



**Fiscal Year 2025 State and Regional Primary Care
Association Cooperative Agreements
Non-Competing Continuation Progress Report Instructions**

Table of Contents

Purpose	1
Submission and Award Information	1
General Instructions	2
Key Contact/Principal Form Guidance.....	4
Summary of Project Progress and Changes.....	5
FY 2024 Budget Period Progress.....	8
FY 2025 Budget Period Plans	9
FY 2025 Budget Instructions.....	12
Attachment Instructions.....	14
Technical Assistance Contacts	17
Appendix A: PCA Objective Development Guide.....	19

Purpose

The purpose of this document is to provide to you, a current State and Regional Primary Care Association (PCA) award recipient, detailed instructions on how to submit the fiscal year (FY) 2025 PCA Non-Competing Continuation (NCC) progress report (hereafter referred to as “progress report”).

Submission and approval of your progress report will provide funding for the FY 2025 budget period (July 1, 2025, through June 30, 2026). Continued funding is dependent upon the appropriation of funds, satisfactory progress toward meeting project objectives, and a decision that continued funding would be in the government’s best interest.

Submission and Award Information

Your submission is due in the HRSA Electronic Handbooks (EHBs) by **5 p.m. ET on February 11, 2025**. We anticipate making FY 2025 budget period awards on or around July 1, 2025.

General Instructions

A complete progress report submission includes each of the forms and attachments outlined below in [Table 1: Progress Report Section Overview](#). Forms must be completed directly in the HRSA EHBs, and attachments must be uploaded into the HRSA EHBs.

The progress report has four sections:

- 1. Updates to your organizational information:**
 - a. Use the SF-PPR 1 and SF-PPR2 forms to review and update your Authorizing Official (AO) information, lobbying efforts, areas affected by your project, and the Point of Contact (POC).
 - b. Use the Key Contact/Principal form to update the names of all individuals who contribute in a substantive way to the project.
- 2. Summary of progress and changes:** Use the FY 2024 Project Narrative Update form to share overall progress, challenges, and significant changes to your project and how they will impact your project throughout the period of performance.
- 3. Updates on your project:** Use the FY 2024 Progress Update form to provide detailed updates on each of your activities since your project start date.
- 4. Plans for the FY 2025 budget period:** Use the FY 2025 Project Work Plan (PWP) form to detail your activities for the second year of your period of performance. Your Budget Details form and your Budget Narrative should correspond with the activities you outline in your FY 2025 PWP.

Throughout your progress report submission, you will provide updates for specific timeframes during the period of performance. Use the following to help you determine the timeframe you must report on for each section.

- **Period of performance:** July 1, 2024, through June 30, 2027
- **FY 2024 budget period:** July 1, 2024, through June 30, 2025
 - **Progress to date:** July 1, 2024, through December 31, 2024
 - **Anticipated progress:** January 1, 2025, through June 30, 2025
- **FY 2025 budget period:** July 1, 2025, through June 30, 2026

It is recommended that your progress report does not exceed 25 pages, which includes attachments but not HRSA EHBs forms. Documents submitted as attachments must be single-spaced with a 12-point, easily readable font (e.g., Times New Roman, Arial, or Calibri) and one-inch margins. You may use a smaller font (no less than 10-point) for tables, charts, and footnotes.

Progress reports that do not include required information will be considered incomplete. Missing information will be requested through the HRSA EHBs, and you will be notified via a “Change Requested” notification. If we do not receive your progress report by the established deadline or if we receive an incomplete or non-responsive progress report, a delay in Notice of Award (NoA) issuance or a lapse in funding could occur.

Table 1: Progress Report Section Overview

Progress Report Section	Inclusion in HRSA EHBs	Overview and Instructions
SF-PPR 1 and SF-PPR2	Form	<p>Review and update organizational information, e.g., Authorizing Official (AO) information, lobbying activities.</p> <p>Instructions on how to update these forms are included in the PCA NCC HRSA EHBs User Guide available on the PCA Technical Assistance webpage.</p>
Key Contact/Principal	Form	<p>Review the list of names and add, delete, or edit the form to include all principals involved in the project.</p> <p>Refer to the Key Contact/Principal Form for more information.</p>
FY 2024 Project Narrative Update	Form	<p>Highlight significant progress, challenges, and changes to your project since the beginning of your period of performance or that are anticipated.</p> <p>Refer to the FY 2024 Project Narrative Update instructions.</p>
FY 2024 Progress Update	Form	<p>Provide progress and anticipated progress towards objectives and activities for the FY 2024 budget period (July 1, 2024, through June 30, 2025).</p> <p>Refer to the FY 2024 Progress Update Form instructions.</p>
FY 2025 Project Work Plan (PWP)	Form	<p>Detail the activities and expected results for the FY 2025 budget period (July 1, 2025, through June 30, 2026).</p> <p>Refer to the FY 2025 PWP Form instructions.</p>
Budget Details Form	Form	<p>Review and update the federal funding you are requesting for the FY 2025 budget period (July 1, 2025, through June 30, 2026).</p> <p>Refer to the Budget Details Form instructions.</p>
FY 2025 Budget Narrative	Attachment	<p>Provide a line-item budget for the FY 2025 budget period, which will support your planned activities detailed in your FY 2025 PWP (July 1, 2025, through June 30, 2026).</p> <p>Refer to FY 2025 Budget Narrative instructions.</p>

Progress Report Section	Inclusion in HRSA EHBs	Overview and Instructions
Attachments 1-8	Attachment	As necessary, upload any updated supporting documents that have changed since they were submitted with your FY 2024 PCA application. Refer to the Attachment instructions .

