Notice of Funding Opportunity

Application due 10/19/2026

HRSA
Health Resources & Services Administration

BUREAU OF PRIMARY HEALTHCARE

Ongoing Investments

Fiscal Year (FY) 2027 Service Area Competition (SAC)

Opportunity number: HRSA-27-005

Contents

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 10/19/2026.

All activities proposed in your application and budget narrative must align with applicable law and policies, 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.

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.

Step 1:
Review the Opportunity

In this step

Basic information

Health Resources and Services Administration (HRSA)

BUREAU OF PRIMARY HEALTHCARE

Ongoing Investments

Improve the health of those who are medically underserved or live in areas with limited access to care through the delivery of comprehensive, high-quality primary and preventive health care in the United States and its territories.

Summary

The Fiscal Year (FY) 2027 Health Center Program Service Area Competition (SAC) funding improves the health of medically underserved communities and populations by providing grants to support the delivery of comprehensive, high-quality primary and preventive health care services in the United States and its territories.

For each SAC Notice of Funding Opportunity (NOFO), service areas available for competition are announced in the Service Area Announcement Table (SAAT). If a funded health center can no longer serve its area, we may announce new service areas through a Service Area Competition-Additional Area (SAC-AA) during the year.

Have questions?
Go to Contacts and Support.

Key facts

Opportunity name: Fiscal Year (FY) 2027 Service Area Competition (SAC)

Opportunity number: HRSA-27-005

Announcement version: Initial

Federal assistance listing: 93.224

Key dates

NOFO issue date: 09/18/2026

Application deadline: 10/19/2026

Phase 1 Application deadline in Grants.gov: 10/19/2026

Phase 2 Supplemental information deadline in HRSA Electronic Handbooks (EHBs): 11/18/2026

Expected award date: 04/01/2027

Expected start date: 04/01/2027

See other submissions that may apply to this NOFO.

Funding details

Application Types: Competing continuation, Competing supplement, and New

Expected total available funding: $267,773,700

Expected number and type of awards: 63 Grants (G)

Funding range per award: amount varies.

Fiscal Year (FY) 2027 Service Area Competition (SAC) awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

FY27 SAC anticipates funding awards in one or four 12-month budget periods.

- If you receive a one-year period of performance, your period of performance will be from April 1, 2027, to March 31, 2028. Please see additional guidance on a one-year period of performance in the post-award requirements and administration sections.
- If you receive a four-year period of performance, your performance will be from April 1, 2027, to March 31, 2031. Your funding request for years two through four cannot exceed your year one funding request.

You may request funding up to the Total Funding listed in the SAAT, including all funding categories, for the proposed service area.

Funding Reduction

To be eligible for a service area, you must propose to serve at least 75% of the SAAT Patient Target during the patient target assessment period. If you propose to serve 75% to less than 95% of the SAAT Patient Target, your funding request must be reduced according to Table 1. If you do not submit your funding request correctly, HRSA will reduce your award accordingly. Use the funding calculator to determine whether your patient projection requires a funding reduction.

Table 1: Funding Reduction by Proposed Patients

Patient Projections vs. SAAT Patient Target (Rounded to the Nearest Tenth)	Funding Request Reduction (%)
At least 95% of patients listed in the SAAT	No reduction
At least 90% but less than 95% of patients listed in the SAAT	1.25%
At least 85% but less than 90% of patients listed in the SAAT	2.5%
At least 80% but less than 85% of patients listed in the SAAT	3.75%

Patient Projections vs. SAAT Patient Target (Rounded to the Nearest Tenth)	Funding Request Reduction (%)
At least 75% but less than 80% of patients listed in the SAAT	5%
Less than 75% of patients listed in the SAAT	Not eligible for funding

We will assess your performance and determine if you are meeting your patient target based on the Budget Period Progress Report (BPR), site visits, and Uniform Data System (UDS) data. In the future, we may adjust service area funding amounts, patient targets, or ZIP codes as needed to ensure continuity of care in the communities and populations served by the Health Center Program.

2 CFR part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, and any successor regulation, applies to all HRSA awards.

Eligibility

A Health Center Program (H80) award is funded under section 330(e) of the Public Health Service Act. Awards may include funding to support health centers serving special medically underserved populations, as detailed on the SAAT for each service area. You can apply if you propose to serve a service area listed in the SAAT and you meet the criteria in the Other Eligibility Criteria section.

You can apply as a:

- Competing Continuation applicant if you are a current Health Center Program (H80) award recipient, and you are applying to continue serving your current service area.
- Competing Supplement applicant if you are a current Health Center Program (H80) award recipient who will serve an announced service area by adding one or more new, full-time, permanent service delivery sites to serve the additional area.
- New applicant if you are not currently funded through the Health Center Program, and you are applying to serve a service area listed in the SAAT. If you are a Health Center Program Look-Alike, you must apply as a new applicant. If awarded, you will stop being a look-alike and become a funded health center (H80).

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)

Public housing authorities/Indian housing authorities

Native American tribal organizations (other than Federally recognized tribal governments)

Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education

Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education

"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.

Additional information on eligibility
*Organizations eligible to apply include community and religious or faith-based nonprofit organizations.

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

Eligibility Requirement	What We Check
You must be a private, nonprofit entity or a public agency in the United States or its territories. Tribal and Urban Indian Organizations may apply. Refer to Chapter 1: Health Center Program Eligibility of the Compliance Manual.	• Form 1A: General Information Worksheet • Attachment 11: Evidence of Nonprofit or Public Agency Status
You must propose to serve at least one medically underserved area or medically underserved population (MUA/MUP) within the proposed service	• Form 1A: General Information Worksheet

Eligibility Requirement	What We Check
area. HRSA's MUA/P tool lists all MUA/P areas and their unique identification numbers (ID). Identify each MUA/P ID that will be served and list the IDs on Form 1A.	
You must provide all Health Center Program required services within the service area on a sliding fee based on income and family size. You may not provide a subset of the required services or target only a sub-population in the proposed service area.	• Project Narrative Response section • Form 5A: Services Provided • Attachment 10: Sliding Fee Discount Schedule
You must provide general primary medical care directly and/or through subawards or contracts for which the health center pays.	• Form 5A: Services Provided
You must perform a substantive role in the project. To determine if you perform a substantive role in the project, HRSA will consider whether: • Most of your clinical and administrative functions are provided through direct employment, contractors, or a single affiliated or related organization. • Most of your key management staff (CEO, CMO, CFO, etc.) are directly employed by you. (Note: You must directly employ the CEO.) • Your relationships or agreements with other entities restrict or infringe upon your board's required authorities and functions. • Your key management staff or board members work for an organization that provides financial or other support that creates any type of ownership, control, or operational relationship (parent company, affiliated subsidiary), which may create conflicts of interest.	• Project Narrative Capacity section • Budget Narrative • Attachment 2: Bylaws • Attachment 6: Co-Applicant Agreement • Attachment 7: Summary of Contracts and Agreements (as applicable) • Attachment 8: Articles of Incorporation (as applicable) • Form 5A: Services Provided • Form 8: Health Center Agreements and their attachments
You must provide continuity of care to patients in an announced service area. You must: • **Service Area ID:** Include the service area ID from the SAAT that is announced under this NOFO. • **Patients:** Project to serve at least 75% of the SAAT Patient Target. • **Services:** Include on Form 5A all additional services listed on the SAAT for your proposed service area (Additional Dental Services, Mental Health Services, Substance Use Disorder Services). • **Service Area ZIP Codes (New or Competing Supplement Applicants):** Enter on Form 5B a combination of SAAT Service Area ZIP codes that total at least 75% of the ZIP Code Patient Percentage column. If the SAAT does	• **Service Area ID:** Project Abstract and Summary Page • **Patients:** The total number of unduplicated patients for the assessment period on Form 1A: General Information Worksheet • **Services:** The additional services included on Form 5A: Services Provided • **Service Area ZIP Codes:** The ZIP codes listed on Form 5B:

Eligibility Requirement	What We Check
not announce ZIP codes where 75% of current patients reside, you must propose to serve all SAAT-announced ZIP codes for the service area. Current Service Area ZIP codes will auto-populate for Competing Continuation applicants. • **Special Medically Underserved Populations:** Maintain services in the proposed service area to all currently funded special medically underserved populations. You will do this by: ◦ Maintaining the funding distribution of the population types listed in the SAAT. For all funded population types, propose the amounts provided in the SAAT. If you are taking a funding reduction, apply the % reduction uniformly across all funded population types. ◦ Proposing patients for each funded population type.	Service Sites (administrative-only sites will not be included in the count) • **Special Medically Underserved Populations:** The funding distribution on the SF-424A: Budget Information Form and number of patients for each population type on Form 1A: General Information Worksheet
New or competing supplement applicants must propose at least one new full-time (open at least 40 hours per week) permanent, fixed building service site. • "Service site" is defined in Chapter 5: Sites of the Scope Manual. • You may not propose a site that is in the same building as a site that is included in the Scope of Project of an existing Health Center Program award recipient or a Health Center Program Look-Alike. • New applicants may meet this requirement by proposing existing sites that are not supported by H80 funding. • Competing supplement applicants must propose at least one new, full-time, permanent service delivery site to meet this requirement. They may also include sites from their current Scope of Project only if those sites will provide services to the proposed new patients in the service area.	• The valid street address for each proposed site on Form 5B: Service Sites, and the proposed hours of operation for each site
RESIDENTS OF PUBLIC HOUSING (RPH) APPLICANTS: **New or competing supplement applicants** applying for RPH funding must show that you consulted with public housing residents as you planned your new site(s). You must also explain how you will have ongoing input from public housing residents.	• Project Narrative Collaboration section
HOMELESS POPULATION (HP) and RESIDENTS OF PUBLIC HOUSING (RPH) APPLICANTS: Per sections (h) and (i) 42 U.S.C. 254b, **new or competing supplement applicants** applying for HP or RPH funding must use this funding to supplement, and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations.	• Attestation on the Summary Page

As necessary, we may use other information in the application to confirm your eligibility.

