



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Health Center Program Performance Period Extensions

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice of the extension of the standard performance period for health center grantees from 3 to 4 years and request for information from current recipients.

SUMMARY: HRSA is extending health center grantees' performance periods to a total of 4 years. The change from a 3-year performance period to a 4-year performance period will provide current health centers additional time to serve their service area before they apply for a new award and will provide a funding amount consistent with what would have been made available through the Service Area Competition (SAC). The extended performance period supports HRSA's commitment to continuity in access to comprehensive primary care and will not impact HRSA's ability to ensure that health centers comply with Health Center Program requirements. This update will not change the statutory requirement that health centers that fail to comply with Health Center Program requirements will receive a 1-year performance period if a new project period is awarded.

FOR FURTHER INFORMATION CONTACT: Matt Kozar, Division Director, Office of Program and Policy Development, Bureau of Primary Care, HRSA, at mkozar@hrsa.gov and 301-443-1034.

SUPPLEMENTARY INFORMATION: The 194 health center awardees, as listed in the table below, will receive a 1-year Extension with Funds for a total 4-year performance period.

- Amount of Award(s): 192 non-competitive awards for approximately \$828 million
- Project Period: January 1, 2023, to December 31, 2026; February 1, 2023, to January 31,

- Assistance Listing Number: 93.224
- Award Instrument: Grant – Non-competing Continuation
- Authority: Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended).

Table 1. Recipients and Award Amounts Grant #	Budget Period Start	Name	City	State	Est Award Amount
H80CS01138	Jan	Bethel Family Clinic	Bethel	AK	\$1,840,427
H80CS04434	Jan	Native Village of Eyak	Cordova	AK	\$1,840,661
H80CS01130	Jan	Norton Sound Health Corporation	Nome	AK	\$3,141,641
H80CS00020	Jan	Alabama Regional Medical Services	Birmingham	AL	\$5,127,920
H80CS00230	Jan	El Rio Santa Cruz Neighborhood Health Center, Inc.	Tucson	AZ	\$10,074,355
H80CS26606	Jan	Horizon Health and Wellness, Inc.	Apache Junction	AZ	\$1,816,493
H80CS26604	Jan	Neighborhood Outreach Access to Health	Phoenix	AZ	\$3,090,888
H80CS00651	Jan	North Country Healthcare, Inc.	Flagstaff	AZ	\$6,746,754
H80CS04321	Jan	Sunset Community Health Center	Somerton	AZ	\$6,167,152
H80CS00142	Jan	AltaMed Health Services Corporation	Los Angeles	CA	\$18,049,823
H80CS08739	Jan	Avenal Community Health Center	Lemoore	CA	\$3,718,335
H80CS00138	Jan	Community Medical Centers, Inc.	Stockton	CA	\$8,375,519
H80CS26608	Jan	Coppertower Family Medical Center, Inc.	Cloverdale	CA	\$1,215,617
H80CS00628	Jan	Mendocino Community Health Clinic, Inc.	Ukiah	CA	\$5,449,353
H80CS26624	Jan	Pomona Community Health Center	Pomona	CA	\$2,701,790
H80CS26609	Jan	Ritter Center	San Rafael	CA	\$1,347,670

H80CS00226	Jan	Salud Para La Gente	Watsonville	CA	\$4,816,103
H80CS00049	Jan	San Francisco Community Clinic Consortium	San Francisco	CA	\$7,433,077
H80CS00223	Jan	Tiburcio Vasquez Health Center, Inc.	Union City	CA	\$2,588,719
H80CS00137	Jan	United Health Centers of The San Joaquin Valley	Fresno	CA	\$13,254,279
H80CS26617	Jan	Via Care Community Health Center, Inc.	Los Angeles	CA	\$2,578,738
H80CS00040	Jan	The Colorado Coalition for the Homeless	Denver	CO	\$8,832,842
H80CS00212	Jan	Peak Vista Community Health Centers	Colorado Springs	CO	\$9,909,055
H80CS00134	Jan	Valley Wide Health Systems, Inc.	Alamosa	CO	\$8,056,605
H80CS00155	Jan	Generations Family Health Center, Inc.	Willimantic	CT	\$4,048,775
H80CS00026	Jan	Camillus Health Concern, Inc.	Miami	FL	\$4,259,012
H80CS00178	Jan	Central Florida Family Health Center, Inc.	Sanford	FL	\$5,860,129
H80CS25684	Jan	Health Care District of Palm Beach County	West Palm Beach	FL	\$7,278,563
H80CS00097	Jan	MCR Health, Inc.	Palmetto	FL	\$9,737,629
H80CS00182	Jan	Miami Beach Community Health Center, Inc.	Miami Beach	FL	\$7,826,762
H80CS00187	Jan	Treasure Coast Community Health, Inc.	Fellsmere	FL	\$4,167,714
H80CS08780	Jan	Diversity Health Center, Inc.	Hinesville	GA	\$2,141,846
H80CS00022	Jan	Saint Joseph's Mercy Care Services	Atlanta	GA	\$5,683,526
H80CS00678	Jan	Valley Healthcare System, Inc.	Columbus	GA	\$3,098,570
H80CS06641	Jan	Ko'olauloa Health Center	Kahuku	HI	\$1,957,949
H80CS06667	Jan	Community Health Center of Fort Dodge, Inc.	Fort Dodge	IA	\$1,949,691
H80CS00113	Jan	Crusaders Central Clinic Association	Rockford	IL	\$6,924,055
H80CS00114	Jan	HealthNet, Inc.	Indianapolis	IN	\$8,594,547

