



FY 2020 State and Regional Primary Care Association (PCA) Cooperative Agreements Notice of Funding Opportunity: Frequently Asked Questions

The fiscal year (FY) 2020 State and Regional Primary Care Association (PCA) Notice of Funding Opportunity (NOFO) (HRSA-20-021) is available at [Grants.gov](https://www.grants.gov) and on the [PCA Technical Assistance webpage](#). Below are common questions and corresponding answers for the FY 2020 PCA NOFO. New frequently asked questions (FAQs) will be added as necessary.

Updated on 11/19/2019. New or modified items identified by “**NEW!**”

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Access Information

1. Where can I access the PCA Notice of Funding Opportunity Announcement (NOFO)?

The PCA NOFO is available at [Grants.gov](https://www.grants.gov). Follow the instructions below:

- Go to www.grants.gov.
- Select Search Grants tab.
- Type HRSA-20-021 in the Opportunity Number field and click the SEARCH button.
- Select HRSA-20-021 from the matching results.
- Click the Package tab.
- Under Actions, click Preview and then Download Instructions to access a copy of the NOFO.
- When you are ready to apply, under Actions, click Apply and follow the prompts.



Note: You must use the two-tier submission process associated with this NOFO. You are required to apply electronically through Grants.gov **and** the HRSA Electronic Handbooks (EHBs). Refer to the [Apply for Grants](#) instructions for additional information on the Grants.gov submission process.

2. When can I begin the EHBs submission process (i.e., Phase 2)?

You can begin Phase 2 in the EHBs only after Phase 1 in [Grants.gov](#) has been successfully completed, and no earlier than October 18, 2019. Applications that are submitted successfully to Grants.gov by the Grants.gov due date of November 8 will receive an email notification from HRSA with an application tracking number. If you do not receive the email message with the tracking number after submitting your application information at Grants.gov, check your 'junk' email and/or contact the Health Center Program Support at 877-464-4772.

Although you cannot complete and submit the supplemental information for your application in EHBs until October 18, you may validate the Grants.gov portion of your application in EHBs as soon as you receive the application tracking information from HRSA. You may also complete the standard forms in the application at that time. If you select the Program Specific Information sections of your application in EHBs before October 18, you will receive an error message, as you are unable to complete those parts of their applications until October 18.

Eligibility

3. Where can I access the allowable maximum funding amount for my state or region?

The annual funding request may not exceed the current annual level of support for the state or region. You can request the current funding information for the selected state or region from the PCA Response Team via the [BPHC Contact Form](#).

4. Who can apply for PCA funding?

Eligible applicants include domestic public, non-profit, and for-profit entities, including tribal and faith-based organizations, that can provide T/TA to existing and potential health centers. New organizations and organizations currently receiving funding as PCAs under Section 330(l) may apply. See Section III.1 of the PCA NOFO for complete eligibility criteria.

5. Can an individual apply for PCA funding?

No. Eligible applicants are organizations as described in Section III.1 of the PCA NOFO.



6. Can I apply for both the FY 2020 PCA and NTTAP Cooperative Agreements?

No. An organization may only submit one application for Health Center Program T/TA funding in Fiscal Year 2020. HRSA will only consider the first validated electronic submission in Grants.gov from an organization that applies for both this PCA funding opportunity (HRSA-20-021) and the National Health Center Training and Technical Assistance Partners (NTTAP) Cooperative Agreements (HRSA-20-022) funding opportunity for FY 2020. The application that is submitted second will not be eligible for funding.

7. Can I apply for PCA funding in multiple states or regions?

You can only apply to provide T/TA to one pre-defined state or regional option as listed in the State and Region Table on the [PCA Technical Assistance webpage](#).

8. What are the most common reasons that an application is deemed ineligible?

The following mistakes result in most ineligible decisions:

- Exceeding the 80-page limit.
- Missing an attachment required for completeness (as noted in the PCA NOFO) or uploading the wrong attachment (e.g., a duplicate Budget Narrative instead of the Project Narrative).

Program Requirements

9. How is a state PCA different than a regional PCA?

State PCAs are the primary T/TA providers to existing and potential health centers in a state or combination of states. Regional PCAs add value to the work of state PCAs, providing T/TA to existing and potential health centers in areas that are also served by state PCAs, while ensuring no duplication of effort. See the State and Region Table on the [PCA Technical Assistance webpage](#) for the list of state and regions to be served under this NOFO.

