Fiscal Year 2027 Look-Alike Renewal of Designation Submission Instructions

Step 1: Review the Opportunity

Basic information

OpDiv: Health Resources and Services Administration (HRSA)

Agency: Bureau of Primary Health Care

Subagency: Health Center Program

Opportunity name: Look-Alike Renewal Designation

Statutory authority: Sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1395x(aa)(4)(B)) and 42 U.S.C. 1396d(l)(2)(B)(iii)), and section 330 of the Public Health Service Act (42 U.S.C. 254b).

Summary

Health Center Program Look-Alikes (LALs) are organizations that, like Health Center Program award recipients, improve the health of medically underserved communities and populations by delivering comprehensive, high-quality primary and preventive health care services in the United States and its territories. Current Health Center Program Look-Alikes are required to apply for Renewal Designation (RD) every four years to confirm ongoing compliance with Health Center Program requirements.

Have questions? Go to Contacts and Support.

Key dates

The Renewal of Designation (RD) application will be available in the HRSA Electronic Handbooks (EHBs) according to the end of your current period of designation. To determine when your RD will be available in EHBs and the corresponding submission deadline see Table 1: Submission Schedule.

Please note:

- Request technical assistance prior to the deadline if needed.
- Failure to submit a complete and timely RD application may result in the termination of your Look-Alike (LAL) designation and all corresponding benefits.

Table 1: Submission Schedule

Period of Designation End Date	EHBs Access	EHBs Deadline
March 31, 2027	October 5, 2026	December 4, 2026
December 31, 2026	January 4, 2027	March 5, 2027
February 28, 2027	February 4, 2027	April 5, 2027

Eligibility

Who can apply

Current Look-Alike designees who are due for their Look-Alike designation period renewal.

Types of eligible organizations

These types of domestic* organizations may apply:

Institutions of higher education

- Public institutions of higher education
- Non-profit private institutions of higher education

Non-profit entities

- Non-profits with or without a 501(c)(3) IRS status
- Non-profits with an IRS status other than 501(c)(3)

Public agencies[1]

- State governments, including the District of Columbia, domestic territories, and freely associated states
- County governments
- City or township governments
- Special district governments
- Independent school districts

Tribes & tribal organizations

- Native American tribal governments
- Native American tribal organizations

* "Domestic" means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Other eligibility criteria

You must meet all the following eligibility requirements. If your application does not demonstrate compliance with all eligibility requirements, it may be considered ineligible or will have conditions placed on the Notice of Look-alike Designation (NLD). You must address these requirements to ensure ongoing designation.

Table 2: Other Eligibility Criteria

Eligibility Requirement	What We Check
You must be a currently designated LAL organization.[2]	• Most recent NLD • Form 1A: General Information Worksheet
You must be a private, nonprofit entity or a public agency in the United States or its territories. Tribal and urban Indian organizations are eligible. Refer to Chapter 1: Health Center Program Eligibility of the Compliance Manual.	• Form 1A: General Information Worksheet • Attachment 10: Evidence of Nonprofit or Public Agency Status

[1] Only public agency health centers can have a co-applicant. A co-applicant functions as the health center's governing board when the public agency determines that it cannot meet the Health Center Program governing board requirements directly. (Section 330(r)(2)(A) of the Public Health Service Act)
[2] For more information about becoming a LAL refer to the LAL Initial Designation Technical Assistance webpage.

Eligibility Requirement	What We Check
You must not be owned, controlled, or operated by another entity.[3] Organizational structures such as parent-subsidiary arrangements or network corporations may not be eligible for designation.	• Attachment 3: Project Organizational Chart • Form 8: Health Center Agreements and its attachments
You must perform a substantive role in the project. To determine if you perform a substantive role in the project, HRSA will consider whether: • Most of your clinical and administrative functions are provided through direct employment, contractors, or a single affiliated or related organization. • Most of your key management staff (CEO, CMO, CFO, etc.) are directly employed by you. (Note: You must directly employ the CEO) • Your relationships or agreements with other entities restrict or infringe upon your board's required authorities and functions. • Your key management staff or board members also work for an organization that provides financial or other support that creates any type of ownership, control, or operational relationship (parent company, affiliated subsidiary) which may create conflicts of interest.	• Project Narrative Capacity section • Budget Justification Narrative • Attachment 2: Bylaws • Attachment 6: Co-Applicant Agreement • Attachment 7: Summary of Contracts and Agreements (as applicable) • Form 5A: Services Provided • Form 8: Health Center Agreements and their attachments
Your organization must provide comprehensive primary medical care as your main purpose.	• Project Narrative Response section • Form 1A: General Information Worksheet • Form 5A: Services Provided • Most recent Uniform Data System (UDS) Report
You must provide all Health Center Program required services within the service area on a sliding fee based on income and family size. You may not provide a subset of the required services or target only a sub-population in the proposed service area.	• Project Narrative Response section • Form 5A: Services Provided • Attachment 9: Sliding Fee Discount Schedule(s)

[3] Section 1905(l)(2)(B)(iii) of the Social Security Act, as amended.