H80CS00102	Jan	Family Health Centers, Inc.	Louisville	KY	\$6,912,875
H80CS00083	Jan	Park Duvalle Community Health Center, Inc.	Louisville	KY	\$5,435,002
H80CS00206	Jan	Catahoula Parish Hospital District # 2	Sicily Island	LA	\$2,515,789
H80CS26580	Jan	Common Ground Health Clinic	Gretna	LA	\$1,548,517
H80CS00129	Jan	Excelth, Incorporated	New Orleans	LA	\$5,849,119
H80CS00006	Jan	Boston Health Care for the Homeless Program, Inc.	Boston	MA	\$4,685,451
H80CS00734	Jan	Chase Brexton Health Services, Inc	Baltimore	MD	\$4,015,116
H80CS00017	Jan	Health Care for the Homeless, Inc.	Baltimore	MD	\$6,211,119
H80CS26633	Jan	Owensville Primary Care, Inc.	West River	MD	\$1,378,296
H80CS00068	Jan	Total Health Care, Inc.	Baltimore	MD	\$9,320,756
H80CS08738	Jan	Covenant Community Care, Inc.	Detroit	MI	\$4,347,804
H80CS00033	Jan	Detroit Health Care For The Homeless	Detroit	MI	\$5,273,464
H80CS26564	Jan	South Central Missouri Community Health Center	Rolla	MO	\$2,269,295
H80CS00084	Jan	Central Mississippi Civic Improvement Association, Inc.	Jackson	MS	\$7,974,380
H80CS00188	Jan	Coastal Family Health Center, Inc.	Biloxi	MS	\$9,027,387
H80CS00009	Jan	City of Newark, New Jersey	Newark	NJ	\$4,076,227
H80CS00164	Jan	Community Health Care, Inc.	Bridgeton	NJ	\$8,326,868
H80CS00036	Jan	Albuquerque Health Care for the Homeless, Inc.	Albuquerque	NM	\$3,225,622
H80CS21582	Jan	Anthony L. Jordan Health Corporation	Rochester	NY	\$4,449,956
H80CS00007	Jan	Care For The Homeless	New York	NY	\$6,605,634
H80CS00171	Jan	Neighborhood Health Center of WNY, Inc.	Buffalo	NY	\$3,785,704
H80CS00166	Jan	Northern Oswego County Health Services, Inc.	Pulaski	NY	\$3,001,661
H80CS00029	Jan	Care Alliance	Cleveland	OH	\$4,635,985

