providers contacted the pediatric mental health team for teleconsultation or referral during the reporting period, from rural and areas experiencing health professional shortages counties.
- Number of children or adolescents, ages 0 to 21 years of age, served through teleconsultation, who received a recommendation for treatment by the participating provider, received a referral recommendation to behavioral health or support services, or received a recommendation for both treatment by the participating provider and referral to behavioral health or support services.
- (Optional) Number of children and adolescents, 0 to 21 years of age, for whom a provider contacted the pediatric mental health team, who received at least one screening for a behavioral health condition using a standardized validated tool.
- Final program report.



Contacts and Support

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Agency contacts	<u>57</u>
Help with systems	<u>57</u>

Agency contacts

Program and eligibility

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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

[Electronic Handbooks Contact Center](#)

Help with systems

Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the [Grants.gov](#)

[Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

SAM.gov

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

Helpful websites

- [Application Guide \[PDF\]](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Frequently Asked Questions](#)
- [Applicant Training](#)
- [PMHCA](#)
- [Telehealth Resource Centers](#)
- [Rural Health Information Hub's Community Health Gateway](#)
- [The American Academy of Pediatrics Mental Health Toolkit](#)
- [Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition](#)
- [Telehealth.hhs.gov](#)
- [Medicaid and Telehealth](#)
- If you use broadband or telecommunications services to provide health care, you can seek discounts through the Federal Communication Commission's Universal Service Program. For information about discounts, see [Rural Health Care Program](#). Qualified low-income patients may also be eligible for a monthly discount on phone, internet, or bundled package bills which can help them to access telehealth through [Lifeline](#).

Appendix

PMHCA glossary of terms

Background

The terms defined in this appendix are some of the terms used in PMHCA progress report instructions, performance reports, and Requests for Information. The terms include:

- Assessment
- Care coordination support
- Direct services
- Enabling services
- Enrolled provider or practice
- Enrolled AND participating provider
- National and state partners
- Outreach and education
- Participating provider or practice
- Public health services and systems
- Quality improvement and evaluation
- Referral
- Rural areas or areas experiencing health professional shortages
- State Title V action plan
- Technical assistance (TA)
- Teleconsultation
- Telehealth
- Training
- Treatment

Definitions

Assessment

A detailed evaluation within a provider's scope of practice that applies clinical reasoning based on the following types of information:

- Patient history
- Diagnostic interviewing
- Physical examination
- Laboratory evaluation
- Standardized questionnaires
- Observations from family members, care providers, teachers, or other care team members.

Care coordination support

Care coordination support means, at minimum, that the program provides resources and referrals to a provider when they contact the program, or to the patient (or family) when the program works with patients and families directly. Care coordination support is synonymous with providing resources and referrals.

Teleconsultation

In a consultation or interprofessional consultation, the patient's treating physician or other qualified health care practitioner (known as the treating practitioner) requests the opinion, treatment advice, or both from a physician or other qualified health care practitioner (known as the consulting practitioner) with specialty expertise to help the treating practitioner with the patient's care, without patient face-to-face contact with the consulting practitioner.

For PMHCA programs, a consulting practitioner (such as a child and adolescent psychiatrist, developmental-behavioral pediatrician or behavioral health clinician) shares clinical guidance with the treating practitioner (such as a pediatrician or other pediatric provider) to inform detection, assessment, and treatment of mental or behavioral health conditions. For teleconsultation, the peer-to-peer teleconsultation can take place by phone, video call, email, or through a web-based platform.

Direct services

Direct services are preventive, primary, or specialty clinical services where recipients use program funds to reimburse or fund providers through a formal process, like paying a medical billing claim or managed care contracts. Reporting on direct services should not include the costs of clinical services delivered with program dollars but reimbursed by Medicaid, CHIP, or other public or private payers. Examples include, paid for with program funds:

- Preventive, primary, or specialty care visits.
- Emergency department visits.
- Inpatient services.
- Outpatient and inpatient mental and behavioral health services.
- Prescription drugs.
- Occupational and physical therapy.
- Speech therapy.
- Durable medical equipment and medical supplies.
- Medical foods.
- Dental care.
- Vision care.

Enabling services

Enabling services are non-clinical services, financed by program funds, (i.e., not included as direct or public health services) that enable individuals to access healthcare and improve health outcomes. Enabling services include:

- Case management.
- Care coordination.
- Referrals.
- Transportation.
- Eligibility assistance.
- Health education for individuals or families.
- Environmental health risk reduction.
- Beneficiary outreach.

Reporting on enabling services should NOT include the costs for enabling services that are reimbursable by Medicaid, CHIP, or other public and private payers.

Enabling services may include salary and operational support to a clinic that enables individuals to access healthcare or improve health outcomes. Examples include the salary of a public health nurse who provides prenatal care in a local clinic or compensation provided to a specialist pediatrician who provides services for children with special health care needs. In both cases, the recipient may still bill the direct services to Medicaid or other insurance but ensuring that the provider is available enables individuals to access the services, and therefore counts as enabling services.

Enrolled provider or practice

Enrolled providers or practices are providers or practices who have formally registered with the program to use teleconsultation or care coordination support services. If providers or practices take part in training only, they do not count as enrolled.

