Preparing and Submitting the Fiscal Year 2026 (FY26) Native Hawaiian Health Care Improvement Act Non-Competing Continuation Progress Report

for Native Hawaiian Health Care Systems and Papa Ola Lokahi

HRSA 5-H1C-26-002

Bureau of Primary Health Care (BPHC), Health Resources and Services Administration

Vision: Healthy Communities, Healthy People

AGENDA

- Overview
- Submission Components
- Contacts

Overview

Due Date: March 20, 2026 at 5:00 PM ET

- **Total FY26 NHHCIA funding**: $24.8M
  - Appropriated annually
  - Amounts per award recipient can vary each year
  - Refer to instructions for cost sharing/matching requirements
- **Budget Period**: August 1, 2026 – July 31, 2027
- **Progress Report Submission**
  - Submit in EHBs
  - 40 pages or less when printed with attachments

HRSA Health Center Program

Submission Components

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

SF-424A Budget Information (Form)

Budget Narrative and Personnel Justification Table (Attachment)

Project 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

HRSA
Health Center Program

Submission Components:
Budget Presentation

- A complete budget presentation includes the SF424A Budget Information Form and the Budget Narrative and Personnel Justification Table attachment

- Provide budget information for the upcoming FY26 budget period (August 1, 2026, through July 31, 2027)

- Federal funds may not be used to pay the salary of an individual at a rate more than **$228,000**. (Executive Level II salary limit effective January 2026)

- **NHHCS only:**

  - 10 percent cap on administrative expenditures

  - Cost sharing/matching requirement equal to $1 for every $5 of federal funds

Submission Components:
Project Narrative

Required Elements

1. Changes in demographics or needs of the target population/service area
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/certifying the full universe of NHHCSs and new organizations, as well as describing the capacity to expand and recognize quality services providers. **(POL ONLY)**

Submission Components
Attachments

Application Components:
Attachments (1/2)

1. FY25 Project Work Plan Update (Required for POL)

2. FY26 Project Work Plan   (Required for POL)

3. FY26 Required Service Projections Update (Required for NHHCS)

4. Required Clinical Performance Measures Progress Report (Required for NHHCS)

5. Optional Clinical Performance Measures Progress Report (Optional for NHHCS)

6. Required and Optional Financial Performance Measures Progress Report (Required for NHHCS)

7. FY26 Income Analysis Form (Required for NHHCS)

8. Staffing Plan (As Applicable)

Application Components:
Attachments (2/2)

9. Position Descriptions for Key Personnel (As Applicable)

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

11. FY26 Current Board Member Characteristics (As Applicable)

12. Letters of Support (As Applicable)

13. Summary of Contracts and Agreements (As Applicable)

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

15. Other Relevant Documents (Required for POL for the Formal Certification Procedure) and Indirect Cost Rate Agreements (As Applicable)

HRSA
Health Center Program

Attachment 1: Project Work Plan Update

FY25 Project Work Plan Update

- Start with the FY25 Project Work Plan submitted with your FY25 progress report or most recently approved version.

- Add a column titled *FY25 Progress.*

- Provide information regarding progress made toward planned activities and goals in the FY25 progress report. Do not edit other fields. Refer to the sample and use the column instructions.

Attachment 2:
FY26 Project Work Plan

Attachment 2: FY26 Project Work Plan

Start with the FY25 Project Work Plan submitted with your FY25 progress report.

- Upload an FY26 Project Work Plan that documents your activities planned for the FY26 budget period (August 1, 2026, through July 31, 2027).
- Highlight fields with updates to facilitate HRSA review of proposed changes for the FY26 period.

HRSA
Health Center Program

Attachment 3: Required Service Projections Update

- Start with your Required Service Projections Update from FY25 progress report
- Add two new columns to provide numeric data to date and a narrative explanation of progress toward the goal
- Do not edit information in other rows or cells
- Refer to the sample on the NHHCIA TA webpage

Attachment 4:

Required Clinical Performance Measures Progress Report

- Start with the Required Clinical Performance Measure Progress Report submitted with the FY25 progress report
- Add two rows to provide numeric data to date and a narrative explanation of progress toward the goal
- Do not edit information in any other rows or cells

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

HRSA Health Center Program

Attachment 6: Required and Optional Financial Performance Measures

- Report progress on goals you previously set for the Cost Per Total Patient Measure and at least one other Financial Performance Measure

- Start with the Financial Performance Measures Progress Report submitted with the FY25 progress report

- Add two new rows to provide numeric data showing progress and a narrative explanation of progress in relation to the goals

- Do not edit any information in other rows or cells

HRSA Health Center Program

Attachment 7:
FY26 Income Analysis Form

- You must record expected income from all sources other than the NHHCS grant
    - **Program income** (known as patient service revenue)
    - **All other income** (known as other federal, state, local, and other income)
- Estimate expected income for budget period August 1, 2026, through July 31, 2027
- See the complete guidance and a sample form at the NHHCIA TA webpage

Attachment 8: Staffing Plan Update As Applicable

If your staffing has changed since submitting the FY25 progress report, upload a summary of updates. Include:

- Names of new staff supported by NHHCIA funding
- Relevant education and experience qualifications
- Rationale for time requested for each staff position

Attachment 9:
Position Descriptions for Key Personnel

If your position descriptions have changed since submitting the FY25 progress report, upload a summary of updates. Include:

- Updated descriptions for **key personnel** only (for example, chief executive officer (CEO), chief financial officer (CFO), chief operating officer (COO), etc.)