H80CS00118	Jan	Columbus Neighborhood Health Center, Inc.	Columbus	OH	\$7,011,836
H80CS00201	Jan	Healthsource Of Ohio, Inc.	Loveland	OH	\$8,334,320
H80CS00193	Jan	Hopewell Health Centers, Inc.	Chillicothe	OH	\$5,439,208
H80CS00196	Jan	Ohio North East Health Systems, Inc.	Youngstown	OH	\$4,713,674
H80CS26577	Jan	Talbert House Health Center	Franklin	OH	\$1,884,196
H80CS26585	Jan	Community Health Center of Northeast Oklahoma, Inc.	Jay	OK	\$1,428,265
H80CS00149	Jan	County of Multnomah	Portland	OR	\$9,809,194
H80CS00162	Jan	Centro De Servicios Primarios De Salud, Inc.	Florida	PR	\$1,895,587
H80CS02467	Jan	Republic of Palau	Koror	PW	\$1,375,337
H80CS00154	Jan	Blackstone Valley Community Health Care, Inc.	Pawtucket	RI	\$3,200,860
H80CS00057	Jan	Providence Community Health Centers, Inc.	Providence	RI	\$7,212,115
H80CS00216	Jan	Community Health Center of the Black Hills, Inc.	Rapid City	SD	\$3,043,104
H80CS00135	Jan	Horizon Health Care, Inc.	Howard	SD	\$9,784,983
H80CS00219	Jan	City of Sioux Falls	Sioux Falls	SD	\$3,048,204
H80CS00128	Jan	Centro De Salud Familiar La Fe, Inc.	El Paso	TX	\$6,234,258
H80CS00203	Jan	La Esperanza Clinic, Inc.	San Angelo	TX	\$3,238,333
H80CS00126	Jan	Regence Health Network, Inc.	Plainview	TX	\$5,972,736
H80CS00073	Jan	Peninsula Institute for Community Health, Inc	Newport News	VA	\$6,953,702
H80CS00147	Jan	Columbia Basin Health Association	Othello	WA	\$6,707,625
H80CS00319	Jan	Community Health Association of Spokane	Spokane	WA	\$7,791,273
H80CS00677	Jan	Peninsula Community Health Services	Bremerton	WA	\$3,148,785
H80CS26599	Feb	Kodiak Area Native Association	Kodiak	AK	\$2,514,761

H80CS26588	Feb	Christ Health Center, Inc.	Birmingham	AL	\$1,375,147
H80CS00795	Feb	Health Services, Inc.	Montgomery	AL	\$8,136,046
H80CS26611	Feb	The Achievable Foundation	Culver City	CA	\$735,054
H80CS00787	Feb	Asian Pacific Health Care Venture, Inc.	Los Angeles	CA	\$4,902,955
H80CS26616	Feb	Benevolence Industries, Inc.	Los Angeles	CA	\$2,222,955
H80CS00052	Feb	Children's Hospital & Research Center at Oakland	Oakland	CA	\$2,424,630
H80CS26607	Feb	Greenville Rancheria	Greenville	CA	\$1,530,107
H80CS26619	Feb	Kedren Community Health Center, Inc.	Los Angeles	CA	\$1,206,507
H80CS06674	Feb	Los Angeles Christian Health Centers	Los Angeles	CA	\$5,087,536
H80CS26621	Feb	Los Angeles LGBT Center	Los Angeles	CA	\$2,200,370
H80CS26622	Feb	Nhan Hoa Comprehensive Health Care Clinic, Inc.	Garden Grove	CA	\$1,283,149
H80CS26623	Feb	Operation Samahan, Inc.	National City	CA	\$2,686,587
H80CS26625	Feb	Santa Barbara Neighborhood Clinics	Santa Barbara	CA	\$2,042,112
H80CS00048	Feb	County of Santa Cruz	Santa Cruz	CA	\$2,852,721
H80CS26627	Feb	Serve the People, Inc.	Santa Ana	CA	\$2,667,302
H80CS08730	Feb	Westside Family Health Center	Culver City	CA	\$2,249,634
H80CS00690	Feb	Clinica Campesina Family Health Services	Lafayette	CO	\$8,956,325
H80CS00618	Feb	Borinquen Health Care Center, Inc.	Miami	FL	\$7,968,464
H80CS26589	Feb	The Center for Family and Child Enrichment, Inc.	Miami	FL	\$1,514,528
H80CS00423	Feb	Central Florida Health Care, Inc.	Winter Haven	FL	\$9,356,810
H80CS00809	Feb	Community Health Centers, Inc.	Winter Garden	FL	\$8,861,436
H80CS26590	Feb	EMPOWER U, Inc.	Miami	FL	\$1,696,296
H80CS26626	Feb	FoundCare Inc.	West Palm Beach	FL	\$2,680,886
H80CS00732	Feb	Jessie Trice Community Health System, Inc.	Miami	FL	\$10,972,059

