



Fiscal Year 2025 (FY25) Native Hawaiian Health Care Improvement Act (NHHCIA) Non-Competing Continuation (NCC) Progress Report Instructions for FY24 Award Recipients

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Purpose

The purpose of this document is to provide you, a Native Hawaiian Health Care Improvement Act (NHHCIA) award recipient, with instructions on how to submit your fiscal year 2025 (FY25) Non-Competing Continuation (NCC) Progress Report (referred to as the progress report). The progress report includes project updates from the FY24 budget period and planned activities for the FY25 budget period (August 1, 2025 through July 31, 2026). Submission and approval of your progress report will provide funding for FY25. Continued funding depends on appropriation of funds, satisfactory progress, and a decision that continued funding is in the best interest of the federal government.

Submission and Award Information

NCC progress report submissions will be available starting **December 20, 2024**, and are due in the HRSA Electronic Handbooks (EHBs) by 5:00 p.m. ET on **February 21, 2025**.

General Instructions

Your complete progress report submission includes all forms and attachments identified in [Table 1: Forms and Attachments](#). Complete all forms directly in EHBs and upload the remaining documents as attachments into EHBs.

Your progress report must not exceed **40 pages** when printed by HRSA (approximately 5 MB). Submit single-spaced narrative documents in a 12-point, clear, readable font (for example, Times New Roman, Arial, Calibri) and one-inch margins. For tables, charts, and footnotes, you must use 10-point font or larger.

Progress reports that do not include the required information will be considered incomplete and will be returned to you through a “Change Requested” notification in EHBs. If we do not receive your progress report by the deadline or the progress report is incomplete or non-responsive, a delay in Notice of Award (NOA) issuance or a lapse in funding could occur.

Table 1: Forms and Attachments

NHHCIA NCC Progress Report Section	Form or Attachment	Required or Optional	Instructions	Counted in Page Limit?
SF-PPR and SF-PPR-2	Form	Required for NHHCS and POL	Refer to the Basic Information section.	No

NHHCIA NCC Progress Report Section	Form or Attachment	Required or Optional	Instructions	Counted in Page Limit?
SF-424A Budget Information	Form	Required for NHHCS and POL	Refer to the SF-424A Budget Information section for detailed instructions.	No
Budget Narrative and Personnel Justification Table	Attachment	Required for NHHCS and POL	Upload the Budget Narrative and Personnel Justification Table. Refer to the Budget Narrative and Personnel Justification Table section for detailed instructions.	Yes
Project Narrative	Attachment	Required for NHHCS and POL	Upload the Project Narrative. Refer to the Project Narrative section for detailed guidance.	Yes
Attachment 1: FY24 Project Work Plan Update	Attachment	Required for POL only	Upload the FY24 Project Work Plan Update (see Appendix A). A sample is available on Report Progress on the NHHCIA Award .	Yes
Attachment 2: FY25 Project Work Plan	Attachment	Required for POL only	Upload the FY25 Project Work Plan (see Appendix A). A sample is available on Report Progress on the NHHCIA Award .	Yes
Attachment 3: Required Service Projections Form Update	Attachment	Required for NHHCS only	Upload the Required Service Projections Form Update (see Appendix B). A sample is available on Report Progress on the NHHCIA Award .	Yes

NHHCIA NCC Progress Report Section	Form or Attachment	Required or Optional	Instructions	Counted in Page Limit?
Attachment 4: Required Clinical Performance Measures Progress Report	Attachment	Required for NHHCS only	Upload the Required Clinical Performance Measures Progress Report (see Appendix B). A sample is available on Report Progress on the NHHCIA Award .	Yes
Attachment 5: Optional Clinical Performance Measures Progress Report	Attachment	Optional for NHHCS only	Upload the Optional Clinical Performance Measures Progress Report (see Appendix B). A sample is available on Report Progress on the NHHCIA Award .	Yes
Attachment 6: Required and Optional Financial Performance Measures Update	Attachment	Required for NHHCS only	Upload the Required and Optional Financial Performance Measures Update Forms (see Appendix B). A sample is available on Report Progress on the NHHCIA Award .	Yes
Attachment 7: FY25 Income Analysis Form	Attachment	Required for NHHCS only	Upload the FY25 Income Analysis form (see Appendix B). A sample is available on Report Progress on the NHHCIA Award .	Yes
Attachment 8: Staffing Plan	Attachment	Required for NHHCS and POL, if any changes	Upload an updated Staffing Plan if yours has changed staffing since submitting the FY24 NHHCIA application, (see Appendix C).	Yes