Key Contact/Principal Form Guidance

Key Contact/Principal Background

As a HRSA award recipient, you are subject to the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689, 2 CFR parts 180 and 376 ([45 CFR 75.213](#)). These regulations restrict awards, subawards and contracts with certain parties that are debarred, suspended, or otherwise excluded for or ineligible for participation in Federal assistance programs or activities. We added the Key Contact/Principal Form as a part of the Basic Information Section of the EHBs progress report submission. This section will prepopulate principals from the last suspension and debarment (S/D) review for cooperative agreement.

Project Principal Definition

The [2 CFR 180.995](#) definition of a Principal is:

- A. An officer, director, owner, partner, principal investigator, or other person within a participant with management or supervisory responsibilities related to a covered transaction;
- B. A consultant or other person, whether or not employed by the participant or paid with federal funds, who—
 - 1. Is in a position to handle federal funds;
 - 2. Is in a position to influence or control the use of those funds; or,
 - 3. Occupies a technical or professional position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

Additionally, [2 CFR 376.995](#) Principal (HHS supplement to government-wide definition) expanded the [2 CFR 180.995](#) definition to include providers of federally required audit services and researchers.

Key Contact/Principal Form Instruction

Review the list of names and add, delete, or edit the form to include all principals (as defined above) involved in the project. The Principal Investigator/Project Director must always be listed on the Key Contact/Principal form. Provide as much information on the form as possible. You are reminded to review SAM.gov for any personnel identified as a principal prior to completing and submitting the form to HRSA.

Note: Biographical sketches are optional on this form for principals and key staff unless there are updates from your last submission. In this case, they should be included as [Attachment 4: Biographical Sketches for Key Personnel](#) in your progress report.

When you submit your progress report, you certify that you and your principals can participate in receiving award funds to carry out the project. If you can't certify this, you must include an explanation in [Attachment 8: Other Relevant Documents](#).

Summary of Project Progress and Changes

You will submit an update to your project narrative using the FY 2024 Project Narrative Update form in the HRSA EHBs. The content you provide should highlight the most significant progress, challenges, and changes that have impacted your overall PCA project to date (July 1, 2024, through December 31, 2024) or that you anticipate will impact your project for the remainder of the FY 2024 budget period (January 1, 2025, through June 30, 2025). You will also address whether you expect that the challenges and the changes described will result in changes to your PWP in subsequent years of your project’s period of performance (July 1, 2025, through June 30, 2027).

This section should complement the progress and challenges listed in your FY 2024 Progress Update form and provide context for the key factors and activities detailed in your FY 2025 PWP form. Include updated attachments if there are any changes to your organizational chart, staffing plan, key personnel, or partnerships.

All fields are required.

Table 2: FY 2024 Project Narrative Update Form

Field	Instructions
Top Successes (Maximum 5,000 characters per success)	Describe at least one and up to five significant successes since the beginning of the period of performance.
Top Challenges (Maximum 5,000 characters per challenge)	Describe significant challenges that you have encountered that have or may impact the achievement of your project objectives by the end of the period of performance. You must include a minimum of one and a maximum of five challenges.
Strategies to Overcome Significant Challenges (Maximum 5,000 characters per challenge)	For each significant challenge listed, describe the strategies that you have implemented, or will implement to overcome it.
Changes to Health Center Needs (Maximum 5,000 characters)	Describe newly identified or updated T/TA needs for health centers in your state or region. Include the data sources you used to identify these needs. PCAs are required to conduct a comprehensive T/TA needs assessment in the first budget year. Include the findings if data are available from this assessment. If you haven’t collected data on your needs assessment by December 2024, indicate your plans to conduct the assessment and when you expect to collect and analyze the data. If applicable, indicate which T/TA needs will result in updating your PWP.

Field	Instructions
Significant Activity Changes (Maximum 20,000 characters)	Describe any significant changes to planned activities.
Significant Changes to Collaborations, Partnerships, and Coordinated Activities (Maximum 7,500 characters)	<ol style="list-style-type: none"> 1. Describe any significant changes to collaborations or partnerships with HRSA-supported T/TA partners and networks, state and/or regional organizations, and coordinated activities with other PCA award recipients that have occurred since the submission of your FY 2024 PCA application. 2. Describe significant anticipated changes that will be implemented during the remainder of the FY 2024 budget period. 3. Describe how changes will address the changing T/TA needs and support the achievement of objective targets by the end of the period of performance. In your description, include how these new partnerships complement and do not duplicate available T/TA resources. 4. For planned or new partnerships and collaborations established since your FY24 PCA application submission include the following: <ol style="list-style-type: none"> a. Name and organization type. b. Purpose of the partnership. Specify how the collaboration will support the funding purpose of improving the health of individuals and communities by increasing access to comprehensive, culturally competent, high-quality services; recruiting and retaining a diverse healthcare workforce; preparing for, responding to, and recovering from emergent health events; implementing value-based care delivery and ensure financial sustainability; and accelerate data-informed improvements to operations, clinical quality, and care coordination. <p>If the support provided by the partnering organizations has changed, as applicable:</p> <ul style="list-style-type: none"> • For all PCAs: <ul style="list-style-type: none"> ○ Ensure that you continue to meet the required minimum of two partnerships: one with a HRSA-supported HCCN or NTTAP, and one partnership with a state public agency. ○ Include updates on any new partnership or collaboration in your Attachment 5: Letters of Agreement. • For Regional PCAs ONLY (if applicable): <ul style="list-style-type: none"> ○ Include any updates on the coordination of activities with all the state PCAs providing T/TA in the region. ○ Include an updated Memorandum of Agreement (MOA) as Attachment 6: Regional Memorandum of Agreement (MOA).