Eligibility Requirement	What We Check
You must provide general primary medical care directly and/or through contracts the health center pays for.	• Form 5A: Services Provided
You (except applicants with designation for only serving special medically underserved populations (i.e., Migratory and seasonal agricultural workers (MSAW), Homeless population (HP), and Residents of public housing (RPH)) must continue to serve at least one medically underserved area or medically underserved population (MUA/MUP) within the proposed service area. HRSA's MUA/P tool lists all MUA/MUP areas and their unique identification numbers (ID). Identify each MUA/P ID that will be served and list the IDs on Form 1A.	• Form 1A: General Information Worksheet
You must meet the application deadline. See Table 1: Submission Schedule for detailed information about the application timeline and due date.	• HRSA EHBs submission receipt deadline

Program description

Purpose

The purpose of the Fiscal Year (FY) 2027 Look-Alike (LAL) Renewal of Designation (RD) application is to improve the health of medically underserved communities and populations by providing renewal of Look-Alike designations to support the delivery of comprehensive, high-quality primary and preventive health care in the United States and its territories. Through the Look-Alike Renewal of Designation, Look-Alikes will:

- Ensure access to high-quality, affordable care while making investments that strengthen the nation's primary and preventive health care infrastructure.
- Address the nation's most pressing health challenges through chronic disease prevention and data-supported programs that focus on the underlying causes of disease in areas of greatest need.
- Empower individuals and families to take charge of their physical and mental health, with a focus on promoting better health through improved nutrition and the prevention and management of chronic diseases.

Background

LALs were established to maximize health center access for medically underserved populations and communities by allowing organizations that don't receive Health Center Program funding to apply to become part of the Health Center Program.

Although LALs do not receive Health Center Program grant funding, their designation enables them to provide services and access federal benefits similar to those offered under the Health Center Program (H80). These benefits include eligibility for:

- Federally Qualified Health Center (FQHC) reimbursement through the Centers for Medicare & Medicaid Services (CMS) and state Medicaid programs
- Participation in the 340B Drug Pricing Program
- Additionally, LALs automatically receive Health Professional Shortage Area (HPSA) designation and may recruit providers through the National Health Service Corps (NHSC).

Through the Health Resources and Services Administration (HRSA) Health Center and LAL Programs, health centers and Look-Alikes provide comprehensive primary and preventative care services in medically underserved areas. They provide a range of services, including:

- Prevention and management of chronic conditions in children, adults, and older adults
- Cancer screening
- Health and nutrition education
- Mental health services
- Patient support services, such as those that support access to healthy foods and other resources that can address barriers to health and wellbeing.

The health center model helps individuals and families take charge of their physical and mental health by emphasizing proper nutrition, chronic disease prevention and management, and access to high-quality, affordable care. HRSA considers the Patient Centered Medical Home (PCMH) model foundational to delivering high-quality primary and preventive health care. Numerous studies have documented the model's benefits for the prevention and management of chronic diseases, further positioning health centers to advance Make America Healthy Again (MAHA) priorities.

Health Center Program award recipients and Look-Alike designees must provide services on a sliding fee based on income and family size.

Program requirements and expectations

Required services

You must ensure access to all required Health Center Program primary and preventive health services within the service area on a sliding fee based on income and family size. For details about these services, see the Health Center Program Compliance Manual and the Service

Descriptors for Form 5A: Services Provided. You may provide these services directly, through a contract, or through a formal referral arrangement as described in the Form 5A Service Delivery Method Descriptors. Your organization must provide comprehensive primary medical care as your main purpose.

Service delivery sites

You must operate at least one service delivery site full-time in the service area (open for patient care at least 40 hours per week) in a permanent, fixed-building service site.

Health Center Program Compliance

You must comply with all Health Center Program requirements as described in the Health Center Program Compliance Manual and applicable laws and regulations.

- If you do not demonstrate compliance, you may receive a condition on your LAL designation and a 1-year period of designation.
- If you do not resolve conditions through the progressive action process outlined in Chapter 2: Health Center Program Oversight of the Health Center Program Compliance Manual, HRSA will terminate your LAL designation.
- If you receive a 1-year period of designation, you will submit a Compliance Achievement Plan for HRSA approval within 120 days of the LAL period of designation. If you do not submit the required Compliance Achievement Plan[4] within 120 days of designation or demonstrate good cause for not submitting it, HRSA will terminate your LAL designation.
- HRSA will not provide LAL designation if you had consecutive one-year designation periods in the previous two years.

