Preparing and Submitting the Fiscal Year 2025 Native Hawaiian Health Care Improvement Act Non-Competing Continuation Progress Report

for Native Hawaiian Health Care Systems and Papa Ola Lokahi

HRSA 5-H1C-25-001

Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

AGENDA

- Overview
- How to Submit
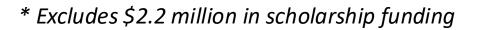- Submission Components
- Reminders
- Contacts

Overview

Due Date: February 14, 2025 at 5:00 PM ET

- **Total FY 2025 NHHCIA funding**: $24.8 M
  - Appropriated annually
  - Amounts per award recipient can vary each year
  - Refer to instructions for cost sharing/matching requirements
- **Budget period**: August 1, 2025 – July 31, 2026
- **Application**
  - EHBs submission only
  - 40 pages or less when printed with attachments

* Excludes $2.2 million in scholarship funding

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How to Submit

- For EHBs registration guidance, see the EHBs link on the [NHHCIA NCC Technical Assistance Webpage](#)
- For step-by-step system instructions, access the NCC User Guide linked on page 4 of the Instructions
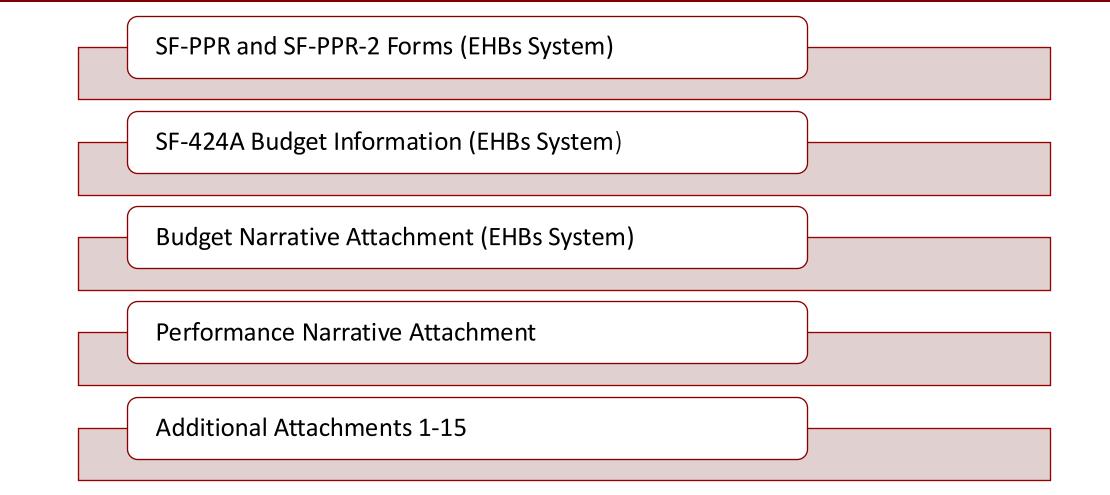
Remember:

Form: Structured submission sections completed online in EHBs. Does not count towards page limit.

Attachment: Documents created by user and uploaded to EHBs. Counts towards page limit.

Submission Components

SF-PPR and SF-PPR-2 Forms (EHBs System)

SF-424A Budget Information (EHBs System)

Budget Narrative Attachment (EHBs System)

Performance Narrative Attachment

Additional Attachments 1-15

Submission Components:
SF-PPR and SF-PPR-2 Forms

- Serves as progress report cover page
- Contains basic information about your organization

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Submission Components: *Budget Presentation*

- Includes SF424A Budget Information Form and Budget Narrative Attachment.
- Provide budget information for the upcoming FY 2025 budget period (August 1, 2025, through July 31, 2026).
- Federal funds may not be used to pay the salary of an individual at a rate more than **$221,900**. (Executive Level II salary cap effective January 2024)
- **NHHCS only:**
  - 10 percent cap on administrative expenditures.
  - Cost sharing/matching requirement equal to $1 for every $5 of federal funds (42 U.S.C. 11705).