10. How are existing and potential health centers defined?

Existing health centers include Health Center Program award recipients and look-alikes.¹ Potential health centers include organizations that are applying for or seeking information about applying for a Health Center Program award or look-alike designation.

11. What is the current location of the health center clearinghouse?

The health center resource clearinghouse is available at <https://www.healthcenterinfo.org/>.

¹ Look-alikes (LALs) meet all Health Center Program statutory, regulatory, and policy requirements but do not receive funding under section 330 of the Public Health Service Act. For more information on LALs, see <https://bphc.hrsa.gov/programopportunities/lookalike/index.html>.



12. Are contracts with current PCAs or other technical assistance providers allowed?

Award recipients are expected to perform a substantive role in the proposed project. PCAs may contract with other entities to carry out a portion of the grant-funded activities.

13. Can I use PCA funding to provide education on health centers and health care needs within the state/region?

Yes. You may propose activities that result in products or educational documents (e.g., issue briefs) that analyze issues impacting health centers and underserved populations. Such analyses may be made available to the general public and other stakeholders such as policy makers, health centers, other safety-net providers, community leaders, and potential partners.

However, you may not use federal funding to create educational documents related to pending or existing legislation (see [Federal Restrictions on Lobbying for HHS Financial Assistance Recipients](#)). All publications created or disseminated with PCA funds must be drafted in accordance with HRSA's Publication Protocol and discussed with the assigned Project Officer.

14. Should I include activities supported in part, but not completely, by PCA funding in the PCA application?

Activities that will be partially supported by PCA funding may be included in the Project Work Plan, though only the PCA funds used to support the activities should be reflected in the budget presentation. For further assistance with PCA budget related questions, contact Vera Windham at 301-443-6859 or vwindham@hrsa.gov.

15. Must all PCA T/TA activities be available at no cost to existing or potential health centers in the state/region?

PCAs must ensure access to T/TA services without regard to health center award/designation status, PCA membership status, or location within the state or region.²

The ability for a PCA to charge for T/TA varies:

- PCAs cannot charge for T/TA supported solely with HRSA funds.
- For T/TA funded with a mix of HRSA and non-HRSA funds, charging participants to offset non-HRSA funded costs is permissible if the PCA can demonstrate that the charge is not a barrier to access.

² PCAs that refuse to work with an existing or potential health center may be deemed noncompliant with the terms and conditions associated with this award, and subject to penalties for noncompliance as outlined by [45 CFR 75.371](#).



Application Development

16. What is the difference between a new and competing continuation application type?

Organizations not currently receiving PCA funding under Section 330(l) that seek to provide T/TA in one of the existing states or regions must apply as *new applicants*. Current PCA award recipients funded under Section 330(l) whose project period ends June 30, 2020 that seek to continue providing state or regional T/TA to the current state or regional health centers must apply as *competing continuation applicants*.

17. Does HRSA have application formatting guidelines (e.g., font size, attachment formats)?

Yes. Attachments should be single-spaced narrative documents with 12-point, easily readable font (e.g., Times New Roman, Arial, Courier) and 1-inch margins. Smaller font (no less than 10-point) may be used for tables, charts, and footnotes. For more information, reference Section 4.2 of the [SF-424 Two-Tier Application Guide](#).

HRSA will accept attachments as PDF, Microsoft Word, and/or Excel files. Do not use spaces or special characters when naming files. Be sure to upload the attachments in the appropriate fields. *When using Excel or other spreadsheet documents, be aware that reviewers will only see information that is set in the "Print Area" of the document.* Do not submit documents with multiple spreadsheets (tabs).

18. **NEW!** Are State/Regional Performance Profiles available?

While HRSA no longer sends out performance profiles, you can access the state-level UDS data that was previously included in State Profiles on HRSA's website at <https://bphc.hrsa.gov/uds/datacenter.aspx?q=d>.

19. **NEW!** In Attachment 8: Summary Progress Report for Current PCAs, how do I report progress on Goals if data is not available on the HRSA website?

For the cost increase metric (Goal 2, Focus Area 2) and any others for which UDS data is not available, report on activity progress and progress towards achieving the Formal T/TA Session and Participation Targets. HRSA will not be providing additional UDS data to PCAs beyond what is available in the State Profiles (<https://bphc.hrsa.gov/uds/datacenter.aspx?q=d>).