Special Medically Underserved Populations

Applicants planning to serve one or more special medically underserved populations must:

- Comply with additional requirements of sections 330(g), (h), and/or (i) of the PHS Act (42 U.S.C. 254b).

NOTE: The RD application must request designation for the same health center type(s) included in the current designation (i.e., CHC, MSAW, HP, and/or RPH). Changes to the designation types can only be proposed via a Change in Scope request in EHBs.

[4] Refer to Section 330(e)(1)(B) of the PHS Act.

Step 2: Get Ready to Apply

Get registered

SAM.gov

You must have an active SAM.gov account to apply. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today. If you need additional information about user roles in SAM.gov, see "Get registered: SAM.gov user roles" in the Application Guide.

HRSA Electronic Handbooks (EHBs)

You must also have a user account in EHBs. See Knowledge Base for how to get started.

The EHBs system will email your Authorizing Official (AO), listed before the end of the period of designation, to inform them that the application is accessible in the EHBs. Once your application is opened, your Authorizing Official (AO) must submit it in HRSA EHBs according to your EHBs submission deadline.

Application writing help

The Apply for Look-Alike Renewal of Designation (RD) TA webpage includes:

- Resources to help you develop your application
- Answers to frequently asked questions
- Details about our pre-application TA webinar
- Contact information

The Health Center Program Compliance Manual explains the Health Center Program requirements. You need to understand the requirements and show how you meet them in your application.

The HRSA-supported Health Center Resource Clearinghouse includes links to many health center resources.

The Health Center Performance Improvement Framework and Toolkit can help you assess performance in seven performance areas, describe how you want to perform in the future, and identify how to achieve and sustain improved performance. Health centers can use the toolkit to set goals, prioritize activities, and improve over time.

Have questions? Go to Contacts and Support.

Step 3: Prepare Your Application

Application contents and format

There is a 110-page limit for the overall application. The Application checklist specifies what counts in this limit.
Submit your information in English and express whole number budget figures using U.S. dollars.
Required format for project abstract, project narrative, budget narrative, and attachments
Font: A readable font like Arial, Courier, CG Times, or Times New Roman
File format: We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format or .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

Size: 12-point font
Footnotes, charts, graphics, and budget tables may be 10-point or higher.
Ink color: Black
Spacing: Single-spaced, including all text and tables
Alignment: Left
Headings: Bold all headings and align left.
Size: 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)
Margins: 1-inch on all sides
Footer: On each page, as the footer, include your organization's name and page numbers.
Page numbering:

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

File names: You can find guidance for naming your files in the Application Guide.

Project abstract

Upload an attachment that provides a summary of the project. Include the following at the top of the Project Abstract:

- Project Title: Look-Alike Renewal of Designation
- Congressional District (s) for your organization and Service Area
- Types(s) of Health Center Program Designation (i.e., CHC, MSAW, and HP)

The abstract should provide a brief description of your project, including the following:

- Describe the needs you plan to address and proposed project services. Include a short description of how your project addresses:
    - Disease prevention
    - Management of chronic diseases
    - Improving health outcomes

Project narrative

In this section, you will describe all aspects of your project.

Use the section headers and order listed. Number your responses in each section. This ensures reviewers can understand your proposed project,

Need

1) Describe the proposed service area (consistent with Attachment 1: Service Area Map and Table), including:
    a. The service area boundaries.
    b. If the service area is located in an Opportunity Zone
    c. How the boundaries of the service area ensure that services are available and accessible to the residents of the area.
    d. How the overlap of political subdivisions, school districts, and areas served by Federal and State health and social programs affect access to primary and preventative health care services in the service area.
    e. How you will annually review the proposed service area to identify where your patients reside, available health resources, and unmet need.

2) Describe health care needs in the proposed service area, including the needs of any special medically underserved population. Address needs related to the following:
    a. Comprehensive primary and preventative health care services, including in-scope chronic disease management, preventive health and education, cancer screening, nutrition and mental health and substance use services.
    b. Patient support services that facilitate a patient's health care access to improve health outcomes, including patient outreach, case management, referrals, health education, transportation, language assistance, and enrollment in health insurance[5].
    c. Any other significant needs that impact health status or needs for primary care services.

3) Describe any recent or potential changes in the local health care landscape and how those changes may affect the needs of the medically underserved population.

4) Based on your Form 1A: General Information Worksheet, describe how you determined the number of:

[5] 42 USC section 254b requires in paragraphs (b)(1)(A)(ii), (iii), (iv), and (v) that health centers provide referrals, patient case management services, services that enable individuals to use the services of the health center, and education of patients.

a. Unduplicated patients you project to serve.
b. Patients that you project to serve for each service type.
c. Patients that you project to serve for each special medically underserved population.