Field	Instructions
	<p>If you cannot obtain the letter(s), include an explanation in the Project Narrative Update form and provide documentation of your efforts to obtain the letter(s) in Attachment 5: Letters of Agreement.</p> <p>You do not need to include letter(s) if the support the partnering organizations provide to your PCA has not changed since the submission of your FY 2024 PCA application.</p>
<p>Significant Changes to the Evaluation Plan</p> <p>(Maximum 5,000 characters)</p>	<ol style="list-style-type: none"> 1. Describe any significant changes to your T/TA evaluation plan since submitting your FY 2024 PCA application. Include any changes anticipated during the remainder of the FY 2024 budget period. Significant changes can include but are not limited to: <ol style="list-style-type: none"> a. Changes related to soliciting and incorporating regular feedback from health center and HRSA-supported T/TA partners and networks, b. Changes to data sources used to assess the quality, reach, and utility of T/TA activities, and c. Changes to processes used to measure T/TA impact, and dissemination of results. 2. Describe any significant changes in your methods to evaluate and use participant responses to the 5-point Likert rating scale (used in the Participant Rating of T/TA Usefulness Target field in the PWP) to adjust T/TA activities. 3. Describe any significant changes in your plan for disseminating T/TA evaluation results to the health centers in your state or region and to HRSA-supported T/TA partners and networks. 4. Describe any significant changes that will address the changing T/TA needs and support the attainment of objective targets by the end of the period of performance.
<p>Significant Changes to Organizational Resources</p> <p>(Maximum 5,000 characters)</p>	<ol style="list-style-type: none"> 1. Describe any significant changes to the staffing plan that have occurred or are anticipated during the FY 2024 budget period. Also, address challenges in recruiting and retaining staff. Changes should be reflected in Attachment 2: Staffing Plan, Attachment 3: Job Descriptions for Key Project Personnel, and Attachment 4: Biographical Sketches for Key Personnel. 2. Describe how any new, updated, or anticipated changes to your contracts and/or agreements support your activities and achieve the objectives. Provide an updated summary as Attachment 7: Summary of Contracts and Agreements. 3. If the project organizational structure has changed, or if changes are anticipated during the FY 2025 budget period, include a brief rationale for those changes and the date the changes took effect or are anticipated. Include an updated

Field	Instructions
	<p>project organizational chart as Attachment 1: Project Organizational Chart.</p> <p>4. Describe how the changes will address changing T/TA needs and support the attainment of objective targets by the end of the period of performance.</p>
<p>Other Expected Changes, Plans, or Considerations</p> <p>(Maximum 10,000 characters)</p>	<p>Describe other significant changes since submitting your FY 2024 PCA application or that are anticipated and are not captured by other fields.</p>

FY 2024 Budget Period Progress

Use the FY 2024 Progress Update Form to provide updates on your progress to date (July 1, 2024, through December 31, 2024) and anticipated progress before the end of the budget period (January 1, 2025, through June 30, 2025) for each objective and associated activities. Updates should complement the details provided in the FY 2024 Project Narrative Update form.

The FY 2024 Progress Update Form will be prepopulated with information from your most recently approved PWP. Before entering data, ensure that any information from your most recently approved PWP is correctly prepopulated in the FY 2024 Progress Update Form. Contact [Health Center Program Support](#) if there are any errors.

Refer to [Table 3: FY 2024 Progress Update Form Editable Field Guide](#) below for an overview of the fields that you will edit on this form. Unless otherwise noted, all fields are required. The [PCA Technical Assistance webpage](#) includes the FY 2025 PCA NCC EHBs User Guide where you will find more detailed guidance on completing the editable fields and the sources for prepopulated fields. It also includes a Sample FY 2024 Progress Update for your reference.

Table 3: FY 2024 Progress Update Form Editable Field Guide

Field	Instructions
Current Number	Enter the current number of health centers in your state or region that received T/TA between July 1, 2024, and December 31, 2024. This number is based on the measure description detailed in Appendix A: PCA Objective Development Guide .
Objective Impact Narrative Progress (Maximum 3,000 characters)	Describe how the progress made on your activities impacts your ability to achieve your objective target. Include data sources.
Training and Technical Assistance (T/TA) Session Target – Progress Number	Provide the cumulative number of T/TA engagements (e.g., webinars, workshops, publications) conducted for health centers within your state or region.
Training and Technical Assistance (T/TA) Session Target – Progress Narrative	Describe progress towards achieving your T/TA session target. Include any challenges that have impacted your planned progress