20. How will I be notified if my application was successfully submitted?

Grants.gov will send a series of four emails to the contacts listed on the Grants.gov application. Please be alert to the content of these emails as they may contain important information that may require a response. **If an email indicates there was an error in the submission of your application, you must correct the errors and re-submit the application in Grants.gov prior to the deadline.** You are strongly encouraged to closely monitor your



email accounts, including spam folders, for email notifications and/or error messages from Grants.gov.

When submitting in the EHBs, all validation errors must be resolved before the application can be submitted to HRSA by the AO. The status of the application in EHBs will appear as "Application Submitted to HRSA" once it has been successfully submitted, and the AO will receive an email notification. **Only the AO can submit the final EHBs application to HRSA.** Allow proper time for this to occur before the deadline. Contact the Health Center Program Support via the [BPHC Contact Form](#) or 1-877-464-4772 for assistance submitting your application in the EHBs.

21. When I view the PDF version of the submitted application in EHBs, why does the cover page indicate a higher number of pages than I counted?

When the application is submitted in EHBs, an automatic page count occurs that counts all pages, including attachments that are not included in the page limit. This page count appears on the final PDF version of the application (See Section IV.2 of the PCA NOFO). However, be assured that HRSA will complete a manual page count after submission.

Application Components

22. NEW! How do I change the SF-424 information submitted in Grants.gov?

Information from the SF-424 completed in Grants.gov is transferred into the EHBs under the Basic Information, Budget Information, and Other Information sections in the SF-424A. You can update this information in EHBs as desired. See the User Guide posted at the [PCA Technical Assistance webpage](#) for guidance.

23. What dates should be listed in Item 17 of the SF-424 for the Proposed Project Start Date and Proposed Project End Date?

Enter July 1, 2020 for the Project Start Date and June 30, 2023 for the Project End Date.

24. Why do the Project Narrative and Review Criteria repeatedly refer me to other sections of the application (e.g., appendices, forms, attachments)?

The Project Narrative and Review Criteria were written to guide applicants and reviewers to the relevant sections of the application where information should be presented. Both applicants and reviewers are expected to check the cross-referenced documents to ensure the application provides complete and consistent information.

25. Are letters of agreement required?

Yes. At a minimum, you must include a current dated letter of agreement from the primary formal collaborators noted in the Collaboration section of the Project Narrative and at least one relevant state public agency (e.g., state health departments, state primary care offices,



state Medicaid agencies). See the Collaboration section in the PCA NOFO for more details on required letters of agreement.

26. Are regional PCA applicants required to submit letters of agreement from each state PCA and all relevant state public agencies from each of the states in the region?

Rather than letters of agreement, a Regional Memorandum of Agreement (Attachment 6) is required to document the support of each state PCA in the region. Additionally, at a minimum, a current dated letter of agreement from at least one relevant state public agency (e.g., state health departments, state primary care offices, state Medicaid agencies) in the region must be submitted, in addition to letter(s) from the primary formal collaborators noted in the Collaboration section of the Project Narrative.

27. What is required for the Regional Memorandum of Agreement in Attachment 6?

Regional applicants must submit a signed Regional Memorandum of Agreement (MOA) documenting support from the current state PCAs in the selected region. Should all applicants be funded, the MOA must summarize the expected actions on behalf of all parties to ensure effective coordination between the regional PCA and the state PCAs in the region to maximize the impact of HRSA-supported T/TA without duplication of effort. If signatures from the leadership of all current state PCAs cannot be obtained, regional PCA applicants should include documentation of efforts made to obtain the signatures along with an explanation for why they could not be obtained in the Collaboration section of the Project Narrative.

28. To whom should letters of agreement be addressed and how should they be provided?

Letters of agreement should be addressed to the appropriate applicant organization contact person (e.g., PCA board, CEO). They should **not** be addressed to HRSA or mailed separately from the application. Letters of agreement must be included with the application as Attachment 5 or they will not be considered by reviewers.

29. What if I am not able to get a letter of agreement from any required entities?

Include documentation of your efforts to obtain the letter(s) in Attachment 5: Letters of Agreement and any additional explanatory information in the Collaboration section of the Project Narrative.