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.
- Does not meet both deadlines for Phase 1: Grants.gov and Phase 2: EHBs.
- Requests more than the Total Funding amount listed on the SAAT for Year 1.
- Does not include a Project Narrative.
- Does not include Attachment 11: Evidence of Nonprofit or Public Agency Status.
- Does not include Attachment 12: Operational Plan if you are a new or competing supplement applicant.
- Does not include Attachment 13: Health Center Program Compliance.

Application limits

You may submit more than one application for this funding opportunity under the same Unique Entity Identifier (UEI) if you are applying for more than one service area. We will review your last validated application for each distinct project submitted before the deadline. If you plan to submit more than one application under this NOFO, you must contact the SAC Team through the BPHC Contact Form for guidance.

Cost sharing

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

Post-award requirements

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

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

Program description

Purpose

The purpose of the FY 2027 Health Center Program Service Area Competition (SAC) is to improve the health of medically underserved communities and populations by providing grants to support the delivery of comprehensive, high-quality primary and preventive health care in the United States and its territories. Through the Service Area Competition, health centers will:

- Ensure access to high-quality, affordable care while making investments that strengthen the nation's primary and preventive health care infrastructure.
- Address the nation's most pressing health challenges through chronic disease prevention and data-supported programs that focus on the underlying causes of disease in areas of greatest need.
- Empower individuals and families to take charge of their physical and mental health, with a focus on promoting better health through improved nutrition and the prevention and management of chronic diseases.

Background

Through the SAC, organizations compete for Health Center Program funding to provide comprehensive primary and preventive health care services in service areas that are currently served by program awardees. Health centers provide a range of services, including:

- Prevention and management of chronic conditions in children, adults, and older adults
- Cancer screening
- Health and nutrition education
- Mental health services
- Patient support services, such as those that support access to healthy foods and other resources that can address barriers to health and well-being.

The health center model helps individuals and families take charge of their physical and mental health by emphasizing proper nutrition, chronic disease prevention and management, and access to high-quality, affordable care. HRSA considers the Patient Centered Medical Home (PCMH) model foundational to delivering high-quality primary and preventive health care. Numerous studies have documented the model's benefits for the prevention and management of chronic diseases, further positioning health centers to advance Make America Healthy Again (MAHA) priorities.

Health Center Program award recipients must provide services on a sliding fee based on income and family size.

Service areas and patient populations listed in the FY 2027 SAC Service Area Announcement Table (SAAT) are currently served by Health Center Program award recipients whose awards end in FY 2027. Each service area is defined by a list of ZIP codes where an applicant must propose to provide services. Service areas may also include specific requirements, such as serving special medically underserved populations or providing certain service types. The full eligibility criteria are outlined in this NOFO and on our TA webpage.

We have assigned a unique Service Area Identification Number (SAC ID) to each service area. You must enter the SAC ID on the Summary Page to identify the service area you propose to serve. You must describe how you will make primary and preventive health care services accessible within the announced service area, including how you will serve the SAAT Patient Target and special medically underserved population type(s) with the available funding. HRSA will make only one award for each announced service area.

Program requirements and expectations

Required Services

You must ensure access to all required Health Center Program primary and preventive health services within the service area on a sliding fee based on income and family size. You must provide all services identified in the SAAT for your service area. For details about these services, see the Health Center Program Compliance Manual and the Service Descriptors for Form 5A: Services Provided. You may provide these services directly, through a subaward or contract, or through a formal referral arrangement as described in the Form 5A Service Delivery Method Descriptors.

Service Delivery Sites

You must operate at least one service delivery site full-time in the service area (open for patient care at least 40 hours per week) in a permanent, fixed-building service site.

Additional requirements for new and competing supplement applicants

- You must open all proposed sites within 120 days of the Notice of Award (NOA). At that time, staffing and systems must be in place to deliver all required primary and preventive health services, as well as any proposed additional services to the medically underserved population. Sites and services must align with Form 5B: Service Sites, Form 5A: Services Provided, the Project Narrative, and Attachment 12: Operational Plan.

- If you do not verify that all sites are operational within 120 days of the NOA, HRSA will place a condition on your award and allow up to 180 days to open each site. If you do not resolve a site-related condition within the specified time frame, HRSA may terminate all or part of your SAC award.
- All proposed sites must be open for the proposed hours of operation within one year of the NOA. Sites and services must align with Form 5A: Services Provided, Form 5B: Service Sites, the Project Narrative, and Attachment 12: Operational Plan.

Patient Target

You must make every reasonable effort to serve the number of unduplicated patients projected on Form 1A: General Information Worksheet during the assessment period. HRSA will track progress toward meeting the total unduplicated patient projection through the Uniform Data System (UDS) report.

Health Center Program Compliance

You must demonstrate in Attachment 13: Health Center Program Compliance that you will comply with all Health Center Program requirements as described in the Health Center Program Compliance Manual, and applicable law and regulations. Appendix A: Health Center Program Compliance outlines the required content.

Special Medically Underserved Populations

Applicants planning to serve one or more special medically underserved populations must:

- Comply with additional requirements of sections 330(g), (h), and/or (i) of the PHS Act (42 U.S.C. 254b).
- Use HP and RPH funding to supplement, and not supplant, other resources for the delivery of services to these populations (42 U.S.C. 254b (h)(3) and (i)(2)).

Statutory authority

Section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b)

Award information

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.
- You must have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- You must comply with Health Center Program requirements as described in the Health Center Program Compliance Manual, and applicable laws and regulations.
- All uses of funds must align with your scope of project.
- The federal award may be terminated in part or in its entirety by the federal agency or pass-through entity if an award no longer meets the program goals or agency priorities.
- You must maintain your H80 award status throughout the SAC period of performance to maintain this funding.
- You must have accounting structures and internal controls in place that provide accurate and complete information for costs associated with this award. HRSA funding and expenditures for SAC must be tracked and documented in alignment with the specifications described in 2 C.F.R. § 200.302
- 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 Section 3.1 of the Two-Tier Application Guide.
  - 2 CFR Part 200 Subpart E - General Provisions for Selected Items of Cost.
  - Allowable and Unallowable Costs and Activities, in the HHS Grants Policy Statement.

- All costs must be reasonable, necessary, allocable to the award, and adequately documented (2 CFR 200.403).
- You cannot earn profit from the federal award. See 2 CFR § 200.400(g).
- Current appropriations law includes a salary limit of $228,000, effective 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 Two-Tier Application Guide.

Program-specific statutory or regulatory limitations

You may not spend funds for:

- Costs already paid for by any other federal awards.
- Costs not aligned with Health Center Program purpose.
- Costs for services and activities that are not provided directly by or on behalf of the health center.
- Purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology's Health IT Certification Program.
- Construction and alteration/renovation of facilities.
- Purchase and installation of trailers and prefabricated modular units.
- Concrete or asphalt paving of new areas outside of a building.
- Facility or land purchases.

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

See Manage Your Grant for other information on costs and financial management.

Indirect Costs

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

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

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

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

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

Consider your indirect costs when developing your budget.

Program income

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

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

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

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

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

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

To register:

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

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

Once you register:

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

Grants.gov

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

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

HRSA Electronic Handbooks (EHBs)

You must also have a user account in EHBs.

See Knowledge Base for how to get started.

Find the application package

The application package has all the forms you need to apply for phase 1 of the application process. You can find it online. Go to Search Grants at Grants.gov and search for opportunity number HRSA-27-005.

After you select the opportunity, 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.

The Apply for SAC TA webpage includes:

- Resources to help you develop your application
- Answers to frequently asked questions
- Details about our pre-application TA webinar
- Contact information

The Health Center Program Compliance Manual explains the Health Center Program's requirements. You need to understand the requirements and show how you meet them in your application.

The HRSA-supported Health Center Resource Clearinghouse includes links to many health center resources.

The Health Center Performance Improvement Framework and Toolkit can help you assess performance in seven performance areas, describe how you want to perform in the future, and identify how to achieve and sustain improved performance. Health centers can use the toolkit to set goals, prioritize activities, and improve over time.

Join the webinar

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

Have questions? Go to Contacts and Support.