Field	Instructions
(Maximum 3,000 characters)	and describe how you will meet the T/TA session target by the end of the period of performance.
Training and Technical Assistance (T/TA) Participation Target – Progress Number	Provide the cumulative total number of health center representatives who participated in the T/TA sessions. You may count individuals who participate in more than one T/TA session more than once, and you should also include participants in asynchronous T/TA sessions, such as recorded webinars, in this total.
Training and Technical Assistance (T/TA) Participation Target – Progress Narrative (Maximum 3,000 characters)	Describe progress towards achieving your T/TA participation target. Include any challenges that have impacted your planned progress for the FY 2024 budget period and describe how you will meet the T/TA participation target by the end of the period of performance.
Participant Rating of Training and Technical Assistance (T/TA) Usefulness Target – Progress Number	Provide the average participant rating of T/TA usefulness. Use a 5-point Likert satisfaction rating scale. If you do not yet have data from participant surveys, enter N/A.
Participant Rating of Training and Technical Assistance (T/TA) Usefulness Target – Progress Narrative (Maximum 3,000 characters)	Describe progress towards achieving your participant rating of the T/TA usefulness target. Include any challenges that have impacted your planned progress and describe how you will meet the T/TA usefulness target by the end of the period of performance.
Partner Organizations	Update the names of organizations that will actively support this objective, if applicable. This is not a required field.
Activity Audience (Maximum 7,500 characters)	Describe an Activity Audience for each activity.
Activity Progress Update (Maximum 7,500 characters)	Provide the progress for each activity. If there is no progress to report, enter “no progress to date”, and provide projected progress for the remainder of the FY 2024 budget period in the Anticipated Activity Progress field.
Anticipated Activity Progress (Maximum 7,500 characters)	Provide the anticipated progress for each planned activity from January 1, 2025, through June 30, 2025. If you have completed the activity, enter N/A.

FY 2025 Budget Period Plans

The final sections of your submission will include your FY 2025 PWP detailing your activities for the FY 2025 budget period (July 1, 2025, through June 30, 2026). It will also include your Budget Details form and your Budget Narrative, which should align with the activities in your FY 2025 PWP form. Where referenced, the period of performance refers to three years, beginning July 1, 2024, and ending on June 30, 2027.

Instructions for the FY 2025 PWP

In the FY 2025 PWP, outline your activities for the FY 2025 budget period that will support the attainment of your objective targets.

The FY 2025 PWP form will be prepopulated with the information from your most recently approved PWP as well as the FY 2024 Progress Update form. We recommend completing the FY 2024 Progress Update form in the HRSA EHBs before working on the FY 2025 PWP form. The FY 2024 Progress Update form prepopulates the Current Number and the Percentage Progress Toward Objective fields in the FY 2025 PWP form. Refer to [Table 4: FY 2025 PWP Form Editable Field Guide](#) below for instructions on completing the editable fields.

Table 4: FY 2025 PWP Form Editable Field Guide

Field	Instructions
Objective Description	<p>The HRSA EHBs will prepopulate fields for all mandatory objectives defined in Appendix A: PCA Objective Development Guide.</p> <p>The field is only editable for the optional <i>Health center supplemental funding support objective(s)</i> (objectives 13 and 14).</p>
Health Center Supplemental Funding Support	<p>Enter the name of the health center (H80) supplemental funding received by the health centers in your state or region that you will provide T/TA to support them as they implement that funding.</p> <p><i>This field only appears for the Health Center Supplemental Funding Support objective(s).</i></p>
Partner Organizations (Maximum 1,000 Characters)	<p>Update the names of organizations that will actively support this objective, if applicable.</p>
Key Factor Type	<p>As needed, you may add, review, or delete the prepopulated key factors that reflect the current health care landscape in your state or region.</p> <p>For each key factor, determine if it will contribute to or restrict progress towards achieving the objectives by the end of the period of performance, and select either <i>Contributing</i> or <i>Restricting</i>.</p> <p>A minimum of 2 and a maximum of 5 key factors are required. At least 1 contributing and 1 restricting key factor must be identified.</p>
Key Factor Description (Maximum 500 Characters)	<p>As needed, add, revise, or delete key factor descriptions that reflect the current environment, and that will contribute to or restrict progress toward achieving the objectives by the end of the period of performance. Include supporting data sources (e.g., needs assessments).</p>
Activity Name (Maximum 200 Characters)	<p>Add, revise, or delete a unique name for each new activity that can be used to distinguish between similar activities.</p>
Activity Audience	<p>Describe an Activity Audience for each Activity.</p>

Field	Instructions
(Maximum 7,500 Characters)	
<p>Activity Description</p> <p>(Maximum 7,500 Characters)</p>	<p>Propose 2-6 activities for each objective. Describe the major planned activities to be completed between July 1, 2025, through June 30, 2026, and that will contribute to objective target achievement by the end of the period of performance (June 30, 2027).</p> <p>In the Activity Description field of the PWP, include at a minimum:</p> <ul style="list-style-type: none"> • A description of the activity that details how it is tailored to the needs of the health centers. • For T/TA offerings include modality, frequency, length, and training purpose/objectives. • The name of partner organization(s), and how they will support the development and delivery of this activity, if applicable. • How the activity will assist health centers reach a higher level of performance across the performance domain(s) selected below. <p>Note: Overview of years 3 activities should be detailed in your project narrative. Those activities should not be included in the PWP.</p>
<p>Performance Domain(s)</p> <p>(Checkbox in EHBs)</p>	<p>Identify the performance domain(s) that the activity will help health centers reach a higher level of performance. Select all that apply:</p> <ul style="list-style-type: none"> • Governance and Management • Workforce • Financial Sustainability • Quality, Patient Care, and Safety • Patient Experience • Access and Affordability • Population Health and Social Determinants of Health (SDOH)
<p>Person/Group Responsible</p> <p>(Maximum 1,000 characters)</p>	<p>List the person, position, or group that will be responsible and accountable for carrying out each activity.</p>
<p>Target Start Date</p>	<p>Enter an estimated start date between July 1, 2025, and June 30, 2026 for each activity.</p>
<p>Target End Date</p>	<p>Enter an estimated end date between July 1, 2025, and June 30, 2026 for each activity.</p>
<p>Anticipated Outcome</p> <p>(Maximum 7,500 Characters)</p>	<p>Provide a clear explanation of expected outcome(s), including how it supports the attainment of the objective, objective target, T/TA session target, T/TA participation target, and participant rating of T/TA usefulness target.</p>
<p>Comments</p>	<p>Provide additional information related to proposed activities in the PWP, including justifications for all new entries.</p>

FY 2025 Budget Instructions

A complete budget presentation includes the Budget Details form and the Budget Narrative attachment for the FY 2025 budget period (July 1, 2025, to June 30, 2026). PCA funds can only be used for allowable costs. Examples of unallowable costs include, but are not limited to:

- Direct patient care;
- Construction, alteration, or renovation of facilities;
- Activities that do not align with the intent of this cooperative agreement;
- Reserve requirements for state insurance licensure;
- Support for lobbying or advocacy efforts; or
- Conference sponsorship (note that you are allowed to develop content for individual program sessions related to the PCA project).