Enrolled AND participating provider

Enrolled AND participating provider refers to the number of enrolled providers (registered) who are taking part in the program (contacting the program for teleconsultation or care coordination support services).

National and state partners can include:

State and territorial health and human service agencies (e.g., Maternal and Child Health and other single state agencies):

- State Medicaid agencies
- Telehealth resource centers
- Community health centers
- Health care organizations
- Indian Health Service and tribal health organizations
- Tribal leaders, elders, and tribal councils
- Commercial health insurance payers
- Families who have cared for children and youth with behavioral disorders, particularly those who live in rural and other areas experiencing health professional shortages
- Organizations that promote family-provider partnerships
- Child-patient advocates or youth self-advocates
- Behavioral health disorder support and advocacy organizations
- Pediatric providers (representative of the areas served by the program)
- Developmental-behavioral clinicians (representative of the areas served by the program)
- State chapters of medical and professional associations, such as those representing pediatricians, family physicians, nurse practitioners, and behavioral clinicians
- Academic institutions
- Schools and school-based health centers
- Emergency departments
- Screening and Treatment for Maternal Depression and Related Behavioral Disorders Programs, and other federal programs

Outreach and education

Outreach and education refer to activities to inform, generate interest, and provide more in-depth messaging on topics of interest. Outreach introduces the topic during brief interactions. Education activities allow messaging and discussion tailored to individuals and small groups, as staff respond to questions and address concerns about a topic.

The goal of outreach and education is to improve knowledge of the target population by providing information, messaging, and discussion.

Outreach and education should address needs at the general population level. It should provide information and messaging to MCH populations through more generalized and passive mechanisms. (If a recipient uses program funds to create resources and tools, but not provide direct one-on-one support and contact, this will count here).

Participating provider or practice

Participating providers or practices are providers or practices who contacted the program for teleconsultation or care coordination support services, and who may or may not be an enrolled provider. This does not include providers or practices who only take part in trainings.

Public health services and systems

Public health services and systems are activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the ten essential public health services. Examples include:

- Development of standards and guidelines.
- Needs assessment.
- Program planning, implementation, and evaluation.
- Policy development.
- Quality assurance and improvement.
- Workforce development.
- Population-based outreach and education.
- Research.

Quality improvement and evaluation

Quality improvement includes activities that deliberately improve the efficacy and impact of activities, programs, or systems (for example, PDSA cycles, etc.).

Evaluation includes activities that systematically collect information to assess a project, program, or system's performance or outcomes.

Referral

A referral is a process that helps an individual or the individual's family become aware of more health resources in the community.

Rural areas or areas experiencing health professional shortages

We define rural areas as all counties that are not parts of metropolitan areas (MAs), as chosen by the Office of Management and Budget. In addition, we use Rural Urban Commuting Area Codes to choose rural areas within MAs. You can find the rural definition on the HRSA website. If the county is not entirely rural or urban, go to the Rural Health Grants Eligibility Analyzer to decide if a specific site qualifies as rural, based on its specific census tract within an otherwise urban county. Areas experiencing health professional shortages are defined by the following terms: Any Medically Underserved Area/Population (MUA/P); or a Partially MUA/P. MUA/Ps can be found on the HRSA website.

State Title V action plan

As part of the Title V Maternal and Child Health (MCH) Block Grant, states develop five-year State Action Plans that document priority needs. In these plans, states take a further step and show objectives, strategies, and relevant national performance measures to address needs in five MCH population domains:

- Women and maternal health.
- Perinatal and infant health.
- Child health.
- Children with special health care needs.
- Adolescent health.

Technical assistance (TA)

Technical assistance includes a range of targeted support activities that build skills or abilities and increase knowledge to address organizational needs or accelerate programmatic outcomes. TA is the process of providing guidance, help, and training by an expert with specific technical or content knowledge to address an identified need. TA relationships are program- or initiative-focused, and may use an interactive, on-site or hands-on approach, as well as telephone or email assistance.

The goal of TA is to improve the knowledge and skills of organizational members to meet organizational outcomes.

Activities include providing support, training, education, etc. to help achieve organizational goals and outcomes.

Telehealth

Telehealth is the use of electronic information and telecommunication technologies to support and promote long-distance clinical teleconsultation, patient and professional health-related education, public health, and health administration. Allowed telehealth modalities between providers include:

- Real-time video.
- Telephonic communications.
- Email with encryption.
- Store-and-forward imaging.
- Mobile health (mHealth) applications.

Training

Training refers to educational programs or sessions that enhance the knowledge, support the credentials and licensure of professional providers, or both. Training may also enhance the knowledge base of community outreach workers, families, and other members who directly serve the community. Examples of training include:

- Mental or behavioral health conditions.
- Medication.
- Screening and assessment.
- Treatment modalities.
- Trauma, etc.

Conference presentations are training if training was the intent of the presentation. A conference presentation that describes an intervention or program is not training.

Treatment

Treatment is the provision, coordination, or management of healthcare and related services among healthcare providers. Providers contacting the programs for teleconsultation may or may not be the ones providing the treatment recommended by the consulting provider.

Endnotes

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