Step 3:
Build Your Application

In this step

Application checklist

Make sure that you have everything you need to apply.

This program has a two-phase submission process.

- Phase 1: Submit the required forms in Grants.gov.
- Phase 2: Submit the required program-specific forms and attachments in EHBs.

Phase 1: Grants.gov submission

Complete each required form in Grants.gov by the Phase 1 deadline.

Component	Included in page limit?
Application for Federal Assistance (SF-424)	No
Project Abstract Summary Form	No
Project/Performance Site Location(s)	No
Key Contacts Form	No
Grants.gov Lobbying Form	No
Disclosure of Lobbying Activities (SF-LLL), optional	No
Other Attachments Form, optional	No

Phase 2: EHBs submission

Complete supplemental information, including narratives, program-specific forms, and attachments in EHBs by the Phase 2 deadline.

Narratives

Component	Included in page limit?
Project narrative	Yes
Budget narrative with staff justification table	Yes

Standard and Program-Specific Forms

Each of the following forms is required. Refer to the SAC Technical Assistance webpage for samples and instructions.

Component	Included in page limit?
Form 1A: General Information Worksheet	No
Form 1C: Documents on File	No
Form 2: Staffing Profile	No
Form 3: Income Analysis	No
Form 5A: Services Provided	No
Form 5B: Service Sites	No
Form 6A: Current Board Member Characteristics	No
Form 6B: Request for Waiver of Board Member Requirements	No
Form 8: Health Center Agreements	No
Form 12: Organization Contacts	No
Summary Page	No
Budget Information Form for Non-Construction Programs (SF-424A)	No

Attachments

Upload the following attachments as file uploads in EHBs.

Component	Included in page limit?
1. Service Area Map and Table	No
2. Bylaws	No
3. Project Organizational Chart	Yes
4. Position Description for Key Management Staff	Yes
5. Biographical Sketches for Key Management Staff	Yes
6. Co-Applicant Agreement (Public agency applicants only)	No
7. Summary of Contracts and Agreements	No
8. Articles of Incorporation (New applicants only)	Yes

Component	Included in page limit?
9. Collaboration Documentation	No
10. Sliding Fee Discount Schedule	No
11. Evidence of Nonprofit or Public Agency Status	No
12. Operational Plan (New and Competing Supplement applicants only)	No
13. Health Center Program Compliance	No
14. Other Relevant Documents	Yes (except for Indirect Cost Rate Agreement)

Application contents and format

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

Application page limit: 120. We will not review any pages that exceed the page limit.

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

Required format

You can find technical guidance for formatting your application documents in Step 5 of the NOFO.

Required forms

Phase 1: Grants.gov

You will need to complete some other forms. Upload the following forms to 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.
Project/Performance Site Location(s)	With application.
Key Contacts Form	With application.
Grants.gov Lobbying Form	With application.
Disclosure of Lobbying Activities (SF-LLL), optional	With application.
Other Attachments Form, optional	With application.

Form instructions

Follow the form instructions in Grants.gov Forms and any additional instructions included in this section.

The Two-Tier Application Guide has detailed instructions for:

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

Application for federal assistance (SF-424)

This form collects general information and is your application for federal assistance. Follow the instructions in Section 3.1 of the Two-Tier Application Guide and any additional instructions provided here.

Project abstract summary form instructions

Complete the information in the Project Abstract Summary form. Describe the needs you plan to address and proposed project services. Include a short description of how your project addresses:

- Disease prevention
- Management of chronic diseases
- Improving health outcomes

Use the Service Area Announcement Table (SAAT) to provide the Service Area Identification Number (SAC ID) for your proposed service area.

Important: public information

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

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

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

See instructions and examples.

Project/performance site location(s)

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

Project narrative

The project narrative is required for completeness.

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

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

Need

See merit review criterion 1: Need

1. Describe the proposed service area (consistent with Attachment 1: Service Area Map and Table), including:
    a. The service area boundaries.
    b. If it is located in an Opportunity Zone.
    c. How the boundaries of the service area ensure that services are accessible to residents of the area.
    d. How the overlap of political subdivisions, school districts, and areas served by federal and state health and social programs affects access to primary and preventive health care services in the service area.
    e. How you will annually review the proposed service area to identify where your patients reside, available health resources, and unmet need.
    f. If your urban/rural selection on Form 1A is different from the service area type listed on the SAAT, explain why, and include relevant data sources to explain the difference.
2. Describe health care needs in the service area including the needs of any special medically underserved population listed in the SAAT. Address needs related to the

following:

   a. Comprehensive primary and preventive health care services, including in-scope chronic disease management, preventive health and education, cancer screening, nutrition, and mental health and substance use services.
   b. Patient support services that facilitate a patient's health care access to improve health outcomes, including patient outreach, case management, referrals, health education, transportation, language assistance, and enrollment in health insurance.[1]
   c. Any other significant needs that impact health status or needs for primary care services.

3. Describe any recent or potential changes in the local health care landscape and how those changes may affect the needs of the medically underserved population.
4. Based on your Form 1A: General Information Worksheet, describe how you determined the number of:
   a. Unduplicated patients you project to serve. If your projection is different than the Patient Target advertised in the SAAT, explain why.
   b. Patients that you project to serve for each service type.
   c. Patients that you project to serve for each special medically underserved population listed in the SAAT.
   d. **Competing continuation applicants**: Describe changes to the service area since your last SAC application using Uniform Data System (UDS) data. Include an analysis of factors affecting your patient trend since your previous SAC application, with particular attention to any decline.
5. Describe how you:
   a. Have worked with community partners to assess the needs, strengths, opportunities, and priorities of the community.
   b. Will regularly update your Scope of Project in response to the needs for additional services.
   c. Plan to use patient and community input to inform and improve your service delivery.

Response

See merit review criterion 2: Response

1. Describe how the proposed service delivery sites on Form 5B: Service Sites will support access to your services (consistent with Form 5A: Services Provided) and minimize barriers within the service area, including:
   a. Where your service delivery sites are located, compared to where the medically underserved population lives and works.
   b. How you will address barriers based on geography and hours of operation.

c. **New or competing supplement applicants:** If the proposed service area is not contiguous with your existing service area (immediately adjacent to or within 15 miles of an urban service area, or within 30 miles of a rural service area), describe how you will make all required and additional services accessible throughout the resulting combined service area. Refer to the SAAT for the service area type designation for the announced service area.

Note (competing supplement applicants): Your new service area will be the combination of your currently funded service area and the new service area that you are applying for. HRSA may not fund an application for an announced service area if the applicant would not make all required services accessible to residents of the combined service area, if the service area would not conform to boundaries of political subdivisions, school districts, and areas served by Federal and State health and social service programs, and if the combined service area would not eliminate barriers to access. See Chapter 3: Needs Assessment of the Compliance Manual.

2. Document how you will provide all required services and any proposed additional services on Form 5A: Services Provided directly, through formal written contracts or agreements in which the health center pays, or through formal written referral arrangements. In the narrative, address the following:
   a. How all age groups will have access to all required services and any proposed additional services in the proposed service area identified in your needs assessment.
   b. Any required services on Form 5A: Services Provided that you will not provide in-person at all service delivery sites and how you will make those services accessible throughout the proposed service area. Include how you will ensure access to any services that you will not pay for and will provide only through a formal referral arrangement.
   c. How you will provide in-scope patient-centered chronic disease prevention and management, preventive health services and education, cancer screening, nutrition, mental health, and patient support services.
   d. How you will provide patient support services that facilitate a patient's health care access to improve health outcomes, including patient outreach, case management, referrals, health education, transportation, language assistance, and enrollment in health insurance.
   e. How your services will incorporate patient-centered care that is tailored to individuals, empower them to make informed decisions about their health, support their active participation in care, and support the development of a comprehensive care plan to help patients meet their health goals.

f. How your proposed additional services will address other unique needs that impact health status.

g. How you will provide in-scope additional services listed on the SAAT for the service area.

3. Describe how you will support access to additional services such as nutrition counseling and wellness promotion in response to your needs assessment.
4. Describe the following aspects of your sliding fee discount program policies:
   a. How you assess all patients for sliding fee discount eligibility based only on income and family size. See income definition in Chapter 9: Sliding Fee Discount Program of the Compliance Manual.
   b. How you adjust patient charges on a sliding fee based on income and family size (consistent with Attachment 10: Sliding Fee Discount Schedule).
   c. Whether you have a nominal charge for patients with incomes at or below 100% of the Federal Poverty Guidelines (FPG). If so, describe how the amount is nominal from the perspective of the patient and would not reflect the actual cost of the service being provided.
   d. How you evaluate your sliding fee discount program to ensure that it reduces financial barriers to care.
5. Describe how you provide care that:
   a. Engages patients to participate in their care and maximize their care experience.
   b. Involves families and caregivers, as appropriate.
   c. Aligns with the needs of the medically underserved populations in the area.