1. Budget Details Form (Required)

Complete the following in the HRSA EHBs for the FY 2025 budget period (July 1, 2025, to June 30, 2026) and the FY 2026 budget period (July 1, 2026 to June 30, 2027). Include only federal funds requested for the PCA project.

Section A: Budget Summary: The annual PCA funding request in the Federal column is prepopulated in read-only format and cannot be edited. The Federal funding request equals the Recommended Federal Budget figure listed in the Budget Details Form of your most recent PCA NoA.

Section B: Budget Categories: Provide a breakdown of the requested funds by object class category (e.g., Personnel, Fringe Benefits). You may use the Budget Details Form included in your FY 2024 application submission as a reference point, noting that the total value for each object class category may be different from year to year based on programmatic changes.

Note: The HRSA EHBs will automatically calculate the amounts in the Total Direct Charges row and the Total column. If indirect costs are requested, include your current and approved indirect cost rate agreement in [Attachment 8: Other Relevant Documents](#) (reference the details in the [Budget Narrative](#) section below).

Indirect costs are those incurred for a common or joint purpose across more than one project and that cannot be easily separated by the project (like utilities for a building that supports multiple projects). Learn more at [45 CFR 75.414](#).

You determine indirect costs using one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at time of award.

Method 2 – *De minimis* rate. Per [45 CFR 75.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate and state in your budget narrative that you intend to use the *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15 percent of modified total direct costs (MTDC). See [2 CFR 200.1](#) for the definition of MTDC. You can use this rate indefinitely.

Section C: Non-Federal Resources: Do not provide other sources of funding, leave this section blank.

2. FY 2025 Budget Narrative (Required)

Upload a line-item FY 2025 budget narrative in the Budget Narrative section in the HRSA EHBs for the upcoming 12-month budget period (July 1, 2025, to June 30, 2026). The [PCA Technical Assistance webpage](#) includes a Sample Budget Narrative and Personnel Justification Tables. The budget narrative must:

- Outline all expenses for the PCA project.
- Be consistent with totals presented in Section B of the Budget Details Form.
- Explain the amounts requested for each row in Section B: Budget Categories of the Budget Details Form and include detailed calculations explaining how you derived each line-item expense (e.g., cost per unit).
- Include only federal funding.

The following sections are required for completing the Budget Narrative:

Personnel Costs: List each staff member to be supported by PCA funds, and include the name (if possible), position title, percent full-time equivalency (FTE), and Federal amount requested for annual salary. PCA funding must not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the [Federal Executive Pay scale](#) (\$221,900 as of January 2024).¹ In the personnel justification table(s), list salary details such as annual base salary, adjusted salary, the total Federal amount requested, and highlight anticipated changes from the first budget period (July 1, 2024 to June 30, 2025). Salary amounts listed in the Personnel Justification should reflect an individual's base salary, not including fringe benefits and any income that an individual may be permitted to earn outside of the duties to your organization. A Sample Personnel Justification table is available with the Sample Budget Narrative on the [PCA Technical Assistance webpage](#).

Fringe Benefits: List the components of the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). Fringe benefits must be directly proportional to the personnel costs allocated for the PCA project.

Travel: List expenses associated with travel for staff to attend or lead PCA-related meetings, trainings, or workshops. Travel expenses and associated costs must be outlined for each person and should include transportation/airfare, lodging, parking, and per diem. For local travel, include the mileage rate, number of miles, reason for travel, and the names of staff or board members traveling. Long-distance travel must include registration fees, the cost for transportation, lodging, and per diem for each trip. Name the traveler(s) if possible, describe the purpose of the travel, and provide the number of trips involved, the destinations, and the number of individuals

¹ OPM "Rates of Pay for the Executive Schedule" page on this website has the most current salary limitation.

for whom funds are requested. The U.S. General Services Administration's Per Diem Rates webpage includes more information, including per diem calculations.

Equipment: List equipment costs and justify the need for each piece of equipment to carry out the project goals. Equipment means tangible (moveable) personal property (including information technology systems) having a useful life of one or more years and an acquisition per-unit cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$10,000 or more.

Supplies: List the items necessary for implementing the PCA project. Separate items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., brochures, videos). Items such as laptops, tablets, and desktop computers are classified as supplies if the per-unit acquisition cost is under the \$10,000 per item equipment threshold.

Contractual Services: Provide a clear explanation of each contract purpose, a description of how you estimated costs, and specific contract deliverables. Describe your process to ensure that your organization has an adequate procurement system in place with written procedures for awarding and monitoring all contracts/sub-awards. Appropriate oversight and authority over all contracts and procurements must comply with 45 CFR part 75. Include a summary of new or updated contracts since you submitted your FY 2024 application in Attachment 7: Summary of Contracts and Agreements.