5) Describe how you:
   a. Have worked with community partners to assess the needs, strengths, opportunities, and priorities of the community.
   b. Will regularly update your Scope of Project in response to the needs for additional services.
   c. Plan to use patient and community input to inform and improve service delivery.

Response

1) Describe how the proposed service delivery sites on Form 5B: Service Sites will support access to your services (consistent with Form 5A: Services Provided) and minimize barriers within the service area, including:
   a. Where your service delivery sites are located, compared to where the medically underserved population lives and works.
   b. How you will address barriers based on geography and hours of operation.

2) Describe how you provide comprehensive primary care as your main purpose and document how you will provide all required services and any additional services on Form 5A: Services Provided. In the narrative, address the following:
   a. How all age groups will have access to all required services and any additional services that are identified in your needs assessment.
   b. Any required services on Form 5A: Services Provided that you will not provide in-person at all service delivery sites and how you will make those services accessible throughout the service area. Include how you will ensure access to any services that you will not pay for and will provide only through a formal referral arrangement.
   c. How you will provide in-scope patient-centered chronic disease prevention and management, preventive health services and education, cancer screening, nutrition, mental health, and patient support services.
   d. How you will provide patient support services that facilitate a patient's health care access to improve health outcomes, including patient outreach, case management, referrals, health education, transportation, language assistance, and enrollment in health insurance.
   e. How your services will incorporate patient-centered care that is tailored to the individuals, empower them to make informed decisions about their health, support their active participation in care, and support the development of a comprehensive care plan to help patients meet their health goals.
   f. How your additional services will address other unique needs that impact health status.

3) Describe how you will support access to additional services such as nutrition counseling and wellness promotion in response to your needs assessment.

4) Describe the following aspects of your sliding fee discount program policies:

a. How you assess all patients for sliding fee discount eligibility based only on income and family size. See income definition in Chapter 9: Sliding Fee Discount Program of the Compliance Manual.
b. How you adjust patient charges on a sliding fee based on income and family size (consistent with Attachment 9: Sliding Fee Discount Schedule).
c. Whether you have a nominal charge for patients with incomes at or below 100% of the Federal Poverty Guidelines (FPG). If so, describe how the amount is nominal from the perspective of the patient and would not reflect the actual cost of the service being provided.
d. How you evaluate your sliding fee discount program to ensure that it reduces financial barriers to care.

5) Describe how you provide care that:
   a. Engages patients to participate in their care and maximize their care experience.
   b. Involves families and caregivers, as appropriate.
   c. Aligns with the needs of the medically underserved populations in the area.

Collaboration

1) Describe how you collaborate with community partners to increase awareness of available services, address the community's health and health-related needs, and coordinate care within the service area. In Attachment 8: Collaboration Documentation, provide letters of support from providers you work with. You should also identify these providers on Attachment 1: Service Area Map and Table. Include documentation from:
   a. Other HRSA-supported health centers, including Look-Alikes. If you cannot obtain a requested letter of support from other health centers, provide evidence of your request for the letter of support.
   b. Providers of specialty services and other services not available through your organization.
   c. Local hospitals, to reduce non-urgent use of hospital emergency departments.
   d. Others that serve similar populations (such as health departments, schools, community organizations, homeless shelters, and Indian Health Service health facilities).

2) Describe how you collaborate with the Primary Care Association (PCA) in your state or region and access training and technical assistance resources to improve programmatic, clinical, and financial performance. If you participate in a Health Center Controlled Network (HCCN), also describe how you work with that HCCN to improve patient care through information technology and data.

3) **If your application is for Residents of Public Housing,** describe:
   a. How residents of the targeted public housing helped develop the service delivery plan.
   b. How residents of the targeted public housing will be involved in administration of the proposed project.

Impact

1) Describe how your Quality Improvement/Quality Assurance (QI/QA) program:
   a. Follows clinical guidelines and standards of care.
   b. Addresses patient safety.

c. Improves patient experience and satisfaction.
d. Uses systems such as electronic health records or population management systems to monitor and track risk factors that impact health.