Collaboration

See merit review criterion 3: Collaboration

1. Describe how you collaborate with community partners to increase awareness of available services, address the community's health and health-related needs, and coordinate care within the service area. In Attachment 9: Collaboration Documentation, provide letters of support from providers you work with. You should also identify these providers in Attachment 1: Service Area Map and Table. Include documentation from:
   a. Other HRSA-supported health centers, including look-alikes. If you cannot obtain a requested letter of support from other health centers, provide evidence of your request for the letter of support.
   b. Providers of specialty services and other services not available through your organization.

c. Local hospitals, to reduce non-urgent use of hospital emergency departments.

d. Others that serve similar populations (such as health departments, schools, community-based and faith-based organizations, homeless and emergency shelters, and Indian Health Service health facilities).

2. Describe how you will collaborate with the Primary Care Association (PCA) in your state or region and access technical assistance resources to improve programmatic, clinical, and financial performance. If you participate in a Health Center Controlled Network (HCCN), also describe how you work with that HCCN to improve patient care through information technology and data.
3. Applicants requesting RPH Funding, describe:
   a. How residents of the targeted public housing helped develop the service delivery plan.
   b. How residents of the targeted public housing will be involved in the administration of the proposed project.
4. **New or competing supplement applicants:** If your proposed service area is not contiguous with your existing service area (immediately adjacent to or within 15 miles of an urban service area, or within 30 miles of a rural service area), describe how you worked with providers in the new service area to develop the service delivery plan. Refer to the SAAT for the service area type designation for the announced service area.

Impact

See merit review criterion 4: Impact

1. Describe how your Quality Improvement/Quality Assurance (QI/QA) program:
   a. Follows clinical guidelines and standards of care.
   b. Addresses patient safety.
   c. Improves patient experience and satisfaction.
   d. Uses systems such as electronic health records or population management systems to monitor and track risk factors that impact health.
2. Describe how you will improve clinical quality and health outcomes within your patient population, including within the following specified areas:
   a. Diabetes and hypertension control
   b. Breast, cervical, and colorectal cancer screenings
   c. Screening for depression and follow-up planning, including depression remission
   d. Body Mass Index (BMI) screening and follow-up plan

e. Weight assessment and counseling for nutrition and physical activity for children and adolescents

f. Tobacco use screening and cessation intervention

Capacity

See merit review criterion 5: Capacity

Based on your Response section and Budget Narrative, describe:

1. Your organizational structure. Refer to Attachment 3: Project Organizational Chart.
   a. If you are a public agency with a co-applicant board, describe the relationship between your organization and the co-applicant board (consistent with Attachment 6: Co-Applicant Agreement).
   b. If you have subrecipients or contractors, describe how they will help carry out the proposed project, consistent with Attachments 2: Bylaws and 3: Project Organizational Chart, and, as applicable, Attachments 6: Co-Applicant Agreement and 7: Summary of Contracts and Agreements. If you will contract for a majority of the required health services, attach the contract to Form 8: Health Center Agreements.
   c. Describe how you will play a substantive role in your Health Center Program project, if you are part of a parent, affiliate, or subsidiary organization, or have a contract or subaward with another organization to provide a majority of the proposed required health services on your behalf (consistent with Form 8: Health Center Agreements). Include whether key staff are directly employed by you, whether most clinical and administrative staff are directly employed by you, and how your board carries out its required functions and executes its authorities over the project, including a description of how any agreements do not restrict your board's authorities and functions.
2. Your management team, including the project director (PD)/chief executive officer (CEO), clinical director (CD), and chief financial officer (CFO). Reference Attachments 4: Position Descriptions for Key Management Staff and 5: Biographical Sketches for Key Management Staff, as needed.
   a. How the team will support the operation and oversight of your Health Center Program project, including accountability, policies, and risk management.
   b. How the team will promote innovation and a culture of quality improvement that is responsive to the needs of the community.
3. Your clinical provider staff and your plans to recruit, develop, engage, and retain the appropriate staffing mix of qualified providers to provide care to your medically underserved population.

4. Your financial accounting and internal control systems and policies. Describe how your organization will maintain financial stability and effective oversight, including how you will:
    a. Manage liquidity to ensure you can pay all current expenses and liabilities and convert assets to cash as needed.
    b. Maintain solvency by keeping sufficient reserves to meet long-term obligations and pay debts as they become due.
    c. Support a positive operating margin by generating sufficient revenue to support current costs and operations.
    d. Promote financial agility by implementing sound yet flexible operational and procurement systems, including safeguards to minimize financial risk.

Governance

See merit review criterion 6: Governance

Items 1 and 2 do not apply to Native American tribal or Urban Indian Organizations.

1. Describe how the governing board has the necessary knowledge, skills, and abilities to serve their community and how board members engage with patients to ensure that the health center is responsive to patient needs. Reference Form 6A: Current Board Member Characteristics and the Need section of the Project Narrative.
2. Describe how you have implemented effective governance to ensure that the health center board meets its duty to act in the organization's best interests and continually promotes excellence in the delivery of care to your community. Specifically address:
    a. How the governing board leverages its expertise (consistent with Form 6A: Current Board Member Characteristics) to improve patient-centered care provided by the health center.
    b. How the governing board provides oversight and strategic direction as needs and opportunities evolve.
    c. How the governing board evaluates the organization's financial health and performance on quality improvement activities.
3. **Native American tribal or Urban Indian Organization applicants only:** Describe your governance structure and how you:
    a. Get input from the community/medically underserved population on health center priorities.
    b. Ensure fiscal and programmatic oversight of the proposed project.

4. **Competing supplement applicants:** Describe how you will make sure that your board composition reflects the community in the resulting combined announced and currently funded service area. Document that at least one board member lives or works in the announced service area.
5. **Public agency applicants:** If you will meet the Health Center Program governance requirement by using a co-applicant, describe the co-applicant's roles and responsibilities consistent with Attachment 6: Co-Applicant Agreement.

Continuity of Care

See merit review criterion 7: Continuity of Care

1. Describe how you are positioned to maintain or exceed the level of services currently provided in the service area and ensure that there are no disruptions in access to care. Specifically, describe:
    a. How you will maintain or expand the level and range of services currently available in the service area (including those provided by the current Health Center Program award recipient, if applicable, and as described in the SAAT).
    b. How your proposed service delivery approach will ensure continued access for the service area patient target, including for all age groups and special medically underserved populations identified in the SAAT.
    c. **New or competing supplement applicants:** If you do not currently provide all required services on Form 5A: Services Provided or additional services listed on the SAAT, describe how you will make those services accessible in the proposed service area.
2. Describe your process to ensure continuity of care for patients. Include:
    a. Communication tools, referral processes, and electronic exchange of patient health records.
    b. Hospital admitting privileges.
    c. Receipt, follow-up, and recording of medical information from referral sources.
    d. Follow-up for patients who are hospitalized or visit a hospital's emergency department.
    e. How you will support continuity, clinical effectiveness, and patient-centered care coordination across your service sites and providers.
3. Describe how services supported through supplemental awards since FY 2023 will be provided. Address:
    a. Service expansions and services supported by one-time funding for infrastructure improvement. If you have questions about the supplemental

services provided in the service area, contact us using the BPHC Contact Form.

b. The level of services you currently provide and how you will continue, change, or expand these services to meet the needs you identified in your needs assessment.

4. **New or competing supplement applicants:** Use Attachment 12: Operational Plan to detail your plans to:
   a. Open all sites within 120 days and have the staffing and systems in place to deliver all required and proposed additional services, and
   b. Open all sites for the proposed hours of operation within 1 year of award release.

Your narrative must be consistent with Form 5A: Services Provided and Form 5B: Service Sites.

Note: If HRSA awards a new or competing supplement applicant through this NOFO, HRSA may consider a request by the current award recipient for up to a 120-day period of performance extension, with commensurate funding, to support the orderly phase-out of award activities and transition of patients. The current award recipient's health center sites do not transfer to the new recipient unless both organizations agree to a transfer.

5. Describe your experience and plans for maintaining continuity of services during natural or man-made disasters and public health emergencies. Include how you will continue to provide primary and preventive health care services to the medically underserved population during disruptions.

Budget and budget narrative

See merit review criterion 8: Support Requested

Your **budget** should follow the instructions in Section 3.1.7 Project Budget Information – Non-Construction Programs (SF-424A) of the Two-Tier Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

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

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

As you develop your budget:

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

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

Complete the Budget Information Form in EHBs. This form collects your project budget information. Use the instructions here if they contradict Section 3.1.7 of the Two-Tier Application Guide.