Note: For consultant services, identify each consultant, the services they will perform, the total number of days, travel costs, and total estimated costs. For an individual contractor who is not considered a consultant, please provide the number of hours that the individual will be working and their hourly rate, which cannot exceed \$106.63 based on the 2024 Federal Executive Level II salary limitation.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost (e.g., audit, legal counsel). In some cases, rent, utilities, organizational membership fees, and insurance fall under this category if they are not included in an approved indirect cost rate.

Indirect Costs: Include costs for common or joint objectives that cannot be readily and specifically identified with a particular project or program, but are necessary for organizational operation (e.g., facility operation and maintenance, depreciation, administrative salaries). If your budget request includes indirect costs, you must upload a copy of your most recent indirect cost rate agreement as Attachment 8: Other Relevant Documents. If you do not have an indirect cost rate agreement, indicate if you are using the de minimis indirect cost rate of 15 percent of modified total direct costs as per the requirements detailed in 45 CFR 75.414.

Attachment Instructions

Use the attachments as needed to provide updates for the FY 2024 budget period (July 1, 2024, through June 30, 2024) or anticipated updates for the FY 2025 budget period (July 1, 2025 through June 30, 2026).

Attachment 1: Project Organizational Chart (As Applicable)

If the organizational chart changed since you submitted your FY 2024 PCA application, upload a revised one-page document that graphically depicts your current organizational structure. The updated organizational chart should clearly indicate which positions are funded in whole or part by the PCA cooperative agreement. Include significant changes and anticipated changes to key personnel, staffing, and any subrecipients or affiliated organizations. Include an asterisk next to the position title that has changed or is anticipated to change. For each change, include the effective or forecasted date the change will take effect.

Attachment 2: Staffing Plan (As Applicable)

If the staffing plan has changed since you submitted your FY 2024 PCA application, or if you anticipate changes (e.g., new staff hired, position responsibilities updated), upload a revised table that includes the changes. Anticipated FY 2025 budget year Staffing Plan changes must align with your Budget Narrative and Personnel Justification Table(s). Include an asterisk to indicate the Special Populations lead and point of contact for HRSA.

For each position, the table must include:

- Position title (e.g., Chief Executive Officer),
- Staff name (if the position is vacant, indicate “To Be Determined”),
- Education and experience qualifications,
- A short description of responsibilities on the PCA project,
- Reporting relationship,
- Percentage of full-time equivalent (FTE) dedicated to the PCA project (combined time and effort percentages of staff across all federal awards cannot exceed 1.0 FTE), and
- Annual full-time base salary² at the 1.0 FTE.

Note: Document applicable staffing changes in the personnel justification table of your FY 2025 Budget Narrative and relevant attachments.

Attachment 3: Job Descriptions for Key Personnel (As Applicable)

If position descriptions for key PCA Personnel have changed since you submitted your last approved application, upload new job descriptions. Indicate if any of the positions are currently vacant. Position descriptions must be limited to one-page and include, at a minimum:

- Position title,
- Description of duties and responsibilities,
- Position qualifications (e.g., education, language fluency, experience requirements),
- Supervisory relationships (i.e., who the position reports to, and who reports to this position),
- Skills, knowledge, and experience requirements,
- Travel requirements, and
- Summary of changes, including the date changes were made or are forecasted.

² If the annual base salary exceeds Federal Executive Level II of the Federal Executive Pay scale, list the Adjusted Annual Salary.

Note: HRSA defines key personnel as the Principal Investigator/Project Director (PI/PD) and other individuals who contribute to the programmatic development or execution of a project or program in a substantive, measurable way, whether or not they receive salaries or compensation under the award. (See Section 5.1.vi. of the HRSA’s [SF-424 Two-Tier Application Guide](#)).

Attachment 4: Biographical Sketches for Key Personnel (As Applicable)

If new key personnel have been hired since you submitted your PCA application, upload their biographical sketches. Each biographical sketch should not exceed **one-page** and must demonstrate that they have the required qualifications listed in the job description. If the position requires a particular certification, the biographical sketch should include when they obtained the required certification or if you will waive the requirement. When applicable, biographical sketches must include:

- Training,
- Language fluency, and
- Experience working with the cultural and linguistically diverse populations to be served.

Attachment 5: Letters of Agreement (As Applicable)

Provide an updated letter(s) of agreement from any new collaboration or partnership. Letters must be current, signed, dated, and reference the specific partnership, including how your partners will support specific activities or target achievement. The letter should be addressed to your organization (e.g., PCA board, CEO) or other appropriate member of the PCA management team. If a letter cannot be obtained, include an explanation, and provide documentation of efforts made to obtain the letter(s).

Attachment 6: Regional Memorandum of Agreement (MOA) (As Applicable for Regional PCA Applicants ONLY)

Provide updated Regional MOA from any new, revised, or newly proposed coordination of activities with all of the state PCAs providing T/TA in the region to maximize the impact of T/TA developed by the state PCAs, without duplicating efforts. If you cannot obtain signatures from the leadership of all current state PCAs, include documentation of your efforts to obtain the signatures along with any additional explanatory information. If you need to submit a revised MOA, you must include the following:

- An effective date range to cover the expected period of performance (July 1, 2024, through June 30, 2027).
- A summary of the expected actions to be taken by all parties to ensure effective coordination to maximize federal funding, ensure that T/TA developed by PCAs is not duplicative, and will not result in a reduction of the amount or quality of T/TA provided to health centers.
- An overview of the processes and systems to be used by the regional PCA to coordinate and collaborate with all state PCAs in the region (both collectively and individually) to develop and deliver T/TA that complements the T/TA activities developed by the state PCAs. Certification by the state PCAs that they support the proposed regional PCA project.
- A signature page signed by each current state PCA CEO. The signature page must include the name of the state PCA, the current PCA cooperative agreement award number (starting with U58), and the name and signature of the CEO. This information may be compiled with multiple signatures on a single page (see below) to mitigate the impact on the page limit.