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

Attachment 10:
Biographical Sketches for Key Personnel

- If key personnel has changed since submitting your FY25 progress report, include updated biographical sketches for key personnel 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

HRSA
Health Center Program

Attachment 11:
FY26 Current Board Member Characteristics

If there are changes in board members since submitting your FY25 progress report, submit an updated Current Board Member Characteristics with the following:

- 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

HRSA
Health Center Program

Attachments 12, 13 and 14

Attachment 12: **Letters of Support (As Applicable)** If support has changed since you submitted the FY25 progress report, upload current dated letters of support that specifically indicate commitment to the project (for example: financial support, in-kind services, staff, space, equipment)

Attachment 13: Summary of Contracts and Agreements Updates (As Applicable) Upload updates as needed to a summary of project-related contracts and agreements included in your FY25 progress report

Attachment 14: Certification from POL (Required for NHHCSs) Upload a copy of your current NHHCS certification from POL

Attachment 15: NHHCS Certification Procedure (Required for POL)
Attachment 15: Indirect Cost Rate Agreement (As Applicable)

Include a description of your process for recognizing and certifying existing NHHCS, including:

- Specific steps in the process
- Outreach efforts and certification promotion to island communities
- Any changes in qualifications and capabilities needed for certification
- Documents and materials used by POL in the certification process
- A list and description of documents requested from NHHCSs during the process
- A list of the organizations that expressed an interest in pursuing certification

If you have an approved Indirect Cost Rate Agreement, include it in Attachment 15
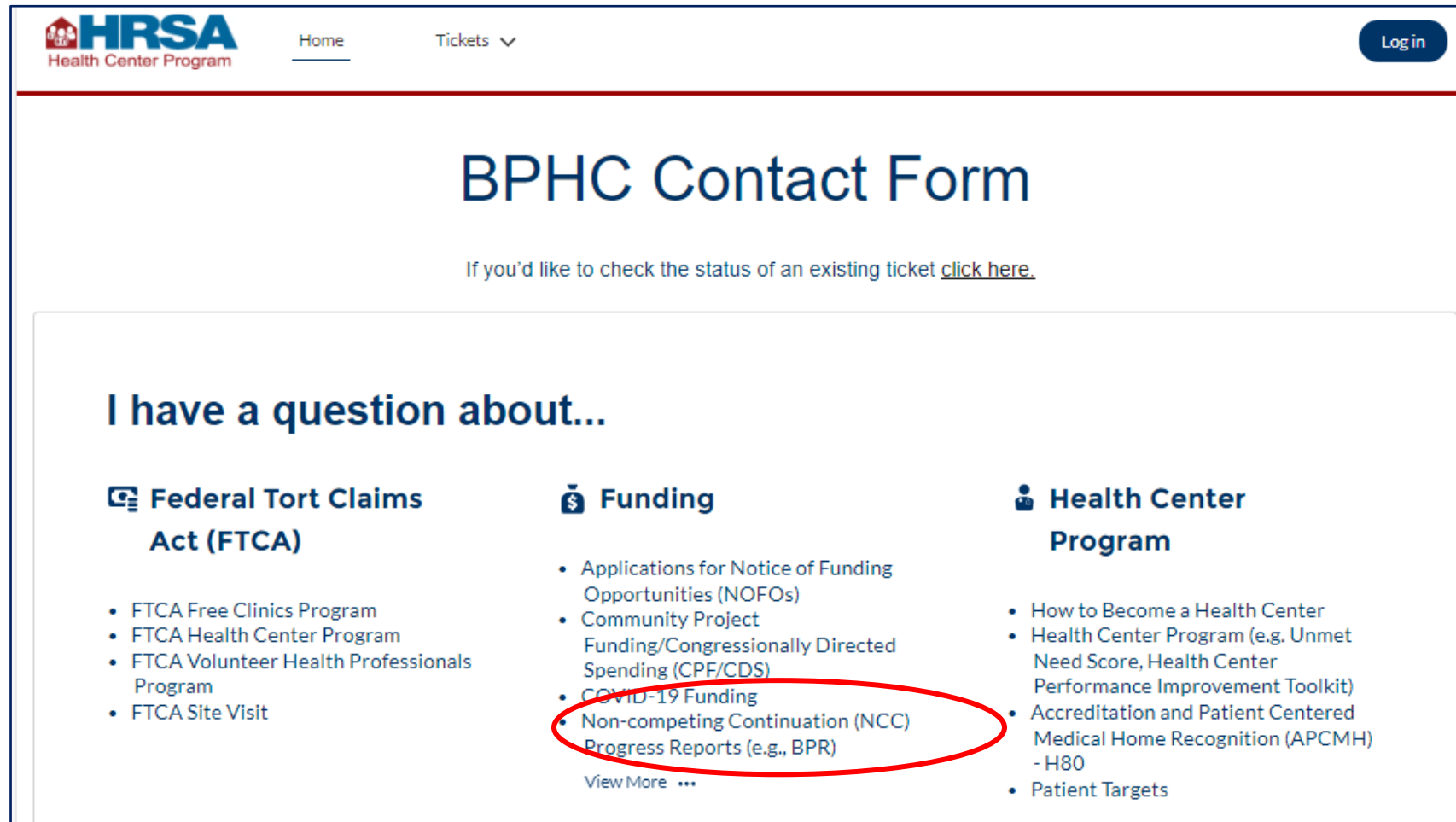
Contacts

Program issues or technical assistance	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 Phone: 301-443-0165
Electronic submission issues (for example, 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.**

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)

Back   Next

HRSA
Health Center Program

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

FOLLOW US:

HRSA
Health Center Program