Submission Components:
Performance Narrative

Required Elements

1. Changes in target population/demographics

2. Significant progress, challenges, and changes to the approved activities

3. Significant changes to collaborations, partnerships, and coordinated activities

4. Significant changes to program evaluation plans

5. Significant changes to project staffing

6. How the funding match requirement is being met *(NHHCS ONLY)*

7. Progress toward recognizing the full universe of NHHCS, as well as certifying NHHCS that have the qualifications and the capacity to provide the services and meet the requirements of the NHHCIA *(POL ONLY)*

Submission Components
Attachments

Application Components: Attachments (1/2)

1. FY 2024 Project Work Plan Update **(Required for POL)**

2. FY 2025 Project Work Plan   **(Required for POL)**

3. FY 2024 Required Service Projections **(Required for NHHCS)**

4. Required Clinical Performance Measures **(Required for NHHCS)**

5. Optional Clinical Performance Measures **(Optional for NHHCS)**

6. Financial Performance Measures: Required and Optional **(Required for NHHCS)**

7. Income Analysis Form **(Required for NHHCS)**

8. Staffing Plan **(Required for NHHCS & POL)**

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Application Components: Attachments (2/2)

9. Position Descriptions Key Personnel **(Required for NHHCS & POL)**

10. Biographical Sketches Key Personnel **(Required for NHHCS & POL)**

11. FY25 Current Board Member Characteristics **(Required for NHHCS & POL)**

12. Letters of Support **(Required for NHHCS & POL)**

13. Summary of Contracts and Agreements **(Required for NHHCS & POL)**

14. Recognition and Certification from POL **(Required for NHHCS)**

15. Formal Certification Procedure **(Required for POL)** and Indirect Rate Agreement, as needed for NHHCS & POL

Attachment 1: *Project Work Plan Update*

FY 2024 Project Work Plan Update

- Start with the FY24 Project Work Plan submitted with your FY24 application

- Add a column titled *FY24 Progress*

- Provide information regarding progress made toward planned activities and goals (do not edit other fields) Refer to the sample and use the column instructions.

FY 2024 Project Work Plan Update
Progress Report Sample

The table below is for reference only. Start with the FY24 Project Work Plan submitted with your FY24 application or the approved version with any post-award revisions. Add a column titled FY24 Progress (as shown in red).

In this new column, provide information regarding progress made toward planned activities and goals since last year's NOFO FY24 application. Do not edit any other fields.

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

Attachment 2:
FY25 Project Work Plan

Attachment 2: FY 2025 Project Work Plan Update

- Start with the FY 2024 Project Work Plan submitted with your FY 2024 application.

- Update it as needed to highlight any changes planned for the upcoming FY 25 budget period (August 1, 2025, through July 31, 2026).

- Highlight fields with updates to facilitate HRSA review

FY 2025 Project Work Plan
Sample Project Work Plan

The table below is for reference only. Start with the Project Work Plan submitted with your FY 24 application (or the version approved by your Program Contact if post-award revisions were required). Update it as needed to highlight any changes planned for the upcoming FY 25 budget period (August 1, 2025, through July 31, 2026).

Highlight fields with updates to facilitate HRSA review of proposed changes. Only highlight changes planned for the FY 25 budget period. Follow the column instructions below if you add additional Goals or Key Action Step rows.

Goal 1

Key Action Steps	Timeline	Expected Outcome	Data	Person/Area Responsible	Collaborative Partners
Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.	Include a completion date (month and year) for each action step.	Include a predicted outcome for each action step.	Identify the data you will use to tract progress toward the goal.	A responsible person must be identified for each action step.	List partnering agencies or organization(s) that will contribute to this action step.

Goal 2

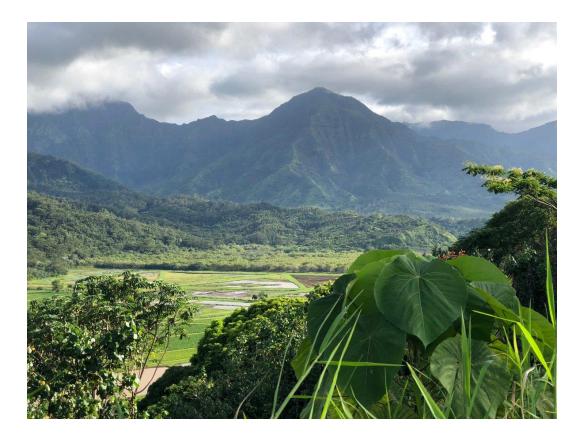| Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Collaborative Partners
		Highlight areas of change projected for the FY 2025 Budget Period			

Attachment 3: *Required Service Projections Update*

Using the Required Services Projection form, include goals for the following:

- Outreach Services

- Education and Health Promotion

- Services of physicians, physician assistants, nurse practitioners, or other health professionals

- Refer to the sample on the NHHCIA TA webpage

Attachment 4:
Required Clinical Performance Measures

- Set goals for performance measures and track progress over the course of the 3-year period of performance

- Linked to seven legislatively required Focus Areas of NHHCS services

- NOTE:
  - Otitis Media was once optional but was added as a **required** performance measure beginning in FY24 NOFO

Required Clinical Performance Measures

Seven *Required* Clinical Performance Measures:

1. Diabetes: Hemoglobin A1c Poor Control

2. Controlling High Blood Pressure

3. Early Entry Into Prenatal Care

4. Childhood Immunizations Status

5. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

6. Body Mass Index Screening and Follow-up Plan

7. Prevention and Control of Otitis Media

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Attachment 5:
Optional Clinical Performance Measures

Required for NHHCS

If you include any *optional* clinical performance measures in your application, you must track their progress over the course of the 3-year period of performance.

