



# FY25 Health Center Controlled Network Cooperative Agreements

Notice of Funding Opportunity – Technical Assistance  
Webinar and Q&A Session

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**Vision: Healthy Communities, Healthy People**

**Authority: Section 330(I) of the Public Health Service Act, (42 U.S.C. 254b(I))**



# Agenda

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Funding Opportunity Overview

Application Process and Components

Reminders and Resources

Q&A Session



# Funding Opportunity Overview



# FY 2025 HCCN NOFO Purpose

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The Health Resources and Services Administration (HRSA) will fund up to 49 eligible organizations to support networks of participating health centers (PHCs) to leverage health information technology (IT) and data to enhance how they deliver affordable, accessible, and high-quality primary care, with a specific focus on:

- Data management analytics,
- Interoperability of systems and digital health tools, and
- Uniform Data System Modernization (UDS+) implementation



# Health Center and Technical Assistance Definitions

*Health Center* refers to Health Center Program (H80) award recipients and organizations with look-alike (LAL) designation from HRSA.

*Technical Assistance* is the process of providing targeted advice, assistance expertise, or information to an organization or groups of organizations with a developmental need to facilitate quality or performance improvement.

Examples of T/TA:

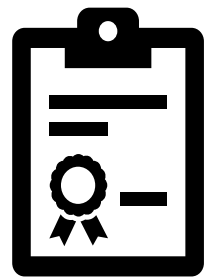
- Using UDS+ readiness assessment results to improve health center data submissions.
- Supporting coding accuracy and clinical risk-stratification capabilities.
- Supporting Health Information Exchange (HIE) and interoperability between platforms.
- Performing data analytics to support quality measurement and improvement



# Eligible Applicants

## Organizations *eligible* to apply for HCCN funding include:

- Public or private institutions of higher education, public and private non-profit or for-profit entities
- An HCCN
- A current Health Center Program (H80) award recipient, funded for at least 2 consecutive years, applying on behalf of an HCCN
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and freely associated states
- Native American tribal governments and organization



## Applications *will not be considered* if they:

- Fail to meet submission deadline requirements
- Do not include the *Project Narrative, Attachment 1: PHC MOA Template and Signatures, and Attachment 8: Network Bylaws*

# Funding Details

- Approximately \$48 million to fund 49 HCCNs.
- Funding will be provided in the form of cooperative agreement with HRSA.
- Award amounts will be based on the number of PHCs in your network.
- Funding will be for a 3-year period of performance (August 1, 2025 – July 31, 2028).
- Awards will be made on or around August 1, 2025.



# Funding Details (continued)

Table 1: FY25 funding tier and maximum annual award amount

Number of PHCs	Maximum Annual Funding
10 - 19	\$705,000
20 - 29	\$955,000
30 - 39	\$1,205,000
40 - 49	\$1,455,000
50 - 59	\$1,705,000
60 - 69	\$1,955,000
70 - 79	\$2,205,000
80 - 89	\$2,455,000
90 - 99	\$2,705,000
100+	\$2,955,000





# HCCN Program Requirements Summary

- You must have a signed **Memorandum of Agreement (MOA)** with all PHCs in your network.
- You must have MOAs with at least 10 PHCs (as described in the **Eligibility** section of the NOFO) in your network throughout the period of performance.
- You cannot require PHCs to become network members or pay to receive the services provided through this award.
- A health center may contract for, or otherwise receive services from multiple HCCNs, but may only be included on one HCCN's PHC List throughout the period of performance.
- Funding PHCs not in your HCCN network is allowed to a limited extent.
- You must engage all PHCs in applicable HCCN activities detailed in the **Project Work Plan (PWP)**.



# HCCN Program Requirements Summary (continued)

- A single health center with multiple sites counts as one PHC. All sites may engage in applicable HCCN activities, based on PHC needs as noted below.
- You must inform HRSA of changes to the PHCs in your HCCN network within 30 days of the change.
- If you are a Health Center Program (H80) award recipient, you may apply on behalf of an HCCN and be a PHC within an HCCN.
- You must develop an individualized work plan with each PHC within 90 days of the period of performance start date and review and update that plan at least annually. HRSA may request work plans at any time during the period of performance and will review work plans during site visits.