- **Section A – Budget Summary**: Under New or Revised Budget, in the Federal column, enter the federal funding requested for year 1 for each type of Section 330 funding listed in the SAAT for the service area. We will award funding based on your current H80 award proportions. The Federal amount refers to only the SAC funding requested, not all federal funding that you receive. Enter other support for the SAC project in the Non-Federal column. Leave the Estimate Obligated Funds column blank.
- **Section B – Budget Categories:** Enter an object class category (line item) budget for year 1. Include only Federal funding. The amounts for each category in the Federal and Non-Federal columns, as well as the totals, should align with the Budget Narrative.
- **Section C – Non-Federal Resources:** Enter all sources of funding for year 1 except for the federal funding request. The total in Section C must match the Non-Federal Total in Section A. When providing Non-Federal resources by funding source, include other Federal funds supporting the proposed project in the "other" category.
- **Section D – Forecasted Cash Needs:** Enter the forecasted cash needs from federal funding for each quarter of year 1.
- **Section E – Budget Estimates of Federal Funds Needed for Balance of the Project:** Enter the federal funding request for year 1 in the (a) first column, for year 2 in the (b) second column, for year 3 in the (c) third column, and for year 4 in the (d) fourth column. Leave the other column(s) blank. Your request for years 2-4 cannot exceed your year-1 request.
- **Section F – Other Budget Information:** Enter the type of indirect rate (provisional, predetermined, final, fixed, or *de minimis*) that will be in effect during the period of performance. If applicable, explain amounts for individual object class categories that may appear to be out of the ordinary in Direct Charges.

Budget Narrative with Staff Justification Table

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

To create your budget narrative, see detailed instructions in Section 3.1.8 of the Two-Tier Application Guide.

See the SAC TA webpage for a sample Budget Narrative.

Submit a detailed budget narrative that outlines federal and non-federal costs for each budget year of the one-year period of performance (New applicants) or four-year period of performance (Competing continuation and supplement applicants). For years 2-4, highlight changes from year 1 or clearly indicate that there are no substantive changes.

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

Your budget narrative must:

- Show that you will use the awarded funds to meet the program objectives.
- Clearly detail the proposed costs for each line item on your SF-424A, Section B, with calculations for how you estimated each cost.
- Not include ineligible costs.
- Provide us with enough information to determine that you will use the funds awarded separately and distinctly from other Health Center Program support.
- Include a staff justification table attachment, as shown in section 3.1.4 of the Two-Tier Application Guide.
- Explain the purpose of any contracts and subawards, including how you estimated the costs. You must provide oversight of services provided through such arrangements to ensure compliance with Section 330 requirements. See Chapter 12: Contracts and Subawards in the Compliance Manual.

Attachments

Upload these attachments in EHBs. See application checklist to determine if they count toward the page limit.

Attachment 1: Service Area Map and Table (Required)

Does not count towards the page limit.

Upload a map of the service area for the proposed project, indicating the:

- Proposed health center site(s) listed on Form 5B: Service Sites
- Proposed service area ZIP codes consistent with the ZIP codes on your Form 5B
- All medically underserved areas (MUAs) and/or medically underserved populations (MUPs)
- Health Center Program award recipients and look-alikes
- Other health care providers serving the proposed ZIP codes, as described in the Collaboration section of the Project Narrative

Create the map and table using the Health Center Program GeoCare Navigator. Make sure to include the corresponding data table, which lists relevant information for each ZIP Code Tabulation Area (ZCTA) in the service area. ZCTAs are geographical areas developed by the U.S. Census Bureau to align census data with residential areas. Visit the GeoCare Navigator Resources Page to access the User Guide and tutorials.

Attachment 2: Bylaws (Required)

Does not count towards the page limit.

Upload a complete copy of your organization's most recent bylaws.

- Bylaws must be **signed and dated** as evidence of approval by the governing board and must be submitted in English.
- If you are a public agency with a co-applicant, you must submit the co-applicant's governing board's bylaws.
- Bylaws should demonstrate compliance with Health Center Program requirements in Chapter 19: Board Authority and Chapter 20: Board Composition of the Compliance Manual.

Attachment 3: Project Organizational Chart (Required)

Counts towards the page limit.

Upload a one-page document that shows your current organizational structure. Include the governing board, key personnel, and any subrecipients or affiliated organizations.

Attachment 4: Position Description for Key Management Staff (Required)

Counts towards the page limit.

Upload current position descriptions for the following key management staff:

- Project Director (PD)/ Chief Executive Officer (CEO)
- Clinic Director (CD)
- Chief Financial Officer (CFO)

Indicate whether any positions are combined and/or part-time, consistent with Form 2: Staffing Profile. At a minimum, each position description must include qualifications, duties, and functions.

The PD/CEO position description must address the following:

- Is directly employed by the health center.
- Reports directly to the governing board.
- Oversees other key management staff in carrying out the day-to-day activities necessary for the proposed project.

Attachment 5: Biographical Sketches for Key Management Staff (Required)

Counts towards the page limit.

Include biographical sketches for the individuals who will serve in the key positions described in Attachment 4: Position Descriptions for Key Management Staff.

Each biographical sketch must not exceed two pages. Do not include non-public personally identifiable information. For any individual not yet hired, include a letter of commitment with the biographical sketch.

Attachment 6: Co-Applicant Agreement (Public agency applicants only)

Does not count towards the page limit.

Public agency applicants with a co-applicant board **must** submit the most recent complete and current copy of the formal co-applicant agreement, signed by both the co-applicant governing board and the public agency. The agreement must detail the required authorities and functions of the co-applicant board and define the roles and responsibilities of the public agency and the co-applicant in carrying out the Health Center Program project. Refer to Chapter 19: Board Authority of the Compliance Manual.

If you are a public agency applicant that meets board requirements without a co-applicant, submit a statement instead of this attachment explaining how your attached bylaws, board composition, and Governance narrative demonstrate compliance with all Health Center Program governing board requirements.

Attachment 7: Summary of Contracts and Agreements (Required)

Does not count towards the page limit.

Upload a summary describing the following:

- All current or proposed patient service-related contracts and agreements, consistent with Form 5A: Services Provided. For each contract or agreement, include:
  - Name of contractor or referral organization.
  - Whether it is a contract or referral arrangement.
  - A brief description of the services to be provided, including how and where they will be delivered and the term of the agreement.
  - The process for tracking patients for follow-up care.
- Other contracts and agreements that involve a substantial portion of the project. For example, if you contract with one entity for the majority of health care providers or have a subrecipient agreement, include the contract or agreement in Form 8: Health Center Agreements, and mark those providers with an asterisk.
- Lease agreements for any spaces where in-scope services will be provided.

Attachment 8: Articles of Incorporation (New applicants only)

Counts towards the page limit.

Upload the official signatory page for your Articles of Incorporation, including the state seal or stamp.

- Public agencies with a co-applicant must upload the co-applicant's Articles of Incorporation signatory page, if incorporated.
- Native American tribal organizations must reference their designation in the Federally Recognized Tribal Entity List maintained by the Bureau of Indian Affairs.

Attachment 9: Collaboration Documentation (Required)

Does not count towards the page limit.

Upload letters of support and other documentation demonstrating project-specific collaboration. See the Collaboration section for more detailed requirements.

Letters of support should:

- Be on the collaborating organization's letterhead.
- Be addressed to the applicant organization's board or CEO.
- Be signed by the collaborating organization's leadership.

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

Attachment 10: Sliding Fee Discount Schedule (Required)

Does not count towards the page limit.

Upload your current sliding fee discount schedule (SFDS), ensuring it is consistent with the policy described in the Response section of the Project Narrative and the Sliding Fee Discount Program section of Appendix A: Health Center Program Compliance.

Your SFDS must:

- Apply discounts based on the Federal Poverty Guidelines (FPG) in effect at the time you submitted your application. For health centers located in Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau, you may choose either the contiguous states and D.C. guidelines or the separate poverty guidelines for Alaska or Hawaii.

- Provide a full discount for individuals with annual incomes at or below 100% of the current FPG, unless you charge a nominal fee. Any nominal fee must be lower than the fee paid by a patient in the first sliding fee discount pay class above 100% of the FPG.
- Provide partial discounts for individuals with annual incomes above 100% and at or below 200% of the current FPG.
- Include at least three discount pay classes based on income levels.
- Not provide discounts to individuals with annual incomes above 200% of the current FPG.

If you have more than one SFDS, such as separate schedules for medical and dental, upload each one.

For more information about sliding fee discount requirements, see Chapter 9: Sliding Fee Discount Program of the Compliance Manual.

Attachment 11: Evidence of Nonprofit or Public Agency Status (Required)

Counts towards the page limit.

Private, Nonprofit Organization: Upload one of the following as the most recent evidence of your nonprofit status:

- A copy of your currently valid Internal Revenue Service (IRS) tax exemption letter or certificate.
- The most recent statement from a state taxing body, state attorney general, or other appropriate state official certifying that your organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of your organization's most recent official certificate of incorporation or similar document (for example, Articles of Incorporation). It must have the state or tribal seal and clearly show the nonprofit status of the organization.
- Any of the above documentation for a state or local office of a national parent organization and the most recent statement signed by the parent organization that your organization is a local nonprofit affiliate.

Public Agency Organization: Upload one of the following as evidence of your public entity status:

- A current "letter ruling" that provides a positive written determination by the Internal Revenue Service of the organization's exempt status as an instrumentality under Internal Revenue Code section 115.

- A current dated letter affirming the organization's status as
  - a state, territorial, county, city, or municipal government;
  - a health department organized at the state, territory, county, city, or municipal level; or
  - a subdivision or municipality of a United States (U.S.) affiliated sovereign State formally associated with the U.S.(for example, Republic of Palau).
- A copy of the law that created the organization and that currently grants one or more sovereign powers (for example, the power to tax, eminent domain, police power) to the organization (for example, a public hospital district). If you choose to provide this, clearly indicate the specific section of the law that names your organization.
- A ruling from the state Attorney General affirming your current legal status as either a political subdivision or instrumentality of the state (for example, a public university).

