

**Instructions for Preparing and Submitting the Fiscal Year (FY) 2016
State and Regional Primary Care Association (PCA) Cooperative Agreements
Non-Competing Continuation Progress Report (NCC)**

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Purpose

This State and Regional Primary Care Association (PCA) Non-Competing Continuation Progress Report (NCC) will provide funding for the fiscal year (FY) 2016 budget period (April 1, 2016, through March 31, 2017). Continued funding is based on program compliance, organizational capacity to accomplish the project's goals, Congressional appropriation, and a determination that continued funding would be in the best interest of the federal government.

Submission and Award Information

Submissions are due in the HRSA Electronic Handbooks (EHB) by 5:00 PM ET on December 11, 2015. The anticipated date of award is on or around **April 1, 2016**. The NCC budget request must not exceed the recommended level of support found on line 13 of the most recent Notice of Award (NoA).

Technical Assistance Contacts

ASSISTANCE NEEDED	PLEASE CONTACT
General technical assistance	The PCA technical assistance website contains copies of forms, FAQs, and other resources: http://bphc.hrsa.gov/programopportunities/fundingopportunities/pca/index.html
Budget or other fiscal issues	Vera Windham Office of Federal Assistance Management Division of Grants Management Operations vwindham@hrsa.gov
Program issues	Sarah Costin Bureau of Primary Health Care Office of Policy and Program Development bphcpca@hrsa.gov
EHB submission issues	BPHC Helpline For questions on completing forms in EHB 1-877-974-BPHC (2742) or Submit a Web Request at: http://www.hrsa.gov/about/contact/bphc.aspx

Reporting

All PCAs must comply with the following reporting requirements.

A. Audit Requirements

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on scope, frequency, and other aspects of the audits can be found at <http://www.whitehouse.gov/omb/circulars>.

B. Payment Management Requirements

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System (PMS). The report identifies cash expenditures

against the authorized cooperative agreement funds. Failure to submit the report may result in the inability to access cooperative agreement funds.

C. Status Reports

Submit an annual Federal Financial Report (FFR) in EHB reflective of cumulative reporting within the project period. The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 120 days after the budget period end date (due July 30).

D. Transparency Act Reporting Requirements

Awards are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient’s and subrecipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available at <http://www.hrsa.gov/grants/ffata.html>).

General Instructions

The PCA NCC must not exceed **40 pages** when printed by HRSA (approximately 5 MB). Submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, Courier) and one-inch margins. Smaller font (no less than 10 point) may be used for tables, charts, and footnotes.

Progress reports lacking all required information will be considered incomplete or non-responsive and will be returned via a “request change” notification in EHB for the provision of missing information. If HRSA does not receive the progress report by the established deadline or receives an incomplete or non-responsive progress report, a delay in NoA issuance or a lapse in funding could occur.

The FY 2016 PCA NCC must consist of the forms and documents identified in [Table 1](#). In the Form Type column of Table 1, “Form” refers to forms that are completed in EHB and “Attachment” refers to materials that must be uploaded into EHB.

Table 1: Forms and Attachments

PCA NCC Progress Report Section	Form Type	Instructions	Counted in Page Limit?
SF-PPR	Form	Instructions are included in the PCA NCC EHB User Guide available within EHB and at the PCA Technical Assistance website (http://bphc.hrsa.gov/programopportunities/fundingopportunities/pca/index.html).	No

PCA NCC Progress Report Section	Form Type	Instructions	Counted in Page Limit?
SF-PPR-2	Form	Instructions are included in the PCA NCC EHB User Guide available within EHB and at the PCA Technical Assistance website (http://bphc.hrsa.gov/programopportunities/fundingopportunities/pca/index.html).	No
Budget Information: Budget Details Form	Form	Refer to Section A: Budget Details Form for detailed instructions.	No
Budget Narrative	Attachment	Upload the Budget Narrative. Refer to Section B: Budget Narrative for detailed instructions.	Yes
Attachments 1 – 6 (As Applicable)	Attachments	Refer to Attachment Instructions for detailed instructions.	Yes
FY 2015 Project Work Plan Progress Report	Form	Refer to Appendix A for detailed instructions.	No
FY 2016 Project Work Plan	Form	Refer to Appendix A for detailed instructions.	No