***This is not a complete list of all the requirements. Refer to the Program Requirements section in the NOFO for full details.***

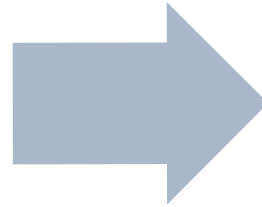
# Application Process and Components



# Two Phase Application Process

## Phase 1: Grants.gov

- Due: *December 2, 2024, 11:59 P.M. ET*
- Access in Grants.gov
- Application will be available October 3, 2024



## Phase 2: Electronic Handbooks (EHBs)

- Due: *January 10, 2025, 5 P.M. ET*
- Access in the EHBs
- Application will be available within *2-3 business days after your Grants.gov submission*

# Phase 1: Required Documents

Phase 1: Grants.gov

- Application for Federal Assistance (SF-424)
- Project Abstract Summary Form
- Project/Performance Site Location(s)
- Grants.gov Lobbying Form
- Disclosure of Lobbying Activities (SF-LLL)
- Key Contacts Form
- Project Narrative Attachment Form
- Project Narrative
- Budget Narrative Attachment Form
- SF-424-A: Budget Information — Non-Construction Programs Form\*
- Attachments (up to 15)



- Project Abstract Summary
- Project/Performance Site Locations
- Grants.gov Lobbying
- Key Contacts
- Project Narrative
- SF-424A Budget Information — Non-Construction Programs Form
- Budget Narrative
- Attachments
- Project Work Plan
- Participating Health Center List

# Project Narrative

Need

Describe the health IT and data needs of your PHCs and how they vary across the network.

Response

Describe how you will engage PHCs in activities you detailed in the Project Work Plan, encourage knowledge sharing, and address their health IT and data system limitations.

Collaboration

Demonstrate how your partnerships will support the development of T/TA activities.



# Project Narrative (continued)

Resources and Capabilities

Demonstrate your ability to ensure overall success in the development and delivery of T/TA.

Evaluative Measures

Explain how you will collect, monitor, and measure quantitative and qualitative data to improve the development and delivery of T/TA activities.

Support Requested

Demonstrate how the submitted budget will ensure the overall success of your project





# Attachments

**Attachment 1:** PHC MOA  
Template and Signatures

**Attachment 2:**  
Organizational Chart

**Attachment 3:** Position  
Descriptions for Key  
Project Staff

**Attachment 4:**  
Biographical Sketches for  
Key Project Staff

**Attachment 5:** Staffing  
Plan

**Attachment 6:** Summary  
of Contracts and  
Agreements (as  
applicable)

**Attachment 7:** Letters of  
Support (as applicable)

**Attachment 8:** Network  
Bylaws



# Attachments (continued)

**Attachment 9:** Indirect Cost Agreement

**Attachment 10:** PHC Needs Assessment Summary (as applicable)

**Attachment 11:** Other Documents (as applicable)



# SF-424-A Budget Information – Non-Construction Programs Form

Section A	Section B	Section C	Section D	Section E	Section F
List the <i>line-item costs for each category</i> for budget years 1-3	Provide category amounts for each budget period	Do <i>not</i> include non-federal funding in the budget presentation	Complete only <i>line 13</i>  *No cost sharing/matching is required for the purposes of this funding opportunity	Complete <i>line 16</i> of the <i>Future Funding Periods</i> columns: 2 <sup>nd</sup> and 3 <sup>rd</sup> budget year	Complete other budget information as applicable



***Funding request should not exceed the maximum annual level for the number of PHCs in your network***



# Budget Narrative:

- Include details for each of the three 12-month budget periods.
- Demonstrate that you will use HCCN funds for costs that will advance progress on the HCCN objectives.
- Detail proposed costs for each category in Section B of the SF-424A Budget Information – Non-Construction Programs form, with calculations for how you derive each cost.
- Include Personnel Justification Table(s) for all direct hire staff and contractors you propose to support with the award.
- Highlight planned budget changes in Years 2 and 3 or indicate no substantive changes are planned.
- Include your current indirect cost rate agreement in *Attachment 11: Other Documents* or use the 10% de minimus rate, as applicable.
- Do not include ineligible costs or non-federal funding.



# Funding Restrictions

## HCCN funding may not be used for:



- Costs already paid for by other federal awards
- Costs not aligned with the HCCN Purpose
- Equipment, supplies, or staffing for use at the health center level or any other individual health center operational costs
- Costs for construction or renovations
- The purchase or upgrade of an electronic health record (EHR) that is not certified to the latest standards of the Office of the National Coordinator for Health Information Technology Certification Program
- Facility or land purchases
- The purchase of vehicles
- Direct patient care
- PHC recruiting or member incentives
- Conferences



# Participating Health Center (PHC) List Form

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- Include a list of all the PHCs in your network.
- The list should not include PHCs that are not in your network.
- For Competing Continuation applicants, the list will be prepopulated with your currently approved PHCs.
- Add/Delete instructions are found in the NOFO.