H80CS00019	Feb	North Broward Hospital District	Fort Lauderdale	FL	\$3,202,758
H80CS00081	Feb	Rural Health Care, Incorporated	Palatka	FL	\$6,680,788
H80CS00393	Feb	CareConnect Health, Inc.	Richland	GA	\$7,501,495
H80CS26591	Feb	Center for Pan Asian Community Services, Inc.	Atlanta	GA	\$2,248,570
H80CS26592	Feb	Coastal Community Health Services, Inc.	Brunswick	GA	\$2,449,791
H80CS26593	Feb	Good Samaritan Health Center of Cobb, Inc.	Marietta	GA	\$1,540,918
H80CS26594	Feb	Health Education, Assessment and Leadership, Inc.	Atlanta	GA	\$2,536,129
H80CS00807	Feb	Waianae District Comprehensive Health and Hospital Board, Inc.	Waianae	HI	\$3,990,277
H80CS00670	Feb	Community Health Care, Inc.	Davenport	IA	\$5,063,179
H80CS00815	Feb	Peoples Community Health Clinic, Inc.	Waterloo	IA	\$3,348,320
H80CS26601	Feb	Family Medicine Residency of Idaho	Boise	ID	\$1,480,731
H80CS00556	Feb	Valley Family Health Care, Inc.	Payette	ID	\$4,554,206
H80CS26565	Feb	Hamdard Center for Health & Human Services NFP	Addison	IL	\$1,514,484
H80CS00324	Feb	University of Illinois	Chicago	IL	\$4,387,891
H80CS26566	Feb	Jane Pauley Community Health Center, Inc.	Indianapolis	IN	\$3,459,278
H80CS26568	Feb	Southlake Community Mental Health Center, Inc	Merrillville	IN	\$2,153,263
H80CS26569	Feb	Wabash Valley Health Center, Inc.	Terre Haute	IN	\$1,174,333
H80CS00619	Feb	Big Sandy Health Care, Inc.	Prestonsburg	KY	\$3,851,985
H80CS26595	Feb	Pennyroyal Healthcare Service Inc.	Princeton	KY	\$1,857,174
H80CS26579	Feb	C A S S E Dental Health Institute	Shreveport	LA	\$2,555,332
H80CS26581	Feb	Jefferson Parish Human Services Authority	Metairie	LA	\$1,385,065

H80CS08764	Feb	Morehouse Community Medical Centers, Inc.	Bastrop	LA	\$2,613,881
H80CS26582	Feb	MQVN Community Development Corp.	New Orleans	LA	\$1,438,250
H80CS26583	Feb	NO/AIDS Task Force	New Orleans	LA	\$2,326,502
H80CS00378	Feb	Charles River Community Health, Inc.	Boston	MA	\$3,702,429
H80CS26638	Feb	Island Health, Inc.	Edgartown	MA	\$1,412,934
H80CS00001	Feb	City of Springfield	Springfield	MA	\$2,362,888
H80CS00067	Feb	Park West Health Systems, Inc,	Baltimore	MD	\$4,365,120
H80CS00030	Feb	County of Ingham	Lansing	MI	\$2,773,592
H80CS26511	Feb	Upper Great Lakes Family Health Center	Hancock	MI	\$3,256,108
H80CS00028	Feb	Hennepin County	Minneapolis	MN	\$2,289,115
H80CS26563	Feb	Compass Health, Inc.	Clinton	MO	\$10,776,978
H80CS26560	Feb	East Central Missouri Behavioral Health Services, Inc.	Mexico	MO	\$1,264,246
H80CS26561	Feb	Health Care Coalition of Lafayette County	Lexington	MO	\$2,975,818
H80CS00671	Feb	Northwest Health Services, Inc.	Saint Joseph	MO	\$5,204,660
H80CS00633	Feb	Access Family Health Services, Inc.	Smithville	MS	\$2,398,543
H80CS00704	Feb	Montana Migrant & Seasonal Farm Workers Council, Inc.	Billings	MT	\$3,523,076
H80CS26596	Feb	Ocracoke Health Center, Inc.	Ocracoke	NC	\$956,895
H80CS00490	Feb	The Stedman-Wade Health Services, Inc.	Wade	NC	\$2,035,716
H80CS26562	Feb	Heartland Health Center, Inc.	Grand Island	NE	\$1,438,898
H80CS26640	Feb	Mid-State Health Center	Plymouth	NH	\$1,679,642
H80CS00380	Feb	Southern Jersey Family Medical Centers, Inc.	Hammonton	NJ	\$7,189,854
H80CS04211	Feb	Zufall Health Center, Inc.	Dover	NJ	\$6,272,425
H80CS26605	Feb	Northern Nevada HIV Outpatient Program, Education and Services	Reno	NV	\$1,778,657
H80CS00313	Feb	Hudson River Healthcare, Inc.	Peekskill	NY	\$21,524,887