Native American tribal or Urban Indian Organizations, including those defined under the Indian Self Determination Act or the Indian Health Care Improvement Act, are eligible to apply for Health Center Program funding or designation. Such organizations would demonstrate their eligibility to HRSA by providing applicable documentation as described in either the Nonprofit Organizations or Public Agency Organizations sections above.

Attachment 12: Operational Plan (New and Competing Supplement applicants only)

Does not count towards the page limit.

All new or competing supplement applicants:

Using the Sample Operational Plan on the SAC TA webpage, provide the activities, action steps, timeframe, and key person responsible for each of the following:

- Demonstrate that, within 120 days of release of the NOA, all sites will have the necessary staff and systems in place to deliver all the required primary and preventive health services and any proposed additional services. Ensure that sites and services are consistent with Form 5B: Service Sites and Form 5A: Services Provided.
- Hire, contract, and/or establish formal written referral arrangements with providers to ensure that all sites are open for the stated number of hours within 1 year of release of the NOA. Ensure that your plan is consistent with Form 2: Staffing Profile; 5A: Services Provided; 5B: Service Sites; 8: Health Center Agreements; and Attachment 7:Summary of Contracts and Agreements.

- Comply with Health Center Program requirements for Quality Improvement and Quality Assurance, program monitoring, and data reporting.
- Meet the Health Center Program requirements related to board authority, board composition, and conflicts of interest.

New or competing supplement applications requesting special medically underserved population funding:

If you are applying for **Homeless Population** funding, describe your plan to ensure the availability and accessibility of required primary and preventive health care services and substance use disorder services for individuals who:

- Lack housing.
- Reside at night in a supervised public or private facility that provides temporary lodging.
- Live in transitional housing.
- Live in permanent supportive housing or other housing programs, which may include faith-based programs, targeted to homeless populations.
- Are children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness.

If you are applying for **Residents of Public Housing** funding, describe your plan to ensure the availability and accessibility of required primary and preventive health care services for residents of public housing and individuals living in areas immediately accessible to public housing.

- Public housing is low-income housing that is developed, owned, or assisted by a public housing agency, including mixed-finance projects.
- Public housing does not include housing units that accept Section 8 housing vouchers but do not receive other support from a public housing agency. For the purpose of funding under section 330(i) of the PHS Act, and as defined in the Glossary of the Compliance Manual, "public housing" is defined in 42 U.S.C. 1437a(b)(1).

If you are applying for **Migratory and Seasonal Agricultural Workers** funding, describe your plan to ensure the availability and accessibility of required primary and preventive health care services to migratory and seasonal agricultural workers and their families in the service area, including:

- Migratory agricultural workers whose principal employment has been in agriculture within the last 24 months and who establish a temporary home for that work.

- Seasonal agricultural workers whose principal employment is in agriculture on a seasonal basis and who do not meet the definition of a migratory agricultural worker.
- Individuals who are no longer employed in migratory or seasonal agriculture because of age or disability and are within your service area.
- Family members of the individuals described above.

Note: Agriculture refers to farming in all its branches (Section 330(g) of the PHS Act), as defined by the North American Industry Classification System under codes 111, 112, 1151, and 1152.

Attachment 13: Health Center Program Compliance (Required)

Does not count towards the page limit.

Upload an attachment with the narrative sections detailed in Appendix A to demonstrate your compliance with Health Center Program requirements. Each compliance section identifies the additional forms and attachments HRSA will reference as part of the compliance review. Attachment 13 will not be included in the merit review.

Attachment 14: Other Relevant Documents (As applicable)

Counts towards the page limit.

Upload an indirect cost rate agreement, if applicable, and include other relevant documents to support the proposed project (for example, charts, organizational brochures, and lease agreements). You are permitted a maximum of two uploads.

Program-specific forms

Each of the following forms is required. Refer to the SAC TA webpage for samples and instructions. The forms that HRSA will use to assess your compliance with program requirements are noted as *Compliance Assessment*.

- Form 1A: General Information Worksheet
- Form 1C: Documents on File
- Form 2: Staffing Profile (*Compliance Assessment*)
- Form 3: Income Analysis (*Compliance Assessment*)
- Form 5A: Services Provided

- Form 5B: Service Sites
- Form 6A: Current Board Member Characteristics (*Compliance Assessment*)
- Form 6B: Request for Waiver of Board Member Requirements (*Compliance Assessment*)
- Form 8: Health Center Agreements (*Compliance Assessment*)
- Form 12: Organization Contacts
- Summary Page

Step 4: Understand Review, Selection, and Award

In this step

Application review

Initial review

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

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

Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the Two-Tier Application Guide. The members use these criteria.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	15 points
3. Collaboration	10 points
4. Impact	15 points
5. Capacity	15 points
6. Governance	10 points
7. Continuity of Care	15 points
8. Support Requested	10 points

Criterion 1: Need (10 points)

See the project narrative Need section.

The panel will review your application based on the following:

- How well you describe access barriers in the service area; overlap with political subdivisions, school districts, and areas served by federal and state health and social programs and services; any urban or rural designation that differs from what is listed in the SAAT; and your plan to identify annual changes in available

services and residential patterns in the area. Responses should align with Attachment 1: Service Area Map and Table, and Form 5B: Service Sites.

  - **Competing continuation applicants**: How well you use UDS data to describe changes in the service area and patient trends since the last SAC application.

- The extent to which you document unmet health care needs in the service area and medically underserved population, including needs related to comprehensive health care services, chronic disease prevention and management, patient support services, and any other unique service area factors affecting health status.
- How clearly you describe recent or potential changes in the local health care landscape that may affect medically underserved population needs.
- How reasonable your patient projections are, based on Form 1A: General Information Worksheet.
- How well you worked with community partners to assess the community needs, strengths, opportunities, and priorities, and the strength of your plan to update the needs assessment and Scope of Project, including how effectively patient and community input are used to inform and improve service delivery.

Criterion 2: Response (15 points)

See the project narrative Response section.

Project narrative (15 points):

The panel will review your application for:

- How well your proposed service delivery sites support access to services and minimize access barriers.
  - **New or competing supplement applicants:** If your proposed service area is not contiguous with your existing service area, the strength of your plan to make all required services accessible throughout the combined service area.
- The strength of your plan to provide all required services, consistent with Form 5A: Services Provided, and any proposed additional services to the medically underserved population. This includes:
  - Access to services for all age groups.
  - Access to the services that will not be provided in-person at all delivery sites or that will not be paid for by the health center.
  - How you will provide in-scope chronic disease prevention and management, preventive health, cancer screening, mental health services, nutrition, and patient support services.

- Support services that enable patients to access care.
- How services are patient-centered and tailored to individual needs, empower informed decision-making, support active participation in care, and promote a comprehensive care plan that helps patients achieve their health goals.
- Additional services that address unique needs identified in the Need section.
- Access to additional services listed on the SAAT.

- The strength of your plan to support access to services such as nutrition counseling, health, and wellness promotion.
- How well the proposed sliding fee discount program supports access for those who are medically underserved or live in areas with limited access to care, consistent with Attachment 10: Sliding Fee Discount Schedule.
- The strength of your approach to ensuring care is responsive to individual needs.

Criterion 3: Collaboration (10 points)

See the project narrative Collaboration section and Attachment 9: Collaboration Documentation.

The panel will review your application based on the following:

- The strength and demonstrated history of your efforts to collaborate with partners, which may include community-based and faith-based partners, to coordinate care in the service area. The narrative should address:
  - How well you coordinate services with other health service delivery providers and programs.
  - The extent to which you document support from other providers or efforts to work with them, consistent with Attachment 9: Collaboration Documentation.
- How well you will collaborate with the Primary Care Association (PCA) in the state or region and, if applicable, the Health Center Controlled Network (HCCN) to improve patient care using information technology and data.
- **Applicants requesting RPH funding**: How well you will engage residents of the targeted public housing in developing the service delivery plan, and the strength of their involvement in the administration of the proposed project.
- **New or competing supplement applicants:** If your proposed service area is not contiguous with your existing service area, how well you worked with providers in the new service area to develop the service delivery plan.

Criterion 4: Impact (15 points)

See the project narrative Impact section.

The panel will review your application based on the following:

- How effectively your QI/QA program addresses standards of care, patient safety, quality of services, performance monitoring systems, and UDS reporting.
- The strength of your efforts to improve clinical quality and health outcomes for the patient population, including in each of the specified areas.

Criterion 5: Capacity (15 points)

See the project narrative Capacity section, Attachment 3: Project Organizational Chart, Attachment 4: Position Descriptions for Key Management Staff, Attachment 5: Biographical Sketches for Key Management Staff.