Attachment Instructions

Attachment 1: Program Narrative Update (*Required*)

Provide a brief narrative highlighting **broad issues, significant progress, and challenges** that have impacted the target audience(s) served and the Primary Care Association. This section should expand on the updates provided in the structured FY 2015 Project Work Plan Progress Report in EHB. The Program Narrative Update should include a discussion of:

- 1. Any significant progress/challenges/changes** to the approved PCA Training and Technical Assistance (T/TA) work plan activities beyond those included in the FY 2015 Project Work Plan Progress Report and FY 2016 Project Work Plan. Provide a description of:
 - Specific challenges encountered and the strategies used to overcome them.
 - Significant changes to the strategies used to address the unique T/TA needs of health centers receiving/seeking special populations funding¹ and newly funded health centers (i.e., New Starts), and what determined the need for those changes.
 - State/regional needs assessments scheduled in the upcoming budget period.

¹ Section 330(g) Migratory and Seasonal Agricultural Workers, Section 330(h) Health Care for the Homeless, and Section 330(i) Residents of Public Housing.

REMINDER: Any T/TA activity for which PCAs use HRSA funds must be made available to all potential and existing health centers (i.e., Health Center Program award recipients and look-alikes) within the state/region, regardless of PCA membership. It will be a violation of the cooperative agreement if PCAs refuse to work with an existing health center. PCAs should provide equal access to T/TA services without regard to PCA membership.

2. Any significant changes in the performance measure outcomes used to monitor progress. Discuss the key challenges encountered since the beginning of the current project period, the impact of these changes on the likelihood of goal attainment, and strategies to resolve identified barriers toward progress.

Include the Table 2 below in your response and provide the following State/Regional information:

- Data used to establish goals in the FY 2012 PCA competitive application.
- Data included in the FY 2013, FY 2014, and FY 2015 submissions.
- Current State/Regional data from your most recent Performance Profile.²
- Goal values submitted in the last PCA competitive application or updates submitted in the Progress Report work plan.

Table 2: Progress Toward Performance Measure Goals

Performance Measure	FY 2012 State/Reg Data	FY 2013 State/Reg Data	FY 2014 State/Reg Data	FY 2015 State/Reg Data	Current State/Reg Data	Goal
Percentage of Health Center Program award recipients with no program conditions on their Notice of Awards (NoAs).						
Percentage of Health Center Program award recipients that meet or exceed performance on one or more Healthy People 2020 performance measure goal(s).						
Percentage of Health Center Program award recipients with Patient-Centered Medical Home (PCMH) recognition.						
Percentage of Health Center Program award recipients with cost per patient increase less than the National average.						

² Current Performance Profiles disseminated via email to PCA Project Directors by October 23, 2015.

Performance Measure	FY 2012 State/Reg Data	FY 2013 State/Reg Data	FY 2014 State/Reg Data	FY 2015 State/Reg Data	Current State/Reg Data	Goal
Percentage of Health Center Program award recipients without going concern issues on their audits.						

The Performance Measures Definitions document posted on the PCA TA website (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/pca/index.html>) includes detailed information on how each measure is calculated. To access the data for FY 2012 through FY 2015, PCAs should reference their annual submissions for those years available in EHB. Alternatively, PCAs may reference saved copies of the State/Regional Profiles used when completing the annual submissions for each of those fiscal years (if available).

3. **Any significant changes that have occurred to linkages or partnerships.** Describe significant changes in linkages and partnerships and the resulting impact to the project.
4. **Any significant changes to project staffing.** Updates should address any significant challenges encountered in recruiting and retaining key management/project staff necessary to accomplish the key objectives of the work plan.
5. **Any significant challenges/outcomes related to the Outreach and Enrollment (O/E) activities,** including a description of progress toward:
 - Ensuring health centers have information about consumer assistance training requirements and affordable insurance options;
 - Coordinating health center O/E activities with other consumer assistance efforts;
 - Providing T/TA on effective health center O/E strategies and targeted TA to individual health centers that experience challenges; and
 - Monitoring successes and barriers to health center O/E activities.