H80CS26630	Feb	Jericho Road Ministries, Inc.	Buffalo	NY	\$1,635,945
H80CS26631	Feb	La Casa De Salud Inc.	Bronx	NY	\$3,181,047
H80CS26574	Feb	Asian Services in Action, Inc.	Akron	OH	\$1,529,543
H80CS00399	Feb	The Community Action Committee of Pike County	Piketon	OH	\$4,402,783
H80CS00816	Feb	Ohio Hills Health Services	Barnesville	OH	\$2,242,146
H80CS26578	Feb	County of Wood	Bowling Green	OH	\$1,181,543
H80CS00320	Feb	Community Health Centers, Inc.	Spencer	OK	\$7,575,782
H80CS26602	Feb	Bandon Community Health Center	Bandon	OR	\$1,395,291
H80CS00705	Feb	Centerville Clinics, Inc.	Fredericktown	PA	\$5,640,164
H80CS26635	Feb	Project H.O.M.E.	Philadelphia	PA	\$1,667,917
H80CS00707	Feb	Rural Health Corporation of Northeastern Pennsylvania	Wilkes Barre	PA	\$3,058,937
H80CS00389	Feb	Spectrum Health Services, Inc.	Philadelphia	PA	\$3,448,095
H80CS00379	Feb	Corporacion de Servicios de Salud y Medicina Avanzada	Cidra	PR	\$7,069,774
H80CS00382	Feb	Morovis Community Health Center, Inc.	Morovis	PR	\$3,712,502
H80CS00712	Feb	Prymed Medical Care, Inc.	Ciales	PR	\$3,016,725
H80CS00454	Feb	Thundermist Health Center	Woonsocket	RI	\$5,482,872
H80CS26597	Feb	Care Net of Lancaster	Lancaster	SC	\$1,628,092
H80CS00750	Feb	Community Medicine Foundation, Inc.	Rock Hill	SC	\$2,934,738
H80CS00730	Feb	Eau Claire Cooperative Health Center	Columbia	SC	\$7,264,357
H80CS00578	Feb	New Horizon Family Health Services, Inc.	Greenville	SC	\$5,800,227
H80CS00333	Feb	Lake County Primary Care	Tiptonville	TN	\$2,283,896
H80CS26598	Feb	Maury Regional Hospital	Columbia	TN	\$1,261,121
H80CS00762	Feb	Ocoee Regional Health Corporation	Benton	TN	\$1,940,628
H80CS26644	Feb	Utah Partners for Health	Midvale	UT	\$1,735,438

H80CS00331	Feb	Bland County Medical Clinic, Inc.	Bastian	VA	\$1,800,345
H80CS00018	Feb	Daily Planet, Inc.	Richmond	VA	\$3,100,806
H80CS26636	Feb	Rockbridge Area Free Clinic	Lexington	VA	\$1,531,934
H80CS00386	Feb	Stony Creek Community Health Center	Stony Creek	VA	\$398,394
H80CS26641	Feb	Battenkill Valley Health Center, Inc.	Arlington	VT	\$1,481,503
H80CS26642	Feb	Five-Town Health Alliance, Inc.	Bristol	VT	\$1,559,455
H80CS26798	Feb	Gifford Health Care, Inc.	Randolph	VT	\$1,704,120
H80CS00647	Feb	Country Doctor Community Clinic	Seattle	WA	\$3,244,516
H80CS00437	Feb	International Community Health Services	Seattle	WA	\$2,832,480
H80CS26603	Feb	The N. A. T. I. V. E. Project	Spokane	WA	\$1,355,489
H80CS00493	Feb	New Health Programs Association	Chewelah	WA	\$2,690,337
H80CS00639	Feb	Yakima Valley Farm Workers Clinic	Toppenish	WA	\$20,025,936
H80CS00035	Feb	New Community Clinic, Inc. Ltd.	Green Bay	WI	\$2,546,831
H80CS00034	Feb	Outreach Community Health Centers, Inc.	Milwaukee	WI	\$3,168,321
H80CS00384	Feb	Monroe County Health Department	Union	WV	\$2,532,477
H80CS26637	Feb	Williamson Health & Wellness Center, Inc	Williamson	WV	\$1,885,235

Purpose/Justification: Health centers currently receive a 3-year performance period when they successfully compete and receive Health Center Program funding through a SAC.

HRSA will begin to move health centers with a current 3-year performance period to a 4-year performance period starting in fiscal year (FY) 2026 to:

- Reduce the burden on health centers by extending the timing of their SAC application submission from every 3 years to every 4 years.
- Provide HRSA with increased operational flexibility and accountability by

distributing the review and processing of SACs, program analysis and recommendations, and operational site visits more evenly across the 4-year funding cycles of health center competitive awards while further ensuring the integrity of compliance reviews and funding decisions for the Health Center Program.