1. Screening for Depression and Follow-up Plan
2. Depression Remission At 12 Months
3. Low Birth Weight
4. Cervical Cancer Screening
5. Tobacco Use: Screening and Cessation Intervention
6. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
7. Ischemic Vascular Disease and Use of Aspirin or Another Antiplatelet

8. Colorectal Cancer Screening
9. Breast Cancer Screening
10. HIV Screening
11. HIV Linkage to Care
12. Dental Sealants for Children between 6-9 Years
13. Traditional Healing

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Attachment 6: *Required and Optional Financial Performance Measures*

Report on the one required Financial Performance Measure and the optional Financial Performance Measure(s) that you choose to include. You must include at least one optional measure.

Required

1. NHHCIA Program Cost Per Total Patient

Optional

1. Total Cost Per Total Patient (Costs)

2. Medical Cost Per Medical Visit (Costs)

3. Financial Viability - Non-federal matching funds (percentage of matching funds included in the total project budget)
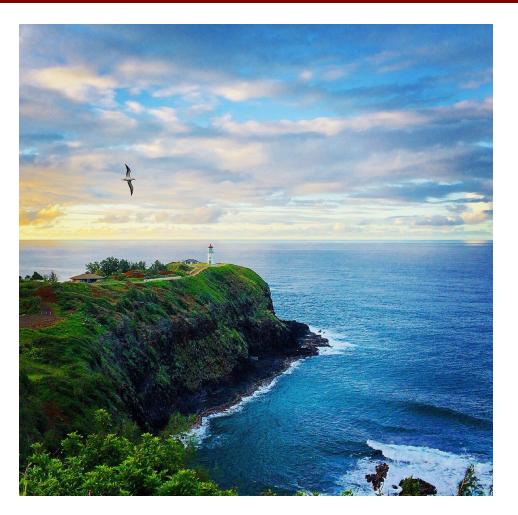
Attachment 7:
Income Analysis Form

- You must record expected income from all sources other than the NHHCS grant
  - **Program income** (known as patient service revenue), and;
  - **All other income** (known as other federal, state, local, and other income)

- Estimate expected income for budget period of August 1, 2024, through July 31, 2025.

Attachment 8: *Staffing Plan Update*

Staffing plan updates must include:

- Names of staff supported by NHHCIA funding,

- Relevant education and experience qualifications, and

- Rationale for time being requested for each staff position.

- The update is for new staff only and is submitted as needed to reflect changes from the previous submission

Attachment 9:
Position Descriptions for Key Personnel

- Include updated descriptions for **key personnel** only (e.g., chief executive officer (CEO), chief financial officer (CFO), chief operating officer (COO), etc.).

- Position descriptions limited to **one page** and must include the position title; duties and responsibilities; qualifications; salary.

- If no changes, indicate this in the attachment.

Attachment 10:
Biographical Sketches for Key Personnel

- Include updated biographical sketches for key personnel only, including CEO, CFO, COO, CMO, and PD.

- Include training, language fluency, and experience working with cultural and linguistically diverse populations to be served.

- Each biographical sketch limited to one page.

- If no changes, indicate this in the attachment.

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Attachment 11:
Current Board Member Characteristics

- Include information for your current board members:
  - Position held
  - Area of expertise
  - User of Native Hawaiian services (yes/no)
  - Lives or works in service area (yes/no)
  - Years of Board service
  - Optional demographics (race, ethnicity, gender)

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Attachment 12:
Letters of Support

Upload current dated letters of support that specifically indicate commitment to the project (e.g., financial support, in-kind services, staff, space, equipment).
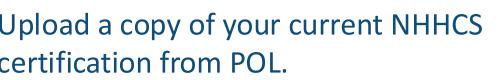
Attachment 13:
Summary of Contracts and Agreements Updates

Upload updates as needed to a summary of project-related contracts and agreements included in your application for FY 2024.

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Attachment 14:
Certification from POL

Upload a copy of your current NHHCS certification from POL.

Attachment 15:
NHHCS Certification Procedure

Required for POL

- Include a description of your process for recognizing and certifying existing NHHCS, including:
  - Steps in recognition and certification process
  - Qualifications and capabilities needed for certification
  - Documents and materials used in certification process
  - Dates of certification for each existing NHHCS
- Include a description of your process for publicizing the NHHCS recognition and certification process to island communities.
- Describe process for recognizing and certifying a new organization interested in becoming an NHHCS.

