



**FY25 Native Hawaiian Health Care Improvement Act (NHHCIA)  
Non-competing Continuation (NCC)**

**Sample FY24 Project Work Plan Update**  
(Required for POL)

The table below is for reference only. Start with the FY 24 Project Work Plan included in your FY 24 application (or the version approved by your Program Contact if post-award revisions were required). Add a column titled FY 24 Progress (as shown in **red\*** in the sample tables) to create an FY 24 Project Work Plan Update.

Use the new FY 24 Progress column to provide information regarding progress made toward planned activities and goals since last year’s limited competition application. Do not edit any other fields.

OMB No.: 0915-0285. Expiration Date: 4/30/2026

<b>Goal 1:</b>						
<b>Key Action Steps</b>	<b>Timeline</b>	<b>Expected Outcome</b>	<b>Data Source and Evaluation Methodology</b>	<b>Person/Area Responsible</b>	<b>Collaborative Partners</b>	<b>FY 2024 Progress</b>
<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Add this column and use it to record progress since last year’s application on each key action step and expected outcome.</i>

Goal 2:						
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Collaborative Partners	FY 2024 Progress
<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Add this column and use it to record progress since last year's application on each key action step and expected outcome.</i>

Goal 3:						
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Collaborative Partners	FY 2024 Progress
<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Add this column and use it to record progress since last year's application on each key action step and expected outcome.</i>

Goal 4:						
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Collaborative Partners	FY 2024 Progress
<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Add this column and use it to record progress since last year's application on each key action step and expected outcome.</i>

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 3/31/2023. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).