NHHCIA NCC Progress Report Section	Form or Attachment	Required or Optional	Instructions	Counted in Page Limit?
Attachment 9: Position Descriptions for Key Personnel	Attachment	Required for NHHCS and POL, if any changes	If you changed position descriptions for Key Personnel since submitting the FY24 NHHCIA application, upload updated Position Descriptions (see Appendix C).	Yes
Attachment 10: Biographical Sketches for Key Personnel	Attachment	Required for NHHCS and POL, if any changes	If new key personnel have been hired since your FY24 progress report, upload their biographical sketches.	Yes
Attachment 11: FY25 Current Board Member Characteristics	Attachment	Required for NHHCS and POL, if any changes	Upload Current Board Member Characteristics form if your Board has changed since the FY24 application. Use the fillable form available on Report Progress on the NHHCIA Award as needed.	Yes
Attachment 12: Letters of Support (as applicable)	Attachment	NHHCS and POL, if any changes	If applicable, upload any new letters of support for new collaborative partners (see Appendix C).	Yes
Attachment 13 Summary of Contracts and Agreements	Attachment	NHHCS and POL, if any changes	Upload a summary for any new or revised contracts and/or agreements that differ from what was submitted in your FY24 application.	Yes
Attachment 14 Recognition and Certification from POL	Attachment	Required for NHHCS only	Upload the most recent certification.	Yes

NHHCIA NCC Progress Report Section	Form or Attachment	Required or Optional	Instructions	Counted in Page Limit?
Attachment 15 Formal Certification Procedure	Attachment	Required for POL only	Upload the most recent or revised procedural guidance and provide an update/ description of the specific steps and outreach actions that occurred in FY24 and provide an outreach plan for FY25.	Yes

Table 2: Maximum Awards for FY25

Recipient Name	Maximum Funding Amount
Ho’ola Lahui Hawaii	\$3,246,769
Ke Ola Mamo	\$2,924,208
Na Pu’uwai	\$2,530,712
Hui No Ke Ola Pono	\$3,088,269
Hui Malama Ola Ha’oiwi	\$3,001,484
Papa Ola Lokahi	\$10,000,000
TOTAL	\$24,791,442

Basic Information

The SF-PPR form displays basic information about your organization. Review and update the information as necessary.

The SF-PPR-2 form displays project information related to lobbying activities, areas affected by the project, and the point of contact. Review and update the information as necessary.

Budget Presentation

A complete budget presentation includes:

- The SF-424A [Budget Information Form](#), to be completed electronically in EHBs for the upcoming FY25 budget period (August 1, 2025 through July 31, 2026); and
- The [Budget Narrative and Personnel Justification Table](#) attachment.

SF-424A Budget Narrative Form (Required for NHHCS and POL)

In **Section A: Budget Summary**, in the Federal column, provide the total of federal funding request, based on [Table 2: Maximum Awards for FY25](#) NHHCIA (H1C) award amount.

In the Non-Federal column, provide the total of the non-federal funding sources for your organization. For the NHHCS', demonstrate the required cost sharing/matching and ensure that the total for the Non-Federal column should equal the Total Non-Federal value on the FY25 Income Analysis form. Cost sharing /matching does not apply to POL. The amount(s) in the Total column will be calculated automatically as the sum of the Federal and Non-Federal columns.

In **Section B: Budget Categories**, enter the H1C funding request by object class category for the upcoming budget period. Include federal funding in the first column and non-federal funding in the second column. The amount in each object class category and totals must align with the Budget Narrative.

You may only claim indirect costs with an approved indirect cost rate (see details in the [Budget Narrative and Personnel Justification Table](#) section).

In **Section C: Non-Federal Resources**, categorize the non-federal resources. You are required to include non-federal matching funds in an amount equal to \$1 for every \$5 of federal funds. See [Cost Sharing/Matching](#) discussion above for more information about in-kind contributions and matching funds. This section does not apply to POL who is not required to provide any matching funds.

Salary Limitation

The Further Consolidated Appropriations Act, 2024 (P.L. 118-47), Division D, § 101, states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2024, the salary rate limitation is \$221,900. Use the link under [Personnel Costs](#) to ensure your budget request reflects the most current rate.

The salary limitation reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. This salary limitation also applies to subrecipients under a HRSA grant. As required by law, salary rate limitations may apply in future years.