- Increase the continuity of patient access to comprehensive primary health care services by committing each health center to provide services for a longer time frame in each service area, while remaining aligned with current grants requirements and policies.

Over the next 3 years, health centers with a current 3-year performance period will receive a 4-year performance period, either through a 1-year Extension with Funds to their existing performance period or through a new 4-year performance period when they apply to serve an available service area and successfully compete and receive funding through a SAC. Health centers with a current performance period of January 1, 2023, through December 31, 2025, and February 1, 2023, through January 31, 2026, that receive an Extension with Funds will not be required to submit a Budget Period Progress Report Non-Competing Continuation (BPR) prior to their next scheduled SAC application but rather will submit equivalent information via a Request for Information. The 1-year performance period extension will result in a 4-year performance period, which reduces the administrative burden for health centers, increases operational flexibility and accountability for HRSA, and ensures continuity of access to comprehensive primary care for health center patients.

HRSA will provide health centers that have a January or February budget period start date and are scheduled to compete for their service area in FY 2026 with a 1-year Extension with Funds. This award action will initiate the process that eventually provides all compliant health center awardees with a 4-year performance period and creates a balanced number of health centers that compete for their service area over each 4-year funding cycle. Not supporting this approach would require differentiated performance periods that would

provide some health centers with a 3-year performance period and others with a 4-year performance period, thereby creating differing expectations and requirements for health centers and their patients in the continuity of access to comprehensive primary health care services in their service area.

Request for Recipient Response: This action extends the performance period with funds to Health Center Program awards. Awards with a current performance period of January 1, 2023, through December 31, 2025, and February 1, 2023, through January 31, 2026, will be extended by 12 months to December 31, 2026, and January 31, 2027, respectively. These extensions will prevent interruptions in access to critical health care services in the health centers' communities and shift performance periods from 3 years to 4 years. To process this action, current health center grantees must respond to this request for information (RFI) within the specified timeframe by providing a SF-424A, Budget Narrative, Form 1C, Form 3, Project Narrative Update, and Supplemental Award Update (if applicable), as detailed below.

Activities/Requirements: Activities and work funded under this 1-year extension are within the scope of the current award. All of the terms and conditions of the current award apply to activities and work supported by this 1-year extension.

Required Submission Response: Health center awardees must submit the response to this RFI in HRSA's Electronic Handbook. If HRSA does not receive a response to the RFI by the deadline, or the response to the RFI is incomplete or non-responsive, there may be a delay or lapse in the issuance of funding. The response should not exceed 20 pages, single spaced, and must include the following information.

1. *SF-424A: Budget Information Form*

Upload an SF-424A: BUDGET INFORMATION FORM attachment.

Section A: Budget Summary: Verify the pre-populated list of Health Center Program funding types:

- Community Health Center (CHC)
- Migratory and Seasonal Agricultural Workers (MSAW)
- Homeless Population (HP)
- Residents of Public Housing (RPH)

If the funding types are incorrect, make necessary adjustments. In the Federal column, provide the funding request for each Health Center Program funding type (CHC, MSAW, HP, RPH). The total federal funding requested across all Health Center Program funding types must equal the “Recommended Federal Budget” amount. This amount should correspond with the recommended future support amount (Item 33) on your most recent H80 NOA.

Note: This RFI submission may **not** be used to request changes to the total award, funding type(s), or Health Center Program funds allocation between funding types. **Funding must be requested and will be awarded proportionately for all funding types as currently funded under the Health Center Program.**

In the Non-Federal column, provide the total non-federal funding sources for each type of Health Center Program (CHC, MSAW, HP, RPH). The total for the Non-Federal column should equal the Total Non-Federal value on Form 3: Income Analysis (located at <https://bphc.hrsa.gov/sites/default/files/bphc/funding/bpr-form-3.pdf>).

Section B: Object Class Categories: Provide the object class category breakdown (i.e., line-item budget) for FY 2026 budgeted funds. Include federal funding in the first column and non-federal funding in the second column. Each line represents a distinct object class category that must be addressed in the Budget Narrative. Indirect costs may only be claimed with an approved indirect cost rate (see details in the Budget Narrative section below).

Section C: Non-Federal Resources: Provide a breakdown of non-federal funds by funding source (e.g., state, local) for each type of Health Center Program funding (CHC,

MSAW, HP, RPH). If you are a state agency, leave the State column blank and include state funding in the Applicant column. Program income in this section must be consistent with the Total Program Income presented in Form 3: Income Analysis.