30. What is the Summary Progress Report for Current PCAs submitted as Attachment 8?

The Summary Progress Report documents the demonstrated success and capabilities of currently funded PCAs by providing a summary of the cumulative accomplishments achieved under the current project period (July 1, 2017 through November 30, 2019). The summary should include cumulative progress and results of activities to address current measures and goals.



31. What should be included in Attachment 9: Needs Assessment Summary?

Provide a summary of the most recent needs assessment for the proposed state or region that does not exceed two pages. This summary should highlight the varying needs across health centers in the proposed state or region. This summary can be compiled from a variety of sources that may include a regional needs assessment.

Note: If you receive an award under this NOFO, you will be required to provide your entire needs assessment to HRSA post-award.

Project Work Plan

32. NEW! How do I measure Participant Behavior Change?

To measure Participant Behavior Change, HRSA requires the use of follow-up participant surveys using a 5-point rating scale. These surveys could be conducted in a variety of ways (e.g., via phone, online). If your application is funded, you can discuss options with your project officer post-award.

33. NEW! What types of TA are allowable with HRSA funds?

TA is the process of providing targeted support to an organization to facilitate quality or performance improvement. Some examples of TA can be found in section I.2 of the PCA NOFO.

When considering what type of T/TA to offer and who to target (i.e., national audience or learning collaborative), you should weigh a variety of factors, including but not limited to, health center needs, Project Work Plan Objective and Process Measure impact, and your organization's resources and capabilities.

34. NEW! Are all Project Work Plan Activities counted in Formal T/TA Session Targets?

Formal T/TA Sessions are scheduled and structured T/TA sessions with specific objectives and outcomes, including virtual and in-person sessions. You should count all T/TA sessions that meet these criteria (scheduled, structured, specific objectives and outcomes) in the target.

T/TA activities that will have a positive impact on Object Target attainment but do not meet the definition of Formal T/TA Sessions can be described in the Work Plan Activities or Project Narrative sections of your application. They should not, however, be considered when developing the Formal Training and Technical Assistance Session Target, Participation Target, Participant Satisfaction Target, and the Participant Behavior Change Target.

35. NEW! Does the Person/Group Responsible listed for Activities need to be HRSA-funded?

No. The person or group included in the Person/Group Responsible field in the Project Work Plan should be the **primary** person/group that will be accountable for carrying out each



HRSA-funded Activity. While there is no requirement that the person/group identified must be supported with HRSA funds, this individual/group will be responsible for ensuring that the activity is completed. Staff roles related to PCA activities should be explained clearly in the application.

36. For Objective A1, how is health center supplemental funding defined?

Supplemental funding refers to funding that health centers must apply for, such as IBHS, SUD-MH, and NAP. Health centers demonstrate a commitment to meet requirements through a supplemental application. QIA is not considered supplemental funding for the purpose of this objective.

37. NEW! For Objective A1, who must select HIV prevention supplemental funding?

You must select HIV prevention supplemental funding if you are applying for a state that has one or more counties as part of the [Ending the HIV Epidemic: A Plan for America](#). A list of the target areas for Ending the HIV epidemic can be found at: <https://files.hiv.gov/s3fs-public/Ending-the-HIV-Epidemic-Counties-and-Territories.pdf>.

38. For Objective A1, for states with just one county receiving supplemental funding as part of the Ending the HIV Epidemic, should PCAs direct T/TA to just health centers in the funded area or to all health centers in the state?

You may offer HIV prevention T/TA to all health centers in the state, with a focus on successful HIV supplemental funding implementation for health centers in areas targeted by [Ending the HIV Epidemic: A Plan for America](#).

39. For Objective A2, does HRSA define strategic development?

The NOFO does not define strategic development technical assistance. Provide your definition of strategic development in the Baseline Data Source field of the Project Work Plan.

