Fiscal Year 2024 National Training and Technical Assistance Partners
Non-Competing Continuation Progress Report Instructions

Contents

Purpose

The purpose of this document is to provide you, a current National Training and Technical Assistance Partner (NTTAP) award recipient, detailed instructions on how to submit your fiscal year (FY) 2024 NTTAP Non-Competing Continuation (NCC) progress report (hereafter referred to as "progress report"). The progress report includes project updates and any anticipated progress for the FY 2023 budget period. It also includes your FY 2024 budget narrative and project work plan (PWP).

Submission and approval of your progress report will provide funding for the FY 2024 budget period. Continued funding depends on the appropriation of funds, satisfactory progress toward meeting project objectives, and a decision that continued funding would be in the best interest of the federal government.

Submission and Award Information

Your submission is due in the HRSA Electronic Handbooks (EHBs) by **5 p.m. ET on February 9, 2024**. We anticipate making FY 2024 budget period awards on or around July 1, 2024.

General Instructions

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

The progress report has four sections:

- Updates to your organizational information:
  - Use the SF-PPR and SF-PPR2 forms to review and update your Authorizing Official (AO) information, lobbying efforts, areas affected by your project, and the Point of Contact (POC).
  - Use the Key Contact/Principal form to update the names of all individuals who contribute in a substantive way to the project.
- Summary of progress and changes: Use the FY 2023 Project Narrative Update form to share overall progress, challenges, and significant changes to your project and how they will impact your project throughout the period of performance.
- Updates on your project: Use the FY 2023 Progress Update form to provide detailed updates on each of your activities since your project start date.
- Plans for FY 2024 budget period: Use the FY 2024 PWP form to detail your activities for the second year of your period of performance. Your SF-424 Budget Information form and your Budget Narrative should correspond with the activities you outline in your FY 2024 PWP.

Throughout the instruction, we will ask you to provide updates, anticipated updates, or plans for specific time periods during the period of performance. Use the following to help you determine the timeframe you must report on for each section of the progress report.
- Period of performance: July 1, 2023 through June 30, 2026
- FY 2023 budget period: July 1, 2023 through June 30, 2024
  - Progress to date: July 1, 2023 through December 31, 2023
  - Anticipated progress: January 1, 2024 through June 30, 2024
- FY 2024 budget period: July 1, 2024 through June 30, 2025

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

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

Table 1: Progress Report Section Overview

Progress Report Section	Inclusion in the EHBs	Overview and Instructions
SF-PPR and SF-PPR2	Form	Review and update organizational information, e.g., Authorizing Official (AO) information, lobbying activities. Instructions on how to update these forms are included in the NTTAP NCC EHBs User Guide available on the NTTAP Technical Assistance Webpage.

Progress Report Section	Inclusion in the EHBs	Overview and Instructions
Key Contact/Principle	Form	Review the list of names and add, delete, or edit the form to include all principals involved in the project. Refer to Key Contact/Principal Form for more information.
FY 2023 Project Narrative Update	Form	Highlight significant progress, challenges, and changes to your project since the start of your project or that are anticipated. Refer to FY 2023 Project Narrative Update Instructions.
FY 2023 Progress Update	Form	Provide progress and anticipated progress towards objectives and activities for the FY 2023 budget period (July 1, 2023, through June 30, 2024). Refer to Instructions for the FY 2023 Progress Update Form.
FY 2024 Project Work Plan (PWP)	Form	Detail the activities and expected results for the FY 2024 budget period (July 1, 2024, through June 30, 2025). Refer to Instructions for the FY 2024 PWP Form.
SF-424A Budget Information	Form	Review and update federal funding you are requesting for the FY 2024 budget period (July 1, 2024 through June 30, 2025). Refer to SF-424A Budget Information Form instructions.
FY 2024 Budget Narrative	Attachment	Provide a line-item budget for the FY 2024 budget period which will support your planned activities detailed in your FY 2024 PWP (July 1, 2024 through June 30, 2025). Refer to FY 2024 Budget Narrative instructions.
Attachments 1-7 (As applicable)	Attachment	As necessary, upload any updated supporting documents that have changed since they were last submitted with your FY 2023 NTTAP application. Refer to the Attachment Instructions.

Key Contact/Principal Form Guidance

Key Contact/Principal Background

As a HRSA award recipient, you are subject to the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689, 2 CFR parts 180 and 376 (45 CFR 75.213). These regulations restrict awards, subawards and contracts with certain parties that are debarred, suspended, or otherwise excluded for or ineligible for participation in Federal assistance programs or activities.

We added the Key Contact/Principal Form as a part of the Basic Information Section of the EHBs progress report submission. This section will pre-populate principals from the last suspension and debarment (S/D) review for cooperative agreement.

Project Principal Definition

The 2 CFR 180.995 definition of a Principal is:

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

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

Key Contact/Principal Form Instruction

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

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

When you submit your progress report, you certify that you and your principals can participate in receiving award funds to carry out the project. If you can't certify this, you must include an explanation in Attachment 7: Other Relevant Documents.

Summary of Project Progress and Changes

You will submit an update to your project narrative using the FY 2023 Project Narrative Update form in the EHBs. The content you provide should highlight the most significant progress, challenges, and changes that have impacted your overall NTTAP project to date (July 1, 2023 through December 31, 2023) or that you anticipate will impact your project for the remainder of the budget period (January 1, 2024 through June 30, 2024). You will also address whether you expect that the challenges and changes described will result in changes to your PWPs in the subsequent years of your project's period of performance (July 1, 2024 through June 30, 2026).