State PCA name U58 award number CEO Name CEO signature	State PCA name U58 award number CEO Name CEO signature
State PCA name U58 award number CEO Name CEO signature	State PCA name U58 award number CEO Name CEO signature

Attachment 7: Summary of Contracts and Agreements (As Applicable)

Provide a summary describing any new, revised, or newly proposed contracts and agreements. Anticipated FY 2024 budget year changes must align with your FY 2024 Budget Narrative and must address the following items for each contract or agreement:

- Name of organization,
- Type of contract or agreement (e.g., contract, memorandum of agreement),
- Brief description of the purpose and scope of the contract or agreement, including how and where services are or will be provided,
- Timeframe for each contract or agreement (e.g., ongoing contractual relationship, specific duration), and
- Summary of changes, if applicable.

Note: You must exercise appropriate oversight and authority over all contracts. All procurements, including contracts, must comply with [45 CFR part 75](#) or [45 CFR part 92](#).

Attachment 8: Other Relevant Documents (As Applicable)

Provide other relevant documents to support the progress report (e.g., survey instruments, needs assessment reports, evaluations). If applicable, you must include:

- An explanation of why you cannot certify that your principals can participate in receiving award funds to carry out the project.
- A copy of your most recent Indirect Cost Rate Agreement if you are not using the de minimis direct cost rate.

Merge all items into a single document before uploading.

Technical Assistance Contacts

Assistance Needed	Contact
General Technical Assistance	The PCA Technical Assistance webpage sample forms, the PCA NCC EHBs User Guide, frequently asked questions (FAQs), TA slides, and other resources.
Budget/Fiscal Questions	Vera Windham Grants Management Specialist Office of Federal Assistance and Acquisition Management Division of Grants Management Operations

Assistance Needed	Contact
	vwindham@hrsa.gov 301-443-6859
Progress Report Requirements Questions	PCA TA Response Team 301-594-4300 Submit a web request using the BPHC Contact Form : <ul style="list-style-type: none"> • Under <i>Funding</i>, select <i>Non-Competing Continuation (NCC) Progress Reports</i> • Select <i>Primary Care Association (PCA)</i>
HRSA EHBs Submission Assistance	Health Center Program Support 877-464-4772 Submit a web request using the BPHC Contact Form : <ul style="list-style-type: none"> • Under <i>Technical Support</i>, select <i>EHBs Task/EHBs Technical Issues</i> • Select <i>Non-Competing Continuation (NCC) Progress Reports</i>

Appendix A: PCA Objective Development Guide

PCAs must use this guide to complete the project narrative and PWP. Each objective must have 2-6 activities that support objective target achievement. Health centers include all existing and potential health center award recipients and LALs. You must address each objective listed in the table below. Achievement of these objectives is evaluated based on the performance measures described below.

#	Objective	Performance Measure
1	Access to Care – Increase the number of health centers that receive T/TA to provide and enhance access to comprehensive, culturally competent, high-quality primary health care services.	Number of health centers in the state or region that received T/TA to provide and enhance access to comprehensive, culturally competent, high-quality primary health care services.
2	Recruitment and Retention – Increase the number of health centers that receive T/TA on using data (e.g., Health Center Workforce Survey data) to develop, implement, and/or revise recruitment and retention strategies to attract linguistically and culturally competent candidates, enhance job satisfaction and workforce well-being, and/or reduce job turnover.	Number of health centers in the state or region that received T/TA using data to develop, implement, and/or revise recruitment and retention strategies to attract linguistically and culturally competent candidates, enhance job satisfaction and workforce well-being, and/or reduce job turnover.
3	Health Professions, Education, and Training (HP-ET) – Increase the number of health centers that receive T/TA on implementing career pathway or residency programs for health and allied health professions students, trainees, and residents to enhance health centers’ capabilities to recruit, develop, and retain a workforce that provides comprehensive, culturally competent, high-quality primary health services that meets the needs of the communities it serves.	Number of health centers in the state or region that received T/TA on implementing career pathway or residency programs for health and allied health professions students, trainees, and residents to enhance health centers’ capabilities to recruit, develop, and retain a workforce that provides comprehensive, culturally competent, high-quality primary health services that meets the needs of the communities it serves.
4	Health Professional Education/Training (UDS) – Increase the number of health centers that provide health professional education/training that is a hands-on, practical, or clinical experience.	Use the corresponding UDS measure that aligns with the 2023 UDS Manual and list the percentage of health centers in the state or region that provide health professional education/training that is a hands-on, practical, or clinical experience.