Salary Rate Limitation

As required by the current appropriations act, “[n]one of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate over Executive Level II.” Effective January 2025, the salary rate limitation is \$225,700 (see <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/25Tables/exec/html/EX.aspx>). As required by law, salary rate limitations may apply in future years and will be updated.

2. *Budget Narrative:*

Upload a budget narrative attachment for the 12-month extension period that explains the amounts requested for each line in Section B, Object Class Categories of the SF-424A Budget Information Form. The Budget Narrative must itemize both your federal request and non-federal resources.

The budget narrative must describe how each line-item will support achieving the project objectives. Refer to 45 CFR 75 (2 CFR 200; see <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75#part-75>) for information on allowable costs. Include detailed calculations explaining how each line-item expense within each cost category is derived (e.g., number of visits, cost per unit). Include a description for each item in the “other” category.

Include the following in the Budget Narrative:

Personnel Costs: Explain personnel costs **and list each staff member who will be supported by Health Center Program funds**, name (if possible), position title, percentage of full-time equivalency, and annual salary.

Reminder: An individual's base salary, per se, is NOT constrained by the statutory provision for a salary limitation. The rate limitation limits the amount that may be awarded and

charged to the HRSA grant. Provide an individual's actual base salary if it exceeds the cap.

Refer to the Sample Budget Narrative on <https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc>.

Fringe Benefits: List the components that make up the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement). The fringe benefits should be directly proportional to the personnel costs allocated for the project.

Travel: List travel costs according to local and long-distance travel. For local travel, outline the mileage rate, number of miles, reason for travel, and staff members/consumers completing the travel. The budget should also reflect the travel expenses (e.g., airfare, lodging, parking, per diem, etc.) for each person and the trip associated with participating in meetings and other proposed training or workshops. 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 for whom funds are requested.

Equipment: List equipment costs and justify the need for the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds to purchase items that meet the definition of equipment (a unit cost of \$10,000 or more and a useful life of 1 or more years).

Supplies: List the items that will be used to implement the proposed project. Separate items into three categories: office supplies (e.g., paper, pencils), medical supplies (e.g., syringes, blood tubes, gloves), and educational supplies (e.g., brochures, videos). Items must be listed separately. Equipment items such as laptops, tablets, and desktop computers are classified as a supply if the acquisition cost is under the \$10,000 per unit cost threshold.

Contractual/Subawards/Consultant: Provide a clear justification, including how you estimated the costs and the specific contract/subaward deliverables. Attach a summary of contracts with the Budget Narrative. Make sure that your organization has an established and

adequate procurement system with fully developed written procedures for awarding and monitoring all contracts/subawards. Recipients must notify potential subrecipients that entities receiving subawards must be registered in the system for award management (SAM) and provide the recipient with their Unique Entity Identifier number (see 2 CFR part 25; <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-I/part-25>).

In your budget:

- For consultant services, list the total costs for all consultant services. Identify each consultant, the services they will perform, the total number of days, travel costs, and total estimated costs.
- For subawards to entities that will help carry out the work of the grant, describe how you monitor their work to ensure the funds are being properly used.
- **Note:** You should not provide line-item details on proposed contracts; rather, provide the basis for your cost estimate for the contract.

Per the Suspension and Debarment rules in the Uniform Administrative Requirements, as implemented by HRSA under 2 CFR § 200.214, non-federal entities and contractors are subject to the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689, 2 CFR parts 180 and 376. These regulations restrict awards, subawards, and contracts with certain parties debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities.

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

Indirect Costs: Indirect costs are costs you charge across more than one project that cannot be easily separated by project. To charge indirect costs you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency. If indirect costs are included in the budget, attach a copy of the indirect cost rate agreement in the Budget Narrative attachment.

Method 2 – *De minimis* rate. Per 2 CFR 200.414(f) (see <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E/subject-group-ECFRd93f2a98b1f6455/section-200.414>), if you have never received a negotiated indirect cost rate, you may elect to charge a *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. See 2 CFR 200.1 ([https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200#p-200.1\(Modified%20Total%20Direct%20Cost%20\(MTDC\)\)\)](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200#p-200.1(Modified%20Total%20Direct%20Cost%20(MTDC))))) for the definition of modified total direct costs. You can use this rate indefinitely.

3. *Form 1C - Documents on File:*

Form 1C - Documents on File (see <https://bphc.hrsa.gov/sites/default/files/bphc/funding/bpr-form-1c.pdf>) collects information about key documents that support the implementation of Health Center Program requirements and other applicable funding requirements. These requirements are outlined in the Health Center Program Compliance Manual (see <https://bphc.hrsa.gov/compliance/compliance-manual>), Notices of Funding Opportunity, Executive Orders, terms and conditions, and other grants policies and regulations. Please note that Form 1C does not require listing all health center documents (e.g., internal policies and procedures, clinical protocols, or legal documents). Detailed instructions for completing Form 1C: Documents on File are available in the BPR User Guide and on <https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc>.

