



FY26 Native Hawaiian Health Care Improvement Act (NHHCA) Non-Competing Continuation (NCC) Progress Report

Sample Project Work Plan (Required for POL)

The table below is for reference only. Start with the Project Work Plan submitted with your FY25 progress report (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 FY26 budget period (August 1, 2026, through July 31, 2027).

Highlight fields with updates to facilitate HRSA review of proposed changes. Only highlight changes planned for the FY 26 budget period. Follow the column instructions below if you add additional Goals or Key Action Step rows.

OMB No.: 0915-0285. Expiration Date: 04/30/2026

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 track 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

Goal 3:

Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Collaborative Partners

Goal 4:

Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Collaborative Partners

Public Burden Statement: The OMB control number for this information collection is 0915-0285 and it is valid until 4/30/2026. 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.