2) Describe how you will improve clinical quality and health outcomes within your patient population, including within the following specified areas:
   a. Diabetes and hypertension control
   b. Breast, cervical, and colorectal cancer screening
   c. Screening for depression and follow-up planning, including depression remission
   d. Body Mass Index (BMI) screening and follow-up plan
   e. Weight assessment and counseling for nutrition and physical activity for children and adolescents
   f. Tobacco use screening and cessation intervention

Capacity

Based on your Response section and Budget Justification Narrative, describe:

1) Your organizational structure. Refer to Attachment 3: Project Organizational Chart.
   a. If you are a public agency with a co-applicant board, describe the relationship between your organization and the co-applicant board (consistent with Attachment 6: Co-Applicant Agreement).
   b. If you have contractors, describe how they will help carry out the proposed project consistent with Attachments 2: Bylaws and 3: Project Organizational Chart, and, as applicable, Attachments 6: Co-Applicant Agreement and 7: Summary of Contracts and Agreements. If you will contract for a majority of the required health services, attach the contract to Form 8: Health Center Agreements.
   c. Describe how you will play a substantive role in your Health Center Program project, if you are part of a parent, affiliate, or subsidiary organization, or have a contract with another organization to provide a majority of the proposed required health services on your behalf (consistent with Form 8: Health Center Agreements). Include whether key staff are directly employed by you, and how your board carries out its required functions and executes its authorities over the project, including a description of how any agreements do not restrict your board's authorities and functions.

2) Your management team, including the project director (PD)/chief executive officer (CEO), clinical director (CD), and chief financial officer (CFO). Reference Attachment 4: Position Description and Attachment 5: Biographical Sketches for Key Management Staff as needed.
   a. How the team will support the operation and oversight of your Health Center Program project, including accountability, policies, and risk management.
   b. How the team will promote innovation and a culture of quality improvement that is responsive to the needs of the community.

3) Your clinical provider staff and your plans to recruit, develop, engage, and retain the appropriate staffing mix of qualified providers to provide care to your medically underserved population.

4) Your financial accounting and internal control systems and policies. Describe how your organization will maintain financial stability and effective oversight, including how you will:

a. Manage liquidity to ensure you can pay all current expenses and liabilities and convert assets to cash as needed.
b. Maintain solvency by keeping sufficient reserves to meet long-term obligations and pay debts as they become due.
c. Support a positive operating margin by generating sufficient revenue to support current costs and operations.
d. Promote financial agility by implementing sound yet flexible operational and procurement systems, including safeguards to minimize financial risk.

Governance

Items 1 through 2 do not apply to Native American Tribal and urban Indian organizations.

1) Describe how your governing board has the necessary knowledge, skills, and abilities to serve their community and how board members engage with patients to ensure that the health center is responsive to patient needs. Reference Form 6A: Current Board Member Characteristics and the Need section of the Project Narrative.
2) Describe how you have implemented effective governance to ensure that the health center board meets its duty to act in the organization's best interests and continually promotes excellence in the delivery of care to your community. Specifically address:
    a. How the governing board leverages its expertise (consistent with Form 6A: Current Board Member Characteristics) to improve patient-centered care provided by the health center.
    b. How the governing board provides oversight and strategic direction as needs and opportunities evolve.
    c. How the governing board evaluates the organization's financial health and performance on quality improvement activities.

3) **Native American tribal or urban Indian organization applicants only:** Describe your governance structure and how you:
    a. Get input from the community/target population on health center priorities.
    b. Ensure fiscal and programmatic oversight of the proposed project.

4) **Public agency applicants**: If you will meet the Health Center Program governance requirement by using a co-applicant, describe the co-applicant's roles and responsibilities consistent with Attachment 6: Co-Applicant Agreement.

Continuity of Care

1. Describe how you are positioned to maintain or exceed the level of services currently provided in the service area and ensure that there are no disruptions in access to care. Specifically, describe:
    a. How you will maintain or expand the level and range of services currently available in the service area.
    b. How your proposed service delivery approach will ensure continued access for patients in your service area, including for all age groups and special medically underserved populations.
2. Describe your process to ensure continuity of care for patients. Include:

a. Communication tools, referral processes, and electronic exchange of patient health records.
b. Hospital admitting privileges.
c. Receipt, follow-up, and recording of medical information from referral sources.
d. Follow-up for patients who are hospitalized or visit a hospital's emergency department.
e. How you will support continuity, clinical effectiveness, and patient-centered care coordination across your service sites and providers.
    i. Describe your experience and plans for maintaining continuity of services during disasters and public health emergencies. Include how you will continue to provide primary and preventive health care services to the medically underserved population during disruptions.

Budget Justification Narrative

Submit a detailed budget narrative that outlines costs for each requested 12-month period (budget year) of the period of designation. For future budget years, the narrative should highlight the changes from year 1 or indicate no substantive changes during the period of designation.

Upload as Attachment 11: Budget Justification Narrative in your RD application.

Note: Because it is mandatory for your organization to meet health center requirements to be designated a Look-Alike, you must have the necessary policies, procedures, and financial controls to comply with all federal prohibitions on activities such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures, and controls may be subject to audit.

Attachments

Upload your attachments in EHBs in the order they are listed and clearly label each attachment.