The panel will review your application to determine:

- The appropriateness of your organizational structure and how clearly you explain any applicable special circumstances, including co-applicant agreements; subrecipients and contractors; or parent, affiliate, or subsidiary organizations.
- The capability of your management team to support project operations and oversight, encourage innovation, and promote a culture of quality improvement that is responsive to community needs.
- The strength of your plan to ensure that providers are in place to carry out required and any proposed additional services, including recruitment and retention of clinical staff.
- The strength of your financial accounting systems, internal controls, and policies.

Criterion 6: Governance (10 points)

See the project narrative Governance section.

The first two items do not apply to Native American tribal or Urban Indian Organizations.

The panel will review your application based on the following:

- The capability of the governing board to effectively serve the health center community and respond to patient needs.
- The extent to which the governing board:
  - Applies its expertise to improve patient-centered care.
  - Provides oversight and strategic direction as needs and opportunities evolve.

  - Assesses the organization's financial health and performance on quality improvement activities.

- **Native American tribal or Urban Indian Organization applicants only**: How well you describe your governance structure, how you obtain input from the community or medically underserved population, and how you will oversee the SAC project.
- **Competing supplement applicants**: How well the board reflects the community in the combined announced and currently funded service area, including documenting that at least one board member resides or works in the announced service area.
- **Public agency applicants**: How well the co-applicant model supports the effective delivery of primary care services for medically underserved populations, those who are medically vulnerable in the service area and the governance of the health center's scope of project, consistent with Attachment 6: Co-Applicant Agreement.

Criterion 7: Continuity of Care (15 points)

The panel will review your application based on the following:

- The strength and appropriateness of your plan to maintain or exceed current levels of service provided in the service area and limit disruptions in access to care.
  - **New or competing supplement applicants:** If you do not provide all required services on Form 5A: Services Provided or additional services listed on the SAAT, the strength of your plan to ensure those services are accessible and available to the proposed service area.
- The strength of your approach to ensure continuity of care for patients, with a focus on care coordination across service sites and collaboration with external providers.
- The strength of your plan to maintain, change, or expand HRSA-supported services, including your current service levels and how they will address identified needs.
- **New or competing supplement applicants:** The strength and appropriateness of your Attachment 12: Operational Plan to ensure that service delivery will begin within 120 days and be fully operational within 1 year of NOA release.
- The strength of your emergency preparedness abilities and/or plans for maintaining continuity of services and responding to urgent primary and preventive health care needs during disasters and public health emergencies.

Criterion 8: Support requested (10 points)

See the Budget and budget narrative section.

The panel will review your application to determine:

- The extent to which you provide a detailed and consistent budget presentation across the SF-424A, Budget Narrative, Form 2: Staffing Profile, and Form 3: Income Analysis. This includes its alignment with the proposed project and the number of projected patients (consistent with Form 1A: General Information Worksheet).
- The extent to which you explain how you will serve any projected increase in patients with the funding amount advertised for the service area, or how you will manage with reduced funding if you project less than 95% of the patient target (if applicable).

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

Risk review

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

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

We may ask you to submit additional information.

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

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

For more details, see 2 CFR § 200.206.

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Alignment with HRSA Mission and Strategic Priorities.
- 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.
- The funding priorities, funding preferences, or special considerations listed.

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.
- Adjust award amounts or number of awards based on the number of fundable applications and final available funding in FY 2027.

Other principles that may be considered in funding decisions include:

- Preference for discretionary awards should be given to institutions with lower indirect cost rates.
- Discretionary grants should be given to a broad range of recipients rather than to a select group of repeat players. Research grants should be awarded to a mix of recipients likely to produce immediately demonstrable results and recipients with the potential for potentially longer-term, breakthrough results, in a manner consistent with the funding opportunity announcement.
- To the extent institutional affiliation is considered in making discretionary awards, agencies should prioritize an institution's commitment to rigorous, reproducible scholarship over its historical reputation or perceived prestige. As to science grants, agencies should prioritize institutions that have demonstrated success in implementing Gold Standard Science.

You cannot appeal a denial, or the amount of funds awarded. Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

Funding priorities

This program includes a funding priority, based on Health Center Program priorities. A funding priority adds points to merit review scores if we determine that the application meets the listed criteria. Qualifying for a funding priority does not guarantee that you will receive funding.

Priority 1: Patient Trend (Competing co ntinuation applicants with no active conditions related to Health Center Program requirements only) (5 Points)

We will give you a funding priority if:

You have a positive or neutral (does not exceed a 5% decrease) four-year patient trend, as documented in UDS. HRSA calculates the patient trend as [(2025 UDS Total Patients value – 2022 UDS Total Patients value)/2022 UDS Total Patients value] x 100.

Priority 2: Patient-Centered Medical Home (PCMH) Recognition (Competing continuation applicants with no active conditions related to Health Center Program requirements only) (5 Points)

We will give you a funding priority if:

You have one or more sites with PCMH recognition at the time HRSA reviews applications.

Priority 3: Not currently funded by this opportunity (3 Points)

We will give you a funding priority if:

Your organization does not hold an active award under the Health Center Program and is proposing to serve a service area in need of a new award recipient to ensure continuity of care.

Compliance Status

HRSA reserves the right to review fundable applicants for compliance with HRSA program requirements through reviews of site visit reports, audit data, Uniform Data System (UDS) or similar reports, Medicare/Medicaid cost reports, external accreditation, and other performance reports, as applicable. The results of this review may impact final funding decisions. For example, if you have a federal award and have not submitted the required audit to the Federal Audit Clearinghouse, we may not fund your application.

Results may also be used to determine the length of an awarded period of performance. See Chapter 2: Health Center Program Oversight of the Compliance Manual.

- We will award all new applicants a one-year period of performance and will conduct an operational site visit (OSV) to monitor compliance and performance

with Health Center Program requirements within two to four months of the award start date.

- If you are a competing continuation applicant and have conditions related to Health Center Program requirements set forth in section 330(k)(3) of the PHS Act at the time SAC award decisions are made, we will award a one-year period of performance.
    - If you are a competing continuation or competing supplement applicant and areas of non-compliance with Health Center Program requirements are identified, HRSA will contact your AOR to provide 14 calendar days to submit additional information documenting compliance with program requirements prior to making final award decisions. Such information submissions do not guarantee that HRSA will make an award to your organization but are necessary to determine eligibility for such an award.
    - If you are a competing continuation applicant and we make an award but you have not resolved the conditions, HRSA will award a one-year period of performance if you did NOT have two consecutive one-year periods of performance in FY 2025 and FY 2026.
- We will NOT issue an FY 2027 SAC award if you had two consecutive one-year periods of performance in FY 2025 and FY 2026, and you are still not compliant with all Health Center Program Requirements at the time we make award decisions. If no fundable applications are received, the service area will be re-competed.

IMPORTANT: You can see the service areas where the current award recipient is in a first or second consecutive one-year period of performance in the SAAT.

Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See Section 5 of the Two-Tier Application Guide for more information.

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

Step 5:
Submit Your Application

In this step

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

This program has a two-phase submission process:

- **Phase 1:** You must submit your application in Grants.gov by 10/19/2026, at 11:59 p.m. ET. Grants.gov creates a date and time record when it receives applications.
- **Phase 2:** You must submit your application in EHBs by 11/18/2026, at 5 p.m. ET. If you wish to change information submitted in Grants.gov, you may do so in EHBs (Phase 2).

Submission method

Grants.gov

You must submit Phase 1 of 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.

EHBs

After submitting in Grants.gov, you must complete phase 2 of your application in EHBs.

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

In this step

Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at 2 CFR Part 300, and any superseding regulations.
- The HHS Grants Policy Statement (GPS). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.
- The requirements for performance management in 2 CFR § 200.301.

Required Alignment with HRSA Mission and Strategic Priorities

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

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

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

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to

describe how their proposed programs align with these priorities in their project narratives.

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

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

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

Subawards

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

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

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

- The policy requirements listed above.
- Requirements in Section 330 of the PHS Act (42 U.S.C. § 254b).
- Program regulations found in 42 CFR Part 51c and 42 CFR Part 56, as appropriate.

Cybersecurity

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

Compliance Monitoring

- If you do not demonstrate compliance in your SAC application, you may receive a condition on your award and a one-year period of performance.
- If you do not resolve conditions that you received prior to your SAC award through the progressive action process outlined in Chapter 2: Health Center Program Oversight of the Health Center Program Compliance Manual, you will receive a one-year period of performance, or HRSA may terminate your award.
- On the Summary Page form, you must attest that if you receive a one-year period of performance, you will submit a Compliance Achievement Plan for HRSA approval within 120 days of award. If you do not provide the attestation, HRSA may place a condition on your award.

- If you receive a one-year period of performance and you do not submit the required Compliance Achievement Plan within 120 days of award or demonstrate good cause for not submitting it, HRSA will terminate your award (refer to Section 330(e)(1)(B) of the PHS Act.)
- If you have received two consecutive one-year periods of performance and you are still not compliant with all Health Center Program requirements at the time we make award decisions, we will not award Health Center Program funding for a new project period.