Budget Narrative and Personnel Justification Table

Information in the Budget Narrative will reflect only your H1C award amount and any non-federal funding supporting your H1C project for the FY25 budget period (August 1, 2025 – July 31, 2026).

Upload a line-item Budget Narrative in EHBs that outlines federal and non-federal costs by object class category. This attachment must align with the budget information provided in the

[Budget Narrative and Personnel Justification Table](#) and your FY25 Project Work Plan. In addition, provide a table of personnel to be paid with federal funds, if applicable, as shown in the Sample Budget Justification and Personnel Justification Table (PDF) on [Report Progress on the NHHCIA Award](#). Your budget narrative must:

Include a line-item Budget Narrative explaining the amounts requested for each row in Section B: Budget Categories of the SF-424A: Budget Information Form, including details on both the federal request and non-federal resources. The Budget Narrative must contain detailed calculations explaining how each line-item expense is derived. Include:

- The total resources required to achieve the goals (both federal and non-federal).
- How you will maximize non-grant revenue
- A complete breakdown of the costs for each activity.
- **For POL:** One-time equipment purchases (see definition of equipment on page 8).
- **For NHHCS:**
 - A detailed presentation of the breakdown and sources for matching funds as required in [42 U.S.C. § 11705\(e\)](#).
 - A demonstration of adherence to the 10 percent administrative cap.

Include the following sections in the Budget Narrative:

Personnel Costs: Provide the following information for all direct hire staff and contractors you propose to support with federal NHHCIA funding: name (if possible), position title, percentage of full-time equivalency (FTE), annualized base salary, adjusted annual salary based on salary limitation requirements, and the amount of federal funding requested.

Reminder: The Further Consolidated Appropriations Act, 2024 (P.L. 118-47), Division D, § 101, states “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Effective January 2024, the salary rate limitation is \$221,900. Use the link under [Personnel Costs](#) to ensure your budget request reflects the most current rate. Provide an individual’s actual base salary if it exceeds the cap. The rate limitation simply limits the amount that may be awarded and charged under the NHHCIA.

Fringe Benefits: List the components of the fringe benefit rate for direct hire staff. Fringe benefits must be directly proportional to the portion of personnel costs allocated for the NHHCIA project.

Travel: List expenses associated with both local and long-distance travel for consultants, direct hire personnel, and/or contractors. Detail travel costs consistent with your established travel policy and in compliance with [45 C.F.R. § 75.474](#).

Equipment: (POL only): List equipment costs and provide justification for the need of the equipment to support program goals. Per [45 CFR § 75.320](#), property will be classified as equipment if the per unit acquisition cost is \$5,000 or more and the property has a useful life of

one or more years (for example, large medical equipment). Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of items that meet the definition of equipment.

Supplies: Per [45 CFR § 75.321](#), property will be classified as supplies if the acquisition cost is under \$10,000. Classify items, such as laptops, tablets, and desktop computers, as supplies if the value is under the \$10,000 equipment threshold.

List the items that will be used to implement the proposed project. Separate items into three categories: office supplies (for example, paper, pencils), medical supplies (for example, syringes, blood tubes, gloves), and educational supplies (for example, brochures, videos). List items separately.

Contractual Services: Clearly state the purpose of each contract, including specific deliverables. You must have an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost. List any EHR license fees for new personnel and health information technology.

Indirect Costs: Include indirect costs in your budget request only if your organization has a negotiated indirect cost rate agreement or is claiming a de minimis rate of 15 percent of modified total direct costs. If your budget includes indirect costs, upload a copy of your most recent indirect cost rate agreement as [Attachment 15](#) or indicate that you are using the de minimis indirect cost rate of 15 percent of modified total direct costs under the requirements detailed at [45 C.F.R. § 75.414](#).

Project Narrative (Required for NHHCS and POL)

Your Project Narrative must discuss **significant progress, changes and challenges** for the elements that have impacted your target audience and organizations. Where appropriate report on the impact of COVID-19 in any applicable areas. All pages will count in your Page Limit.