Attachment 1: Service Area Map and Table (Required)

Upload a map of the service area for the proposed project, indicating the:

- Proposed health center site(s) listed on Form 5B: Service Sites.
- Proposed service area ZIP codes consistent with the ZIP codes on your Form 5B.
- All medically underserved areas (MUAs) and/or medically underserved populations (MUPs).
- Health Center Program award recipients and Look-Alikes.
- Other health care providers serving the proposed ZIP codes, as described in the Collaboration section of the Project Narrative.

Create the map and table using the Health Center Program GeoCare Navigator. Make sure to include the corresponding data table, which lists relevant information for each ZIP Code Tabulation Area (ZCTA) in the service area. ZCTAs are geographical areas developed by the

U.S. Census Bureau to align census data with residential areas. Visit the GeoCare Navigator Resources Page to access the user guide and tutorials.

Attachment 2: Bylaws (Required) (Compliance Assessment)

Upload a complete copy of your organization's most recent bylaws.

- Bylaws must be **signed and dated** as evidence of approval by the governing board and must be submitted in English.
- If you are a public agency with a co-applicant, you must submit the co-applicant governing board's bylaws.
- Bylaws should demonstrate compliance with Health Center Program requirements in Chapter 19: Board Authority and Chapter 20: Board Composition of the Compliance Manual.

Attachment 3: Project Organizational Chart (Required) (Compliance Assessment)

Upload a one-page document that shows your current organizational structure. Include the governing board, key personnel, and any affiliated organizations.

Attachment 4: Position Descriptions for Key Management Staff (Required) (Compliance Assessment)

Upload current position descriptions for key management staff:

- Project Director (PD)/ Chief Executive Officer (CEO)
- Clinical Director (CD)
- Chief Executive Officer (CFO)

Indicate whether any positions are combined and/or part-time, consistent with Form 2: Staffing Profile. At a minimum, each position description must include qualifications, duties, and functions.

The PD/CEO position description must address the following:

- Is directly employed by the Look-Alike.
- Reports directly to the governing board.
- Oversees other key management staff in carrying out the day-to-day activities necessary for the proposed project.

Attachment 5: Biographical Sketches for Key Management Staff (Required)

Include biographical sketches for the individuals who will serve in the key positions described in Attachment 4: Position Descriptions for Key Management Staff.

Each biographical sketch must not exceed two pages. Do not include non-public personally identifiable information. For any individual not yet hired, include a letter of commitment with the biographical sketch.

Attachment 6: Co-Applicant Agreement (Required for public agencies as indicated on Form 1A) (Compliance Assessment)

Public agencies with a co-applicant board **must** submit the most recent complete and current copy of the formal co-applicant agreement, signed by both the co-applicant governing board and the public agency. The agreement must detail the required authorities and functions of the co-applicant board and define the roles and responsibilities of the public agency and the co-applicant in carrying out the Health Center Program project. Refer to Chapter 19: Board Authority of the Compliance Manual.

If you are a public agency that meets the board requirements without a co-applicant, submit a statement instead of this attachment explaining how your attached bylaws, board composition, and Governance narrative demonstrate compliance with all Health Center Program governing board requirements.

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

Upload a summary describing the following:

- All current or proposed patient service-related contracts and agreements, consistent with Form 5A: Services Provided. For each contract or agreement include:
  - Name of contractor or referral organization.
  - Whether it is a contract or referral arrangement.
  - A brief description of the services to be provided, including how and where they will be delivered and the term of the agreement.
  - The process for tracking patients for follow-up care.
- Other contracts and agreements that involve a substantial portion of the project. For example, if you contract with one entity for the majority of health care providers, include the contract or agreement in Form 8: Health Center Agreements, and mark those providers with an asterisk.
- Lease agreements for any spaces where in-scope services will be provided.

Attachment 8: Collaboration Documentation (Required) (Compliance Assessment)

Upload letters of support and other documentation demonstrating project-specific collaboration. See the Collaboration section for more detailed requirements.

Letters of support should:

- Be on the collaborating organization's letterhead.
- Be addressed to the organization's board or CEO.
- Be signed by the collaborating organization's leadership.

Note: Reviewers will only consider documentation submitted with the application.

Attachment 9: Sliding Fee Discount Schedule (Required) (Compliance Assessment)

Upload your current sliding fee discount schedule (SFDS), ensuring it is consistent with the policy described in the Response section of the Project Narrative.

Your SFDS must:

- Apply discounts based on the Federal Poverty Guidelines (FPG) in effect at the time you submitted your application. For health centers located in Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated

States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau, you may choose either the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow the separate poverty guidelines for Alaska or Hawaii.

- Provide a full discount for individuals with annual incomes at or below 100% of the current FPG, unless you charge a nominal fee. Any nominal fee must be lower than the fee paid by a patient in the first sliding fee discount pay class above 100% of the FPG.
- Provide partial discounts for individuals with annual incomes above 100 and at or below 200% of the current FPG.
- Include at least three discount pay classes based on income levels.
- Not provide discounts to individuals with annual incomes above 200% of the current FPG.