40. For Objective B1, does HRSA recommend specific readiness scales?

You must select your own readiness scale. Use the Baseline Data Source and Comments fields of the Project Work Plan to list the readiness scale you plan to utilize and your definitions for any additional terms. Potential readiness scales could include the:

- NACHC Payment Reform Readiness Assessment Tool (http://www.nachc.org/wp-content/uploads/2015/11/NACHC_PR_ReadinessAssessmentTool_Final_CORRECTED_8.5.2014-2.pdf)
- Rural Health Value Value-Based Care Assessment Tool (<https://ruralhealthvalue.public-health.uiowa.edu/TnR/VBC/VBCTool.php>)

41. For Objective C1, how are comprehensive workforce plans defined?

Comprehensive workforce plans should support the delivery of high-quality, integrated, comprehensive primary health care (e.g. primary medical, oral, mental, substance use



disorder, vision, enabling services). The NOFO does not define comprehensive workforce plans beyond the inclusion of staff and/or student training programs. Provide your definition of comprehensive workplace plan in the Baseline Data Source field of the Project Work Plan.

42. For Objectives E1-E3, how should applicants calculate the number of potential health centers in the state or region?

Baseline and target data for objectives E1-E3 may be based on only existing health centers (award recipients and look-alikes).

43. For Objectives E1-E3, should applicants use 2019 UDS measures or the proposed 2020 UDS measures?

Applicants should use proposed 2020 UDS measure definitions to help guide activities proposed for clinical quality objectives. When developing baseline data, you may use data aligned with the proposed 2020 UDS measure, or current UDS data. PCAs are expected to support health centers in achievement of UDS measures as they may change in the future.

44. NEW! For Objectives E1-E3, what time period should applicants use for developing Baseline Data and setting Objective Targets?

Baseline data for all objectives, including E1, E2 and E3, should be calculated using the numerator and denominator definitions outlined in Appendix B of the NOFO. You should use this data, as well as health center data trends in your state or region, to develop realistic and attainable Objective Targets. For E1-E3, you may use 2016, 2017, and 2018 UDS data to determine the number of health centers in your state or region that have improved performance on clinical quality measures. Explain how many years of trend data were utilized to calculate the baseline within the Baseline Data Source field in the Project Work Plan. Objective Targets should represent the percentage of health centers in your state or region that will improve their performance on clinical quality measures by the end of the 3-year period of performance.

45. For Objective E4, how are Social Determinants of Health defined? Do they include UDS measures?

Provide your definition of Social Determinants of Health (SDOH) in the Baseline Data Source field of the Project Work Plan. You can refer to the UDS manual as a starting point (e.g., Appendix D, questions 11-12).

46. Are state PCAs that cover two or more states and Regional PCAs allowed to have state-specific required objectives, optional objectives, and/or activities?

You must focus on all states listed for your state or region for required Objectives (the denominator for all of the required Objectives must include health centers in all states listed



for your state or region on the State and Region Table on the [PCA Technical Assistance webpage](#)).

PCA T/TA should help health centers innovate and respond to changes in their state or regional health care environment. If you are serving multiple states, this may result in state-specific activities. In this case, you should dedicate at least 1 activity to each state for each required Objective, though a single activity may cover multiple states. You should allocate remaining activities between individual states in the way that will best support health center achievement of the five goals described in the Purpose section of the NOFO in both states. Note that Regional PCAs must collaborate with state PCAs on all T/TA activities to ensure there is no duplication of effort.

Optional Objectives A4 and B2 allow the applicant to determine the denominator, therefore it is allowable to focus on one state for these two optional Objectives.

Budget

47. What should be included in the Budget Narrative?

The Budget Narrative must justify each line-item expense (i.e., object class category) outlined in Section B: Budget Categories of the Budget Information: Budget Details form, with detailed calculations for each year of the 3-year project period. You must also include a personnel justification table. If indirect costs are requested, you must submit an Indirect Cost Rate Agreement (see the following FAQ for details). A sample Budget Narrative is available on the [PCA Technical Assistance webpage](#). Refer to the Budget Narrative instructions in Section IV.2.iv of the PCA NOFO for detailed guidance on this required attachment.

48. NEW! What information should be included about contractor costs?

In the Budget Narrative, include contractor salaries and payments, as well as how the costs were estimated, for example the hourly rate and number of projected hours. Costs should be itemized for each contract. You do not need to include contract costs in Attachment 7. The sample Budget Narrative available on the [PCA Technical Assistance webpage](#) details what budget information should be included.