Discuss Significant Progress, Challenges and Changes to:	Subject Area(s) to Address	Required For
Demographics or needs of the target population, service area	Provide a brief narrative highlighting broad issues, significant progress, and challenges – you must address what and why an issue you discuss is significant	NHHCS and POL

Discuss Significant Progress, Challenges and Changes to:	Subject Area(s) to Address	Required For
Program evaluation plans	Describe any key changes related to data collection, analysis, and dissemination or sharing	NHHCS and POL
Project staffing	Provide updates on recruitment or retention of key staff since the FY24 NHHCIA application	NHHCS and POL
Match requirement (1 non-federal \$ for each 5 federal \$)	Discuss past or future Issues or barriers in meeting FY25 (August 1, 2025 through July 31, 2026)	NHHCS only
Recognizing /certifying the full universe of NHHCSs and new organizations (POL Review Criterion #2)	<p>Describe the capacity to expand and recognize quality services providers</p> <ul style="list-style-type: none"> • Process for recognizing and certifying existing NHHCS, including an explanation of the specific steps • Specific actions taken supporting outreach and how publicized • Progress toward increasing new recognition in the next competitive cycle (FY27) • For greater detail on this area see the POL <i>Response</i> section FY24 Notice of Funding Opportunity (NOFO) HRSA-24-030 Native Hawaiian Health Care Improvement Act Program 	POL Only

Technical Assistance Contacts

ASSISTANCE NEEDED	CONTACT
General Technical Assistance	Report Progress on the NHHCIA Award includes example forms and other resources.
Budget/Fiscal Questions	<p>Nicole Turner Grants Management Specialist Division of Grants Management Operations Office of Federal Assistance Management Email NTurner@hrsa.gov</p> <p>Call 301-443-0770</p>
NHHCIA NCC Progress Report Requirements Questions	<p>Use the BPHC Contact Form. Under <i>Funding</i>, select:</p> <ul style="list-style-type: none"> • <i>Non-competing Continuation (NCC) Progress Reports</i> • <i>Native Hawaiian Health Care Improvement Act (NHHCIA)</i>
HRSA EHBs Submission Assistance	<p>Health Center Program Support</p> <p>Call 877-464-4772</p> <p>Use the BPHC Contact Form. Under <i>Technical Support</i>, select:</p> <ul style="list-style-type: none"> • <i>EHBs Tasks/EHBs Technical Issues</i> • <i>Non-Competing Continuation Reports</i>

APPENDIX A: Attachment Instructions for POL Only

You will upload two Project Work Plan documents:

- FY24 Project Work Plan Update: Provide updates on progress made toward goals in the Project Work Plan submitted as part of the FY24 application.
- FY25 Project Work Plan: Provide anticipated changes to the upcoming budget period’s Project Work Plan.

Refer to the Sample Project Work Plan Update and Project Work Plan on [Report Progress on the NHHCIA Award](#) and follow the instructions.

Attachment	Section Name	Instructions
Attachment 1	FY24 Project Work Plan Update	<p>Upload a FY24 Project Work Plan Update that documents made toward goals in the project work plan.</p> <p>Start with the Project work Plan submitted with your FY 2024 application or the most recently approved version.</p> <p>Add a column titled <i>FY24 Progress</i>. In this new column, provide information regarding progress made toward planned activities and goals since last year’s FY24 NOFO application.</p> <p>Provide information regarding progress made toward planned activities and goals (do not edit other fields)</p> <p>Refer to the sample and use the column instructions.</p>
Attachment 2	FY25 Project Work Plan	<p>Upload an FY25 Project Work Plan that documents your activities planned for the FY25 budget period (August 1, 2025, through July 31, 2026).</p> <p>Start with the Project Work Plan submitted with your FY24 application. Highlight fields with updates to facilitate HRSA review of proposed changes for the FY25 period. If you add additional goals, follow the instructions to list key action steps, timelines, expected outcomes, data, person responsible, and collaborative partners.</p>

Attachment	Section Name	Instructions
Attachment 15	Formal Certification Procedure	<p>Upload the most recent or certification procedure to recognize and certify service deliver organizations as NHHCSs:</p> <ol style="list-style-type: none"> 1) A description of specific steps and outreach efforts to island communities, including actions to promote certifying, 2) List and describe any changes in the qualifications and capacities an organization must demonstrate to be certified, 3) Copies of documents and other materials used by POL in the certification process, 4) A list and description of documents requested from NHHCSs during the certification process, and 5) A list of how many organizations have expressed an interest in pursuing certification.