If you have more than one SFDS, such as separate schedules for medical and dental, upload each one.

For more information about sliding fee requirements, see Chapter 9: Sliding Fee Discount Program of the Compliance Manual.

Attachment 10: Evidence of Nonprofit, Public Agency, or Tribal or Urban Indian Organization Status (Required) (Compliance Assessment)

Private, Nonprofit Organization: Upload one of the following as the most recent evidence of your nonprofit status:

- A copy of your currently valid Internal Revenue Service (IRS) tax exemption letter or certificate.
- The most recent statement from a state taxing body, state attorney general, or other appropriate state official certifying that your organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of your organization's most recent official certificate of incorporation or similar document (for example, Articles of Incorporation). It must bear the state or tribal seal and clearly show the nonprofit status of the organization.
- Any of the above documentation for a state or local office of a national parent organization, and the most recent statement signed by the parent organization that your organization is a local nonprofit affiliate.

Public Agency Organization: Upload one of the following as evidence of your public entity status:

- A current "letter ruling" which provides a positive written determination by the Internal Revenue Service of the organization's exempt status as an instrumentality under Internal Revenue Code section 115.
- A current dated letter affirming the organization's status as
    - a state, territorial, county, city, or municipal government;
    - a health department organized at the state, territory, county, city, or municipal level; or
    - a subdivision or municipality of a United States (U.S.) affiliated sovereign State

formally associated with the U.S. (for example, Republic of Palau).

- A copy of the law that created the organization and that currently grants one or more sovereign powers (for example, the power to tax, eminent domain, police power) to the organization (for example, a public hospital district). If you choose to provide this, clearly indicate the specific section of the law that names your organization.
- A ruling from the state Attorney General affirming your current legal status as either a political subdivision or instrumentality of the state (for example, a public university).

Native American Tribal or Urban Indian Organizations, including those defined under the Indian Self Determination Act or the Indian Health Care Improvement Act, are eligible to apply for Health Center Program funding or designation. Such organizations would demonstrate their eligibility to HRSA by providing applicable documentation as described in either the Non-Profit Organizations or Public Agency Organizations sections above.

Attachment 11: Budget Justification Narrative (Required) (Compliance Assessment)

Upload your budget narrative.

Attachment 12: Other Relevant Documents (As applicable)

Include other relevant documents to support the proposed project (for example, charts, organizational brochures, and lease agreements). You are permitted a maximum of two uploads.

Program Specific Forms

You will need to complete some program-specific forms. Complete the forms in EHBs.

Each of the following forms is required. Refer to the LAL RD TA webpage for samples and instructions. The forms that HRSA will use to assess your compliance with program requirements are noted as *Compliance Assessment*.

- Cover Page (*Compliance Assessment*)
- Form 1A: General Information Worksheet
- Form 1C: Documents on File
- Form 2: Staffing Profile (*Compliance Assessment*)
- Form 3: Income Analysis (*Compliance Assessment*)
- Form 5A: Services Provided
- Form 5B: Service Sites
- Form 6A: Current Board Member Characteristics (*Compliance Assessment*)
- Form 6B: Request for Waiver of Board Member Requirements (*Compliance Assessment*)
- Form 8: Health Center Agreements (*Compliance Assessment*)
- Form 12: Organization Contacts

Step 4: Understand Review and Designation

Application review

Application review process

We will review your application to make sure that it meets eligibility criteria, including the completeness and responsiveness criteria.

We will not review any pages that exceed the page limit. Pages that exceed the page limit will be redacted and will not be reviewed. Only the content within the page limit will be used to determine eligibility.

RD submissions that do not include all required documents and information will be considered incomplete or non-responsive and will be returned through a "Request Change" notification via the EHBs so you can provide missing information or clarification.

Notice of Look-Alike Designation

HRSA has transitioned from a 3-year period of designation to a 4-year period of designation through a phased approach. This change is intended to reduce administrative burden for Look-Alikes while maintaining HRSA's commitment to ensuring continued compliance with Health Center Program requirements.

Look-Alikes with period of designation end dates of January 31, 2027, April 30, 2027, and May 31, 2027 will receive a one-year extension and will instead submit a Look-Alike Annual Certification.

All other Look-Alikes with period of designation end dates in FY 2026 and FY 2027 will transition to a 4-year period of designation following submission and approval of their Look-Alike RD application.

HRSA will issue a new NLD before the current period of designation end date if your application is timely, complete, and eligible.