Attachment 15:
Indirect Rate Agreement

Required for POL and NHHCS

- Include your Indirect Rate agreement as needed

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Reminders

Reminders (1/2)

- **EHBs submission deadline**: February 14, 2025 by 5 PM ET
- Confirm your needed registration/access early
- Plan to submit at least 3 days prior to the deadline to allow time to address any submission process issues.

Submissions:
- Not to exceed 40 pages
- Narrative document must be:
  - Single-spaced with 1-inch margins
  - 12 point, easily readable font (e.g., Times New Roman, Arial, Calibri)

Technical Assistance Resources:
- Sample forms and attachments are available at the NHHCIA Technical Assistance webpage
- Log in to Electronic Handbooks (EHBs): Log in to the EHBs

Reminders (2/2)

- Ensure your SAM.gov and Grants.gov registrations and passwords are current
- For guidance on how to register for Grants.gov, see the link [How to Apply for a Federal Funding Opportunity on Grants.gov – Grants.gov Community Blog (wordpress.com)](#)

Remember:

- Structured submission sections in EHBs and OMB-approved forms **DO NOT** count towards your page limit.
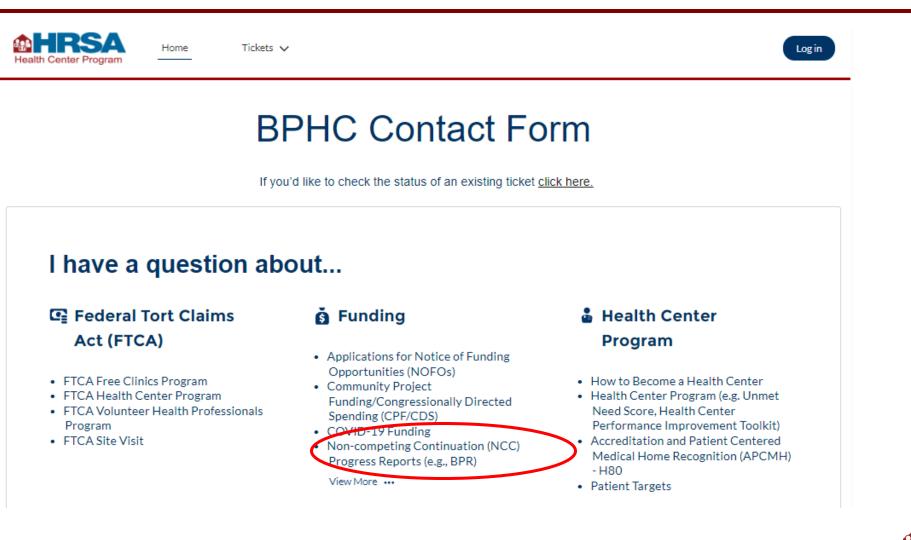
Contacts

Program issues or technical assistance	Marc Clark Public Health Analyst Bureau of Primary Health Care Office of Policy and Program Development BPHC Contact Form (under "Funding", select "Applications for NOFO", from the drop-down menu select "NHHCIA". Be sure to enter your contact information.)
Budget or other fiscal questions	Nicole Turner Grants Management Specialist Division of Grants Management Operations, Office of Federal Assistance Management Email: NTurner@hrsa.gov 301-443-0770
Electronic submission issues (i.e., Grants.gov issues)	Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays) Call: 1-800-518-4726 (International callers: 606-545-5035) Email: support@grants.gov **NOTE: Always get a case number when you call.**

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Using BPHC Contact Form

Click on link to BPHC Contact Form

BPHC Contact Form-drop down menu

Funding > Applications for Notice of Funding Opportunities (NOFOs)

💬 Tell us about your request

Include information such as the question or issue you're experiencing. Keep one question per form submission for us to more efficiently resolve your request.

* Give us more details about your inquiry

-- Please select a value --

-- Please select a value --
Accelerating Cancer Screening (AxCS)
American Rescue Plan – Uniform Data System + (ARP-UDS+)
Budget Period Progress Report (BPR)
Capital Funding Opportunity
Early Childhood Development (ECD)
FY23 CARE
Health Center Controlled Network (HCCN)
National Training and Technical Assistance Partner (NTTAP)
Native Hawaiian Health Care Improvement Act (NHHCIA)
New Access Points (NAP)
Primary Care Association (PCA)
Primary Care HIV Prevention (PCHP)
Quality Improvement Fund (QIF)
School-Based Service Expansion (SBSE)
Service Area Competition (SAC)

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