APPENDIX B: Attachment Instructions for NHHCS Only

Attachment	Section Name	Instructions
Attachment 3	Required Service Projections Update	Three required service projections are linked to legislatively required NHHCS services. All three services must be tracked over the course of the 3-year period of performance. Add two additional columns to show cumulative progress since the beginning of the period of performance (August 1, 2024). In one column, provide cumulative numeric data showing progress to date and in the second column, provide a narrative explanation of cumulative progress in relation to the goal. Do not edit the goal previously provided. Refer to the sample on Report Progress on the NHHCIA Award to ensure that progress is properly reported.
Attachment 4	Clinical Performance Measures	Required clinical performance measures are linked to seven legislatively required Focus Areas of NHHCS services. Starting with the Required Clinical Performance Measures Form submitted with the FY24 NOFO application add two new rows to provide numeric data to date and a narrative explanation of progress in relation to the goal. Do not edit information in any other rows or cells. Refer to the sample on the Report Progress on the NHHCIA Award .
Attachment 5	Optional Clinical Performance Measures Progress Report	Optional Clinical Performance Measures were provided in 13 areas from which systems could choose. If you included optional clinical performance measures in the FY24 NOFO application, report progress on measures using this attachment as a model. Starting with the Optional Clinical Performance Measures Form you submitted with the FY24 NOFO application, add two new rows to provide numeric data showing progress to date and a narrative explanation of such progress in relation to the goal. Do not edit any information in any other rows or cells. Refer to the sample on Report Progress on the NHHCIA Award . If you did not include Optional Clinical Performance Measures in your FY24 application, do not include any in this submission.

Attachment	Section Name	Instructions
Attachment 6	Required and Optional Financial Performance Measures Progress Report	Report progress on goals you previously set for the Cost Per Total Patient Measure and at least one other Financial Performance Measure. Starting with the Financial Performance Measures Form submitted with the FY24 NOFO application add two new rows to provide numeric data showing progress to date and a narrative explanation of progress in relation to the goal. Do not edit any information in any other rows or cells. Refer to the sample on Report Progress on the NHHCIA Award .

Attachment	Section Name	Instructions
Attachment 7	FY25 Income Analysis Form	<p>Use the Income Analysis (fillable) Form template posted at Report Progress on the NHHCIA Award to show the expected income sources, projected patient services income, and other income from all sources (other than the NHHCIA grant) for the upcoming budget period of August 1, 2025 through July 31, 2026. The FY25 Income Analysis form includes:</p> <ul style="list-style-type: none"> - Program income (known as patient service revenue), and - All other income (known as other federal, state, local, and other income). <p>See the complete guidance for Attachment 6 in Appendix B of FY24 Notice of Funding Opportunity) <i>Part 1: Patient Service Revenue—Program Income</i> Patient service revenue is income directly tied to the provision of services to patients.</p> <p>The program income section groups billable visits and income into the five payer groupings used in the Uniform Data System (UDS) (see the UDS Manual [PDF] for details). All patient service revenue is reported in this section of the form.</p> <p>Exclude patient service revenue for sites or services not in the approved scope of project or pending HRSA approval.</p> <p><i>Part 2: Other Income – Other Federal, State, Local and Other Income</i> Classify other income by revenue source. This section includes all income other than the patient service revenue shown in Part 1 (exclusive of the NHHCIA grant request). It includes other federal, state, local, and other income. It is other revenue that is earned but not directly tied to visits, procedures, or other specific services.</p> <p>Note that in-kind donations are not included as income on the FY25 Income Analysis form. You must discuss in-kind donations in the Project Narrative.</p>
Attachment 14	Current NHHCS Certification from POL	Upload your current NHHCS certification from POL.

APPENDIX C: Attachment Instructions for NHHCS and POL

Attachment	Section Name	Instructions
Attachment 8	Staffing Plan (as applicable)	If you changed staffing since submitting the FY24 NOFO application, upload a summary of updates.
Attachment 9	Position Descriptions for Key Personnel	If there are any changes to Position Descriptions, upload your revised current position descriptions.
Attachment 10	Biographical Sketches for Key Personnel	Upload a list of updates to Biographical Sketches for Key Personnel.
Attachment 11	FY25 Current Board Member Characteristics	Provide any needed updates for the FY25 Current Board Member Characteristics as applicable.
Attachment 12	Letters of Support (as applicable)	If applicable, new support letters as needed or desired.
Attachment 13	Summary of Contracts and Agreements	If changes to contracts and agreements have been made since submission of the FY24 NOFO application, upload a summary describing project-related changes. Address the following items for each contract or agreement: name and contract information for each affiliated agency, type of contract or agreement (for example, contract, affiliation agreement), brief description of the purpose and scope (i.e., type of services provided, how/where services are provided), and timeframe for each agreement/contract/affiliation.
Attachment 15	Indirect Rate Agreement	Include the indirect cost rate agreement as needed in this attachment.