Step 5: Submit Your Application

Application submission and deadlines

Deadlines

Application

You must submit your application in EHBs by 11:59 p.m. by your EHBs submission deadline. **Failure to submit your RD application by the due date may result in the termination of your LAL designation and all corresponding benefits.**

Submission method

EHBs

You must submit your application through EHBs by your submission deadline.

Have questions? Go to Contacts and Support.

Application checklist

Make sure that you have everything you need to apply:

Component	Included in page limit?
☐ **Project abstract**	Yes
☐ **Project narrative**	Yes
Attachments	
☐ 1. Service Area Map and Table	Yes
☐ 2. Bylaws	No
☐ 3. Project Organizational Chart	Yes
☐ 4. Position Descriptions for Key Management Staff	Yes
☐ 5. Biographical Sketches for Key Management Staff	Yes

☐ 6. Co-Applicant Agreement (required for public agency applicants as indicated on Form 1A) (as applicable)	No
☐ 7. Summary of Contracts and Agreements	Yes
☐ 8. Collaboration Documentation	Yes
☐ 9. Sliding Fee Discount Schedule(s)	Yes
☐ 10. Evidence of Nonprofit, Public Agency, or Tribal or Urban Indian Organization Status	Yes
☐ 11. Budget Justification Narrative	Yes
☐ 12. Other Relevant Documents	Yes
Program-Specific Forms	No
☐ Cover Page	No
☐ Form 1A: General Information Worksheet	No
☐ Form 1C: Documents on File	No
☐ Form 2: Staffing Profile	No
☐ Form 3: Income Analysis	No
☐ Form 5A: Services Provided Form	No
☐ Form 5B: Service Sites	No
☐ Form 6A: Current Board Member Characteristics	No
☐ Form 6B: Request for Waiver of Board Member Requirements	No
☐Form 8: Health Center Agreements	No
☐ Form 12: Organization Contacts	No

Step 6: Learn What Happens After Designation

Post-designation requirements and administration

Required alignment with Health Resources and Services Administration (HRSA) mission and strategic priorities

Designees must carry out the project consistent with program goals or agency priorities in accordance with the HRSA vision, mission, core values, and strategic priorities, where authorized by law.

In administering the Health Center Program under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.
- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed activities align with these priorities in their project narratives.

Activities within the Health Center Program scope of project must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically underserved, or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA's priorities, in carrying out any project the designee must adhere to the following principles, where they are consistent with the authority and scope of the designation and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Designees must:
    - Maintain strong internal controls.
    - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Designees must manage any project within their Health Center Program scope of project in accordance with the following objectives in programs authorized to advance them:

Make America Healthy Again (MAHA): HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

Child protections, biological integrity, and parental rights: HRSA prioritizes safeguarding children's health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

Advancing evidence-based, merit-driven, and ethically grounded health care: HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:

- Conflicts of interest.
- "Harm reduction" models.
- Housing-first approaches.
- Activities that facilitate illegal drug use or unsafe medical practices.

Promoting public safety, lawful use of federal funds, and national health priorities: To the extent permitted by law, HRSA will align designation determinations with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.

- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under designations, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The designee must demonstrate ongoing compliance with these priorities in all programs that are authorized to advance them through program design, implementation, reporting, and evaluation.

Failure to meaningfully align activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with the terms and conditions of this designation. This includes termination if a designation no longer effectuates the program goals or agency priorities.

Cybersecurity

If designated, you must develop plans and procedures, modeled after the NIST Cybersecurity Framework, to protect HHS systems and data. See details here.

Reporting

If you are designated, you must follow these program-specific reporting requirements:

1) **Uniform Data System (UDS) Report** – The UDS collects data on all health centers to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. Award recipients and Look-Alikes are required to submit UDS reports consistent with HRSA guidance. Failure to submit a complete UDS report by the specified deadline may result in conditions or restrictions being placed on your NLD.

2) **Progress Report** – You must submit and HRSA must approve, a LAL Annual Certification (AC) application. Approval depends upon satisfactory performance, and a determination that continued designation would be in the government's best interest. You will receive an email when it is time to begin working on the AC.

   Failure to submit a timely or non-responsive AC submission may result in the termination of your LAL designation and all corresponding benefits.

Contacts and Support

Agency contacts

Program and eligibility

Jennifer Rosenfelder
Public Health Analyst
Attn: Look-Alike Renewal of Designation (LAL-RD)
Bureau of Primary Health Care
Health Resources and Services Administration
Contact: BPHC Contact Form

- Under Compliance and Project Scope > Look-Alike Post Designation Monitoring > Look-Alike Renewal of Designation (LAL-RD)

301-594-4300

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910

Electronic Handbooks Contact Center

Helpful Resources

- Look-Alike Renewal of Designation technical assistance webpage
- Health Center Program Compliance Manual
- Health Center Resource Clearinghouse
- HRSA Primary Health Care Digest