Attachment 2: Staffing Plan (As Applicable)

If the staffing plan has changed since the last PCA submission (e.g., new staff hired), including the identified Special Populations Point of Contact, upload a revised staffing plan that includes the education, experience qualifications, and rationale for the changes. See the PCA TA website (<http://bphc.hrsa.gov/programopportunities/fundingopportunities/pca/index.html>) for a sample that provides details on the information required for inclusion.

Attachment 3: Position Descriptions for Key Personnel (As Applicable)

If position descriptions for key management staff, including vacant positions, have changed since the last PCA submission, upload new job descriptions. Indicate on the position descriptions if key management positions are combined and/or part time (e.g., CFO and COO

roles are shared). Each position description should be limited to one page and must include, at a minimum, the position title, description of duties and responsibilities, position qualifications, supervisory relationships, salary range, and work hours.

Attachment 4: Biographical Sketches for Key Personnel (As Applicable)

If there have been any new key management staff hired since the most recent PCA submission, upload biographical sketches for the individuals, if not previously submitted to your Project Officer. Each biographical sketch should be limited to one page. When applicable, biographical sketches should include training, language fluency, and experience working with the cultural and linguistically diverse populations that are served by the program.

Attachment 5: Summary of Contracts and Agreements (As Applicable)

Upload a summary describing any new or revised T/TA contracts and/or agreements. The summary must address the following items for each contract and/or agreement:

- Name and contact information for each affiliated agency;
- Type of contract and/or agreement (e.g., contract, Memorandum of Understanding);
- Brief description of the purpose and scope of the contract and/or agreement (i.e., type of services provided through the agreement, how/where services are provided;; and
- Timeframe for the contract and/or agreement.

Attachment 6: Other Relevant Documents (As Applicable)

Upload other documents to support the progress report (publications, survey instruments, data summary charts), as desired. If your organization claims indirect costs in your budget, you must upload a copy of your most recent indirect cost rate agreement. Merge all additional items into a single document before uploading. Please note that these documents will count against the page limit.

Budget Forms Instructions

A complete budget presentation includes the submission of the Budget Information: Budget Details form to be completed electronically in EHB for the upcoming budget year and the budget narrative attachment. HRSA recommends the following resources to facilitate development of an appropriate budget.

- The *HHS Grants Policy Statement*: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>.
- The *HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications*: <http://www.hhs.gov/asfr/ogapa/acquisition/policies/appropriated-funds-use-for-conferences-meeting-space-6-24-2013.html>.
- The *BPHC Primary Care Association Guide 2012-2013*: <http://bphc.hrsa.gov/programopportunities/fundingopportunities/pca/pcaguide2012-2013.pdf>.

Funds under this announcement may not be used for the following purposes:

- Construction/renovation of facilities.
- Activities not approved under the cooperative agreement.

- Reserve requirements for state insurance licensure.
- Support for lobbying/advocacy efforts.
- Conference sponsorship (content development of individual program sessions related to PCA work plan is allowable) – refer to the *Primary Care Association Guide 2012-2013* and the *HHS Policy on Promoting Efficient Spending* listed above.

A. Budget Information: Budget Details Form (Required)

The budget request should reflect the federal PCA funding only. Do not provide other sources of funding.

In Section A: Budget Summary, the PCA cooperative agreement request in the Federal column is pre-populated and cannot be edited. The federal funding requested equals the Recommended Federal Budget figure that appears at the top of the Budget Information: Budget Details form. This figure should correspond with the Recommended Future Support figure (Line 13) on the most recent Notice of Award.

In Section B: Budget Categories, provide a breakdown of the budgeted funds by object class category (e.g., Personnel, Fringe Benefits) for the FY 2016 budget period (April 1, 2016 – March 31, 2017). You may want to use the Budget Information: Budget Details form included with the most recent PCA submission as a reference point, noting that the total value for each object class category may differ year to year based on programmatic changes. The total in Section B should match the total in Section A.