HIT

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	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity. Visit to 45 CFR 170, Subpart B learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

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

Reporting

If you are funded, you will have to follow the reporting requirements in Section 5 of the Two-Tier Application Guide. The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

Federal Financial Report: The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project for that year. Financial reports must be submitted electronically. Visit Reporting Requirements | HRSA. More specific information will be included in the NOA.

Uniform Data System (UDS) Report: The UDS collects data on all health centers to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. Award recipients are required to submit UDS reports consistent with HRSA guidance.

Failure to submit a complete UDS report by the specified deadline may result in conditions or restrictions being placed on your award, such as requiring prior approval of drawdowns of your Health Center Program award funds and/or limiting eligibility to receive future supplemental or ongoing funding.

Non-Competing Continuation (NCC) – You must submit, and we must approve, an NCC progress report to release year 2, 3, and 4 funding. Funding depends upon congressional appropriation, satisfactory performance, and a determination that continued funding would be in the government's best interest. You will receive an email when it is time to begin working on the NCC.

Contacts and Support

In this step

Agency contacts

Program and eligibility

Ashley Vigil, Yasmeni Sandridge, or Julia Tillman

Public Health Analysts

Attn: Fiscal Year (FY) 2027 Service Area Competition (SAC)

BUREAU OF PRIMARY HEALTHCARE

Health Resources and Services Administration

Contact: BPHC Contact Form

- Under Applications and Funding, select Notice of Funding Opportunities (NOFOs), then select Service Area Competition (SAC)

Program and Technical Assistance: Service Area Competition TA webpage

301-594-4300

Financial and budget

Joi Grymes-Johnson

Grants Management Specialist, Division of Grants Management Operations

Office of Financial Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

jgrymes@hrsa.gov

301-443-2632

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.
Call: 877-464-4772 / 877-Go4-HRSA

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.

EHBs

Health Center Program support for applying through EHBs Monday-Friday, 8 a.m. – 8 p.m. ET, excluding federal holidays. Always get a case number when you call.

Call: 877-464-4772

Contact: BPHC Contact Form

- Under Technical Support, select *EHBs Tasks/EHBs Technical Issues*

Search the HRSA Electronic Handbooks and Knowledge Base

Helpful resources

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

Appendix A: Health Center Program Compliance

Compliance Element	Compliance Narrative	Required Attachments and Forms
Sliding Fee Discount Program	You must describe the following aspects of the sliding fee discount program (SFDP): Uniform applicability to all patients. Definitions of income and family. Alignment with the current Federal Poverty Guidelines (FPG). Methods for assessing all patients for sliding fee discount eligibility based only on income and family size. Assurance that patient charges are adjusted based on ability to pay and consistent with the SFDS. Policies related to nominal charges for patients with incomes at or below 100% of the current FPG. Describe whether the nominal charge is flat, is set at a level that is nominal from the perspective of the patient, or does not reflect the actual cost of the service being provided. Or state if you do not have a nominal charge for patients with incomes at or below 100% of FPG.	Upload the current sliding fee discount schedule (SFDS) as Attachment 10: Sliding Fee Discount Schedule for services provided directly (consistent with Form 5A: Services Provided). The SFDS structure must be consistent with the policy described in the Sliding Fee Discount Program and provide discounts as follows: A full discount is provided for individuals and families with annual incomes at or below 100% of the current FPG, unless a health center elects to have a nominal charge, which would be less than the fee and/or discount paid by a patient in the first sliding fee discount pay class above 100% of the FPG. Partial discounts are provided for individuals and families with incomes above 100% of the current FPG and at or below 200% of the current FPG, and those discounts adjust based on gradations in income levels and include at least three discount pay classes. No discounts are provided to individuals and families with annual incomes above 200% of the current FPG. Ensure the SFDS has incorporated the last available FPG. If you have more than one SFDS for services

Compliance Element	Compliance Narrative	Required Attachments and Forms
		provided directly (for example, medical, dental), upload all SFDSs.
Key Management Staff	No narrative required beyond the narrative included in the attachments and forms.	You must use Attachment 4: Position Descriptions for Key Management Staff to describe the training and experience qualifications for each key management position, as well as the duties or functions for each key management staff position. You must also use Form 2: Staffing Profile, Attachment 3: Project Organizational Chart, and Attachment 4: Position Descriptions for Key Management Staff to document the following: The health center's Project Director/CEO is directly employed by the health center. The health center's Project Director/CEO reports to the health center's governing board and is responsible for overseeing other key management staff in carrying out the day-to-day activities of the project.
Contracts and Subawards	You must describe your oversight of all contracts and subawards to ensure: The applicability of all Health Center Program requirements to the subrecipient. The applicability to the subrecipient of any distinct statutory, regulatory, and policy requirements of other Federal	You must use Attachment 7: Summary of Contracts and Agreements and Form 8: Health Center Agreements to demonstrate that all contracts and subawards include the following required provisions: The specific activities or services to be performed or goods to be provided.

Compliance Element	Compliance Narrative	Required Attachments and Forms
	programs associated with their HRSA- approved scope of project. That all costs paid for by the Federal subaward are allowable consistent with Federal Cost Principles.	Mechanisms for the health center to monitor contractor performance. Requirements for the contractor to provide data necessary to meet the recipient's applicable Federal financial and programmatic reporting requirements, as well as provisions addressing record retention and access, audit, and property management.
Collaborative Relationships	No narrative required beyond the narrative included in the attachments and forms.	You must document in Attachment 9: Collaboration Documentation efforts to coordinate and integrate your activities with other federally-funded entities, as well as state and local health service delivery projects and programs serving similar patient populations in the service area (consistent with Attachment 1: Service Area Map and Table). At a minimum, this includes establishing and maintaining relationships with other health centers (including look-alikes) in the service area. If you cannot obtain a requested letter of support from other health centers, include documentation of efforts made to obtain the letter.
Billing and Collections	You must describe how you conduct billing and collections, including: Your participation in Medicare, Medicaid, Children's Health Insurance Program (CHIP), and, as appropriate, other public or private	Form 3: Income Analysis

Compliance Element	Compliance Narrative	Required Attachments and Forms
	assistance programs or health insurance, as applicable. This description should be supported by Form 3: Income Analysis. Your board-approved policies, as well as your procedures for waiving or reducing fees, ensure that fees or payments will be waived or reduced based on specific circumstances due to any patient's inability to pay.	
Budget	No additional narrative required beyond the Budget Narrative included in the application.	Follow the instructions in the Two-Tier Application Guide Section 3.1.7 for SF-424A and 3.1.8 for Budget Narrative.
Governance: Board Authority	You must describe where in Attachment 2: Bylaws and/or Attachment 8: Articles of Incorporation (new applicants only) (and, if applicable, Attachment 6: Co-Applicant Agreement) you document the following board authority requirements: Holding monthly meetings. Approving the selection (and dismissal or termination, as appropriate) of the PD/CEO. Approving the annual Health Center Program project budget and applications. Approving proposed health center services and the locations and hours of operation of health center sites. Evaluating the performance of the health center.	Attachment 2: Bylaws Attachment 3: Project Organizational Chart Attachment 6: Co-Applicant Agreement Attachment 8: Articles of Incorporation Form 8: Health Center Agreements

Compliance Element	Compliance Narrative	Required Attachments and Forms
	Establishing or adopting policies related to the operations of the health center. Assuring the health center operates in compliance with applicable federal, state, and local laws and regulations. Referencing specific sections in Attachment 2: Bylaws, Attachment 6: Co-Applicant Agreement, Attachment 8: Articles of Incorporation (new applicants only), and Form 8: Health Center Agreements describe how your governing board maintains the authority for oversight of the proposed Health Center Program project. Specifically address the following: No other individual, entity, or committee (including, but not limited to, an executive committee authorized by the board, and consistent with Attachment 3: Project Organizational Chart) reserves approval authority or has veto power over the board with regard to the required authorities and functions. In cases where you collaborate with other entities in fulfilling the health center's proposed scope of project, such collaboration or agreements with other entities do not restrict or infringe upon the board's required authorities and functions. Public agency applicants with a co-applicant board: The health center	

Compliance Element	Compliance Narrative	Required Attachments and Forms
	has a co-applicant agreement that delegates the required authorities and functions to the co-applicant board and delineates the roles and responsibilities of the public agency and the co-applicant in carrying out the project (consistent with Attachment 6: Co-Applicant Agreement).	
Governance: Board Composition	You must describe where in Attachment 2: Bylaws (and, if applicable, Attachment 6: Co-Applicant Agreement) you document the following board composition requirements: Board size is at least 9 and no more than 25 members, with either a prescribed number or range of board members. At least 51% of board members are patients served by the health center. Patient members of the board, as a group, represent the individuals served by the health center. Non-patient members are representative of the community served by the health center or the health center's service area. Non-patient members are selected to provide relevant expertise and skills (for example, community affairs, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, social services). No more than one-half of non-patient board members may earn	Attachment 2: Bylaws Attachment 6: Co-Applicant Agreement Form 6A: Current Board Member Characteristics Form 6B: Request for Waiver of Board Member Requirements

Compliance Element	Compliance Narrative	Required Attachments and Forms
	more than 10% of their annual income from the health care industry. Health center employees and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be health center board members.	