# Project Work Plan (PWP) Form:

- Enter content directly into EHBs
- Include details of proposed activities for the first 12 months of the period of performance (8/1/25 through 7/31/26)
- Include data that supports achievement of the objectives by the end of the period of performance (7/31/28)
- All proposed activities must align with the objectives.
- Activities for health centers in another HCCN's network will not contribute toward objective achievement and should not be included on the PWP form.



# HCCN Objectives

## Required Objectives

- Data Management and Analytics
- Interoperability and Data Sharing
- UDS+ Implementation

## Elective Objectives (Choose Two)

- Strengthening Value-Based Care
- Digital Health Tools
- Additional Cybersecurity Support
- Artificial Intelligence (applicant choice)
- Health Related Social Needs (developed by applicant)





# Writing a SMART Objective



SPECIFIC

**Specific.** A SMART objective is clear about for whom. What specific population is experiencing the problem? It should also state the extent of the problem, as well as where/when it presents itself.



MEASURABLE

**Measurable.** To provide a gauge of success, a SMART objective must be quantifiable.



ATTAINABLE

**Attainable.** The objective needs to be something that can be accomplished in the timeframe that your team sets.



RELEVANT

**Relevant.** An objective should feel meaningful to the team, as well as to program leadership and staff. Is it aligned with the mission of the program? Is there momentum related to the objective?



TIME-BOUND

**Time-bound.** An objective should specify by when the team expects to see improvement. Specifying by when will help your team to determine if you are on track toward meeting your objective.

# Merit Review Criteria

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- Need (15 points)
- Response (30 points)
- Collaboration (10 points)
- Resources and Capabilities (15 points)
- Evaluative Measures (15 points)
- Governance (5 points)
- Support Requested (10 points)



# Reminders and Resources



# Important Dates

**Application Open Date: October 3, 2024**



**Grants.gov (Phase 1) Due Date: December 2, 2024, 11:59 PM ET**



**Supplemental Information – EHBs (Phase 2) Due Date: January 10, 2025, 5 PM ET**



**Award Start Date: August 1, 2025**



**Period of Performance: August 1, 2025– July 31, 2028**





# Important Application Reminders

- There is a limit of 80 pages, the page limit does not include:
  - Standard OMB-approved forms (e.g., Form 1A, PWP)
  - Abstract (standard form (SF) "Project Abstract Summary")
  - Indirect Cost Rate Agreement
- The funding request amount on budget documents must not be higher than the maximum allowable funding amount for the number of PHCs in your network.
- The Project Narrative as well as the Attachments identified as “required for completeness” must be submitted for your application to be deemed eligible.



# HCCN Technical Assistance Webpage

**Notice of Funding Opportunity (HRSA-25-018)**

**EHBs Application User Guide**

**Sample Documents: Budget Narrative, Project Work Plan, Staffing Plan, Summary of Contracts and Agreement, Sample Objectives Activities List**

**TA Webinar Recording and Slide Deck**

**Frequently Asked Questions (FAQs)**

<https://bphc.hrsa.gov/funding/funding-opportunities/health-center-controlled-networks-hccn>



# Technical Assistance Contacts

General Technical Assistance	<a href="#">Apply for FY25 HCCN Cooperative Agreements</a>
HCCN NOFO Application Questions	Submit a request using the <a href="#">BPHC Contact Form</a> Under <b>Funding</b> category, select <ol style="list-style-type: none"><li>1. Applications for Notice of Funding Opportunities (NOFOs)</li><li>2. Health Center Controlled Network (HCCN)</li></ol>
HRSA EHBs Submission Assistance	Submit a request using the <a href="#">BPHC Contact Form</a> Under <b>Technical Support</b> category, select <ol style="list-style-type: none"><li>1. EHBs Task/EHBs Technical Issues</li><li>2. Category that best matches your inquiry</li></ol>
Grants or Budget Questions	<a href="#">Email Mona Thompson</a> or call 301-443-3429



# Thank You!

**Thomas Long**

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Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

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## Q & A

Use the Q&A pod to ask your questions



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