The amounts in the Total Direct Charges row and the Total column will be calculated automatically. Indirect costs may only be claimed with an approved indirect cost rate agreement (see details in the [Budget Narrative](#) section below).

In Section C: Non-Federal Resources, do not provide other sources of funding.

B. Budget Narrative (Required)

Include a line-item budget narrative explaining the amounts requested for each row in Section B: Budget Categories of the Budget Information: Budget Details form. The budget narrative (often referred to as the budget justification) is for **one year based on the upcoming 12-month budget period (April 1, 2016 – March 31, 2017)**. Upload the budget narrative in the Budget Narrative Form section in EHB. The budget narrative must contain detailed calculations explaining how each line-item expense is derived. It should be concise and should not be used to expand the Program Narrative Update.

Include the following in the Budget Narrative:

Personnel Costs: Personnel costs must be explained by listing each staff member who will be supported by federal cooperative agreement funds, and include the name (if possible), position

title, percent full time equivalency (FTE), and annual salary. **Reminder:** Federal funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II or \$183,300. An individual's base salary, per se, is **not** constrained by the legislative provision; the rate limitation restricts the amount of the salary that may be charged to the PCA funding. Provide all base salaries at the full amount even if they exceed the salary limit.

See Table 7 below for the information that must be included for each staff position supported in whole or in part with federal funds.

Table 7: Budget Sample for Salary Limitation

Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary	Federal Amount Requested
J. Smith	Chief Executive Officer	50	\$225,000	\$183,300	\$91,650
R. Doe	Program Manager	100	\$75,950	no adjustment needed	\$75,950
D. Jones	Data Specialist	25	\$33,000	no adjustment needed	\$8,250

Fringe Benefits: List the components of the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). Fringe benefits must be directly proportional to the portion of personnel costs.

Travel: List travel costs categorized by local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel, and staff/board members completing the travel must be outlined. The budget must also reflect travel expenses associated with participating in proposed meetings, trainings, or workshops.

Equipment: Identify the cost per item and justify the need for each piece of equipment to carry out the proposed project. Equipment includes moveable items that are non-expendable, tangible personal property having a useful life of more than 1 year and an acquisition cost that equals or exceeds \$5,000.

Supplies: List the items necessary for implementing the proposed project, separating items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., brochures).

Contractual: Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Each recipient is responsible for ensuring that its organization/institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost (e.g., audit, legal counsel). In some cases, rent, utilities, organizational membership fees, and insurance fall under this category if they are not included in an approved indirect cost rate.

Indirect Charges: Indirect charges include costs incurred for common or joint objectives that cannot be readily identified but are necessary to organizational operation (e.g., facility operation and maintenance, depreciation, administrative salaries). Visit <https://rates.psc.gov> to learn more about rate agreements, including the process for applying for them. **Note:** If your organization claims indirect costs in your budget, you must upload a copy of your most recent indirect cost rate agreement in [Attachment 6](#).

Appendix A: Project Work Plan Instructions

Overview

EHB will pre-populate **two** Project Work Plans with information from the last PCA NCC progress report to facilitate reporting progress and updating activities for the upcoming 12-month budget period. Refer to the sample project work plan and the PCA NCC User Guide available on the PCA TA website

(<http://bphc.hrsa.gov/programopportunities/fundingopportunities/pca/index.html>) when completing the Project Work Plans. Note that the PCA Project Work Plans should only address activities supported under the PCA cooperative agreement.

Complete two Project Work Plans:

1. Report progress in the **FY 2015 Project Work Plan Progress Report**, which is pre-populated with information entered in the last PCA NCC progress report. None of the fields in this form will be editable except the Progress field to facilitate reporting progress since April 1, 2015, on activities included in the work plan.
2. Complete the **FY 2016 Project Work Plan** by revising an editable version of the FY 2015 Project Work Plan to focus only on activities planned for FY 2016. Ensure that future Outreach and Enrollment plans are included in the FY 2016 Project Work Plan.