4. *Form 3 - Income Analysis:*

Form 3 - Income Analysis (see <https://bphc.hrsa.gov/sites/default/files/bphc/funding/bpr-form-3.pdf>) must be uploaded and

include the projected income from all sources other than the Health Center Program award for the upcoming budget period. Form 3 is divided into (1) Patient Service Revenue - Program Income and (2) Other Income - Other Federal, State, Local, and Other Income. Instructions for completing Form 3: Income Analysis are included in the BPR User Guide and on <https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc>.

5. *Project Narrative Update:*

Submit a Project Narrative Update attachment. You will address your organizational and patient capacity. For each section, your narrative should include:

- A summary of progress and changes to date,
- Expected progress for the rest of the FY 2025 budget period, and
- Projected changes for the upcoming FY 2026 budget period.

Your response in each section is limited to 2,000 characters (including spaces). This is approximately one page.

1. Organizational Capacity: Discuss your progress and any major changes or barriers to organizational capacity since the last application, either SAC or BPR. Describe how changes have impacted or may impact progress. Address the following key areas:

- Staffing, including key management vacancies.
- Operations, including major changes in policies and procedures. You must explain how responses to findings of noncompliance have changed/improved your standards of operation or practice, for example, findings identified in your last SAC or operational site visit, or other conditions on your award (if applicable).
- Financial status, including the most current audit findings.

2. Patient Capacity: Discuss any changes to the service area or to your project that have impacted or may impact patient capacity. Describe factors that have contributed to any downward patient trend (greater than a 5 percent decrease) and plans for reaching the

projected patient target goal. Plans could include (but are not limited to) changes in scope, successor-in-interest arrangements, or contract or agreement updates. Detailed instructions for completing the Patient Capacity section are available in Appendix A of the BPR Instructions on the BPR TA web page, <https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc>.

6. *Supplemental Award Update:*

If HRSA's Bureau of Primary Healthcare awarded your organization funding for any supplemental awards since FY 2023, upload an update on your progress toward meeting the objectives of each award. Do not include other HRSA or federal supplemental awards in this section. Include awards rolled into your base funding.

For each supplemental award received, describe how available data demonstrates progress toward achieving the supplemental funding objectives. This may include Uniform Data System data showing increases in patients, visits, or services, as well as scope of project data reflecting expanded service hours or the addition of new services.

Your updates should include, but are not limited to the following supplemental awards within the last three FY (since FY 2023):

- **School-Based Service Expansion**
 - FY 2023
- **Primary Care HIV Prevention**
 - FY 2023
- **Early Childhood Development**
 - FY 2023
- **Behavioral Health Service Expansion**
 - FY 2024
- **Expanded Hours**
 - FY 2025

For each supplemental award update, limit your response to 500 words. If you have questions about supplemental awards, contact us using the BPHC Contact Form, <https://hrsa.my.site.com/support/s/>.

Submission Deadline: Submit the response to this request via HRSA's Electronic Handbook no later than **XX:XX PM ET on XX/XX/20XX**.

System for Award Management: Recipients must continue to maintain active SAM registration with current information during all times that they have an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

Intergovernmental Review: This funding is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

Review Criteria and Process: HRSA will conduct a review of the submitted response in accordance with HRSA guidelines. HRSA reserves the right to request clarification; a resubmission of the budget, narrative and forms, or additional information if the submission is not fully responsive to any of the requirements, or if ineligible activities are proposed. Following the review of all applicable information, HRSA review and awards management officials will determine if special conditions are required, and what level of funding is appropriate. Award decisions and funding levels are discretionary and are not subject to appeal. Continued funding depends on congressional appropriation of funds, satisfactory performance, and a decision that continued funding would be in the government's best interest.

As part of HRSA's required review of risk posed by applicants for this program, as described in 2 CFR § 200.206 (see <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-C/section-200.206>), HRSA will consider additional factors. These factors include, but are not limited to, past performance and the results of HRSA's assessment of the financial stability of

your organization. HRSA reserves the right to conduct site visits and/or use the current compliance status to inform final funding decisions.

Award Notice: **HRSA anticipates issuing the Notice of Award approximately 30 days prior to your budget period start date.**

Thomas J. Engels,
Administrator.

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