49. Does HRSA require PCAs to have an indirect cost rate agreement?

No. You are only required to have an indirect cost rate agreement if indirect costs are included in the PCA budget. If you do not have an indirect cost rate agreement, costs that would fall into such a rate (e.g., administrative salaries) may be charged as direct line-item costs. Or, if you have never received a negotiated indirect cost rate, you may elect to charge a de minimis rate of 10 percent, which may be used indefinitely (see [45 CFR part 75](#) for details). Once elected, this methodology must be used consistently for all federal awards until such time as the organization chooses to negotiate for a rate, which they may apply to



do at any time. More information about applying for an indirect cost rate agreement is available at <https://rates.psc.gov/>. You must clearly indicate if your organization intends to use the 10 percent de minimis rate.

Note: If you include indirect costs in the budget, you must include a copy of the indirect cost rate agreement in Attachment 10. The indirect cost rate agreement will not be counted in the page limit.

50. Should the budget include non-federal funding (e.g., private grant funding, program income)?

No. Budget requests should only include the PCA federal funding requested for the proposed activities. Do not provide other sources of funding in any of the attachments or forms included in the PCA application. Do not include activities in the application supported by non-federal funding.

51. Does the federal salary limitation apply to PCA funding?

Yes. PCA funding may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II (currently \$192,300). Review the detailed guidance in the PCA NOFO on the salary information that must be provided in the Budget Narrative for each position supported in whole or in part with federal funds. Details are also provided in the sample Budget Narrative on the [PCA Technical Assistance webpage](#).

52. How should currently funded HCCNs applying for PCA funding separate the budget and reporting for goals that overlap the HCCN and PCA project?

Activities undertaken by an organization with both HCCN and PCA funding address distinct audiences. The PCA requirement that training and technical assistance supported by PCA funding must be accessible to all existing and potential health centers in the selected state or region, does not apply to HCCN-funded activities. Current HCCN award recipients applying for PCA funding must have systems in place to be able to separate budgets and reporting functionality for different funding sources. Your PCA application must reflect budget information for PCA funding only, and include only activities that will be supported by PCA funding.

Application Reviews and Awards

53. How will PCA applications be reviewed?

Applications will be subject to an internal and external review. The internal HRSA review assesses completeness, eligibility, and responsiveness. Applications deemed complete and eligible will also be externally reviewed by an Objective Review Committee (ORC). ORC reviewers are selected based on training and experience in relevant fields or disciplines. Each reviewer provides an objective, unbiased evaluation based on the review criteria in the



NOFO. Prior to award, HRSA reviews financial risk factors outlined in Section V.3 of the PCA NOFO, Assessment of Risk and Other Pre-Award Activities, the results of which impact the project period length for successful applicants.

54. NEW! Will the ORC review progress reports submitted by competing continuation applicants?

Currently funded PCAs may reference information provided in the Summary Progress Report in Attachment 8 in the Resources and Capabilities section of the Project Narrative. If the Summary Progress Report is referenced in the Project Narrative, reviewers will consider Attachment 8 when scoring the application. If not, Attachment 8 will not be considered during the application review.

55. What criteria does the ORC use in assessing PCA applications?

Refer to the Review Criteria section of the PCA NOFO (Section V). ORC reviewers will review the Project Narrative as well as additional supporting documentation throughout the application, such as information in the attachments and forms, when scoring each review criterion.

56. What is the length of the PCA award?

The awards will have, at most, a 3-year project period. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. When determining project period length, HRSA will consider the financial risk factors outlined in Section V.3 of the PCA NOFO, Assessment of Risk and Other Pre-Award Activities, as well as application responsiveness and current compliance status (if the applicant is a current PCA award recipient).

Technical Assistance and Contact Information

57. Who should I contact with programmatic questions (e.g., application and funding requirements)?

Refer to the [PCA Technical Assistance webpage](#) for resources, including technical assistance presentation slides and sample documents. You may also contact the PCA Response Team via [BPHC Contact Form](#).

58. Who should I contact for questions about budget preparation, including eligible costs?

Contact Vera Windham in the Office of Federal Assistance Management's Division of Grants Management Operations at (301) 443-6859 or vwindham@hrsa.gov



59. Who should I contact regarding submitting my application in Grants.gov?

Refer to the [Grants.gov applicant FAQs](#) or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding federal holidays) at 1-800-518-4726 or support@grants.gov.

60. Who should I contact regarding submitting my application in the HRSA EHBs?

Contact the Health Center Program Support Monday through Friday, 8:30 a.m. to 5:30 p.m. ET (excluding federal holidays) at 1-877-464-4772 or [BPHC Contact Form](#).