Completing the FY 2015 Project Work Plan Progress Report Form

EHB will pre-populate the FY 2015 Project Work Plan Progress Report form with information submitted in FY 2015. The Progress section (see below) will be the only editable field. Report progress on activities planned for FY 2015.

Field	About this Field
Progress	<p>Provide a progress description for each activity (limit 1,000 characters). If there has been no progress to date, note this and provide a brief explanation as to why progress has not been made.</p> <p>Note: If an activity included in the FY 2015 Project Work Plan Progress Report will be deleted from the FY 2016 Project Work Plan, provide details here about the deletion.</p>

Completing the FY 2016 Project Work Plan Form

EHB will also pre-populate the FY 2016 Project Work Plan form with information submitted in FY 2015. Revise the pre-populated Work Plan as needed to outline activities planned for the FY 2016 budget period (April 1, 2016 – March 31, 2017).

Field	About this Field
Goal	This field is pre-populated with the standard goals.

Field	About this Field
Projected Goal Percentage	Review the Goal Description, Projected Goal Percentage, Numerator Description, and Denominator Description fields for each goal.
Key Factors	<p>Update the key factors predicted to contribute to and restrict progress toward reaching the performance measure goals (limit 500 characters).</p> <p>A minimum of three and a maximum of five key factors may be included for each goal. Key Factors should be based on data from the HRSA program reports (e.g., Uniform Data System (UDS) reports, program requirement reports) and annual T/TA needs assessments. At least one restricting and one contributing key factor must be identified.</p>
T/TA Focus Areas	<p>Review and, if needed, update the T/TA focus areas based on the key factor(s):</p> <ul style="list-style-type: none"> • Section A (Health Center Program Requirements): Address at least three Focus Areas. • Section B (Health Center Performance Improvement): Address the required Clinical and Financial Performance Improvement Focus Areas. • Section C (Statewide/Regional Program Assistance): Address all Focus Areas. <p>A maximum of two additional (other) focus areas may be added for each goal. Note: Additional (other) focus areas will not count toward the required number of focus areas in each section (limit 200 characters).</p>
Activity	<p>Update the major T/TA activities to reflect activities planned for the upcoming budget period of April 1, 2016, through March 31, 2017 (limit 200 characters).</p> <p>At least two activities must be listed for each focus area, with a maximum of five per area. Within each activity, identify at least one person/area responsible, time frame, and expected outcome.</p> <p>If a new activity is added to the FY 2016 Project Work Plan, provide a notation in the Comments field.</p>
Person/Area Responsible	Update the person/position (maximum of five) that will be responsible and accountable for carrying out each activity (limit 500 characters).
Time Frame	Update the expected time frame (maximum of five) for carrying out each activity (limit 500 characters).
Expected Outcome	Update the anticipated results of the proposed activities (i.e., quantifiable results). Describe what you hope to accomplish, such as the number of health centers you will train (limit 1,000 characters). Identify at least one outcome for each activity (maximum of five).

Field	About this Field
Comments	Update/provide supplementary information related to entries in the project work plan, as desired (limit 2,500 characters). This field can be left blank.

The table below summarizes the minimum and maximum number of key components required in the Project Work Plan.

Table 5: Project Work Plan Summary

Project Work Plan Key Components	Section A		Section B (Clinical)		Section B (Financial)		Section C		Character Limit
	Min	Max	Min	Max	Min	Max	Min	Max	
Goal	1	1	2	2	2	2	N/A	N/A	N/A
Key Factor	3	5	3	5	3	5	N/A	N/A	500
T/TA Focus Area	3	5	1	3	1	3	7	9	200
Activity	2	5	2	5	2	5	2	5	200
Person/Area Responsible	1	5	1	5	1	5	1	5	500
Time Frame	1	5	1	5	1	5	1	5	500
Expected Outcome	1	5	1	5	1	5	1	5	1,000
Comments	This is an optional field and can be left blank.								2,500
Progress	This is a required field for only the FY 2015 Project Work Plan Progress Report.								1,000