#	Objective	Performance Measure
5	<p>Health Center Leader and Board Support – Increase the number of health center leaders (e.g., CEO, CFO, Financial Managers) and board members who receive T/TA on improving management and administrative capabilities (e.g., leadership development, strategic plan development, board training) to advance health center excellence (clinical, financial, equity).</p>	<p>Number of health centers in the state or region whose leaders and board members received T/TA on improving management and administrative capabilities to advance health center excellence.</p>
6	<p>Preparedness, Response, and Recovery – Increase the number of health centers that receive T/TA on assessing, implementing, and/or revising preparedness, response, and recovery plans (e.g., continuity of operations planning, crisis standards of care) to ensure continued access to care during environmental and/or emergent health events (e.g., wildfire smoke, hurricane response, outbreaks).</p>	<p>Number of health centers in the state or region that received T/TA on assessing, implementing, and/or revising preparedness, response, and recovery plans to ensure continued access to care during environmental and/or emergent health events.</p>
7	<p>Chronic Disease Management (Applicant Choice) – Provide T/TA to health centers on ways to change one or more of the following measures health centers report on in the UDS:</p> <ul style="list-style-type: none"> • Controlled Hypertension • Depression Remission • Diabetes • Heart Disease: Statin Therapy • HIV Linkage to Care • Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet <p><i>Applicants applying to be a state PCA in Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, or South Carolina must select HIV Linkage to Care as one of their choices.</i></p>	<p>Use the corresponding UDS measures that align with the 2023 UDS Manual, and list the estimated percentage of patients in the state or region for each selected measure:</p> <ul style="list-style-type: none"> • Controlled Hypertension • Depression Remission • Diabetes • Heart Disease: Statin Therapy • HIV Linkage to Care • IVD: Use of Aspirin or Another Antiplatelet
8	<p>Preventive Services Outcomes (Applicant Choice) – Provide T/TA to health centers on ways to increase preventive screening services on one or more of the following measures health centers report on in the UDS:</p> <ul style="list-style-type: none"> • BMI Screening-Adults • Cancer Screening (breast, cervical, colorectal) 	<p>Use the corresponding UDS measure that aligns with the 2023 UDS Manual, and list the estimated percentage of patients in the state or region for each selected measure:</p> <ul style="list-style-type: none"> • BMI Screening-Adults • Cancer Screening (breast, cervical, colorectal) • Depression Screening • HIV Screening

#	Objective	Performance Measure
	<ul style="list-style-type: none"> • Depression Screening • HIV Screening • Tobacco Use Screening • Statin Therapy for Prevention and Treatment of Heart Disease • Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents <p><i>Applicants applying to be a state PCA in Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, or South Carolina must select HIV Screening as one of their choices.</i></p>	<ul style="list-style-type: none"> • Tobacco Use Screening and Intervention • Statin Therapy for Prevention and Treatment for Heart Disease • Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
9	<p>Value-Based Care Delivery – Increase the number of health centers that receive T/TA on developing, participating, or updating value-based care (VBC) delivery plans that advance health equity, support patients’ social needs, and address care for specific populations.</p> <p>For example, supporting health centers develop a business case for VBC, supporting health center financial risk modeling for analyzing payer value-based proposals, supporting health center performance monitoring, and reporting of value-based arrangements, supporting care management/population health strategy, supporting real-time clinical quality, utilization data infrastructure, capturing patient satisfaction feedback.</p>	<p>Number of health centers in the state or region that received T/TA on developing, participating, or updating VBC delivery plans that advance health equity, support patients’ social needs, and address care for specific populations.</p>
10	<p>Financial Sustainability – Increase the number of health centers that receive T/TA on improving financial sustainability by managing revenue diversity (e.g., billing and coding, financial recovery and sustainability planning, health center service and site expansion) to advance patient outcomes.</p>	<p>Number of health centers in the state or region that received T/TA on improving financial sustainability by managing revenue diversity to advance patient outcomes.</p>

#	Objective	Performance Measure
11	<p>Population Health and Social Risk Factors – Increase the number of health centers that receive T/TA on collecting information on the health-related social needs of patients to understand social needs in the community and achieve health equity.</p> <p>For example, how to systematically collect data and screen for social risk factors; how to identify which community partners will be engaged in the needs assessment process; and how to build partnerships to connect patients with support services to achieve health equity.</p>	Number of health centers in the state or region that received T/TA on collecting information on the health-related social needs of patients to understand social needs in the community and achieve health equity.
12.	<p>Intimate Partner Violence (IPV) Prevention and Support – Increase the number of health centers that receive T/TA on promoting the prevention of IPV, strengthening infrastructure and workforce capacity to provide prevention and response services, and enhancing coordination with community partners.</p>	Number of health centers in the state or region that received T/TA on promoting the prevention of IPV, strengthening infrastructure and workforce capacity to provide prevention and response services, and enhancing coordination with community partners.
13	<p>Health Center Supplemental Funding Support (Required) – Increase the number of health centers that receive T/TA on maximizing the impact and reach of Health Center Program supplemental funding the health centers have received.</p> <p><i>PCAs should identify one supplement health centers in their state or region received and are actively implementing.</i></p> <p><i>Applicants applying to be a state PCA in Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, or South Carolina must provide PCHP T/TA to health centers that received PCHP funding.</i></p>	Number of health centers in the state or region that received T/TA on maximizing the impact and reach of Health Center Program supplemental funding the health centers have received.
14	<p>Health Center Supplemental Funding Support (Optional) – Increase the number of health centers that receive T/TA on maximizing the impact and reach of Health Center Program supplemental funding the health centers have received.</p> <p><i>PCAs may identify an additional supplement health centers in their state or region received and are actively implementing.</i></p>	Number of health centers in the state or region that received T/TA on maximizing the impact and reach of Health Center Program supplemental funding the health centers have received.

#	Objective	Performance Measure
15	<p>Health Center Supplemental Funding Support (Optional) – Increase the number of health centers that receive T/TA on maximizing the impact and reach of Health Center Program supplemental funding the health centers have received.</p> <p><i>PCAs may identify an additional supplement health centers in their state or region received and are actively implementing.</i></p>	<p>Number of health centers in the state or region that received T/TA on maximizing the impact and reach of Health Center Program supplemental funding the health centers have received.</p>