This section should complement the progress and challenges listed in your FY 2023 Progress Update form and provide context for the key factors and activities detailed in your FY 2024 PWP. Include updated attachments if there are changes or anticipated changes to your organizational chart, staffing plans, key personnel, or partnerships.

All fields are required.

Table 2: FY 2023 Project Narrative Update form

Field	Instructions
Changes to Health Center Needs (Maximum 5,000 characters)	Describe updated or newly identified T/TA needs for your specific NTTAP type. Describe the data sources you used to identify these new or updated T/TA needs. If data are available, include the findings from the National T/TA Needs Assessment that are relevant to your NTTAP type. If applicable, highlight the T/TA needs which will result in changing the emerging issue you will focus on during the FY 2024 budget period. (You may update the emerging issue in the *Objective 2: Emerging Issues* objective description in the FY 2024 PWP.)
Significant Overall Progress (Maximum 20,000 characters)	Provide an overview of the most significant progress made on the overall NTTAP project. Information should complement progress updates included for individual activities listed in the FY 2023 Progress Update form.
Top Successes (Maximum 5,000 characters per success)	Describe at least one and up to five significant successes since the beginning of the period of performance.
Significant Challenges (Maximum 5,000 characters per challenge)	Describe significant challenges that you have encountered that have or may impact the achievement of your project objectives by the end of the period of performance. You must include a minimum of one and a maximum of five challenges.
Strategies to Overcome Significant Challenges (Maximum 5,000 characters per challenge)	For each significant challenge listed, describe the strategies that you have implemented, or plan to implement to overcome it.

Field	Instructions

Significant Changes to Collaborations, Partnerships, and Coordinated Activities
 	
(Maximum 5,000 characters)
	1. Describe any significant changes to collaborations, or partnerships with HRSA-support T/TA partners and networks, regional and/or national organizations, and coordinated activities with other NTTAP award recipients that have occurred since submitting your FY 2023 NTTAP application.
	
	2. Describe significant anticipated changes that will be implemented during the remainder of the FY 2023 budget period.
	
	3. Describe how changes will address the evolving health center T/TA needs, support the achievement of the objectives, and promote attainment of objective targets by the end of the period of performance.
	
	4. For planned or new partnerships and collaborations established since your application submission include the following information:
	  a. Name and organization type.
	  b. Purpose of the partnership. Specify if the collaboration will improve operational effectiveness; improve the delivery of comprehensive primary care; support connected health care communities; strengthen preparedness, resiliency, and response to emergent health needs; and/or advance health equity.
	  c. Description of the partnership that supports the NTTAP project.
	  d. Description of how the partnership will reduce duplication of available health center T/TA.
	
	Include updated letters of support in Attachment 5: Letters of Support for any new partnership or collaboration. You do not need to include letters from partnering organizations that were included with your FY 2023 NTTAP application if the support they provide to your NTTAP has not changed. If you cannot obtain a letter of agreement from a new partner, include documentation of your efforts/requests to obtain the letters and any additional explanatory information.
	
	Note: Special Population NTTAPs must describe progress toward coordinating and aligning activities with other NTTAPs funded to provide T/TA to the same target populations.

Field	Instructions

Significant Changes to Evaluation Plan
 	
(Maximum 5,000 characters)
	1. Describe any significant changes to your T/TA evaluation plan since submitting your FY 2023 NTTAP application. Include any changes anticipated during the remainder of the FY 2023 budget period. Significant changes can include but are not limited to:
	  a. Changes related to soliciting and incorporating regular feedback from health center and HRSA-supported T/TA partners and networks,
	  b. Changes to data sources used to assess the quality, reach, and utility of T/TA activities, and
	  c. Changes to processes used to measure T/TA impact, and dissemination of results.
	
	2. Describe how these changes will address the evolving health center T/TA needs, support the achievement of the objectives, and promote attainment of objective targets by the end of the period of performance.

Significant Changes to Organizational Resources (Maximum 5,000 characters)	1. Describe any significant changes to the staffing plan that have occurred or are anticipated during the FY 2023 budget period. Also address challenges in recruiting and retaining staff. Changes should be reflected in Attachment 2: Staffing Plan, Attachment 3: Job Descriptions for Key Personnel, and Attachment 4: Biographical Sketches for Key Personnel. 2. Describe how any new, updated, or anticipated changes to your contracts and/or agreements support your activities and achieve the objectives. Provide an updated summary as Attachment 6: Summary of Contracts and Agreements. 3. If the project organizational structure has changed, or if changes are anticipated during the FY 2023 budget period, include a brief rationale for those changes and the date the changes took effect or are anticipated. Include an updated project organizational chart as Attachment 1: Organizational Chart. 4. Describe how changes will address the evolving health center T/TA needs, support the achievement of the objectives, and promote attainment of objective targets by the end of the period of performance.

Field	Instructions
Significant Changes to Coordination with the National T/TA Center (Maximum 5,000 characters)	1. For all NTTAPs that are not the National T/TA Center: Describe any significant changes to your coordination and collaboration with the National T/TA Center. 2. For the National T/TA Center: Describe significant changes to coordination or collaboration with other NTTAPs. 3. Describe how these changes will address the evolving health center T/TA needs, support the achievement of the objectives, and promote attainment of objective targets by the end of the period of performance.
Other Expected Changes, Plans, or Considerations (Maximum 10,000 characters)	Describe other significant changes since submitting your FY 2023 NTTAP application or that are anticipated and are not captured by other fields.

FY 2023 Budget Period Progress

Use the FY 2023 Progress Update form to provide an update on your progress to date (July 1, 2023 through December 31, 2023) and anticipated progress before the end of the budget period (January 1, 2024 through June 30, 2024). Updates should complement the FY 2023 Project Narrative Update form and provide additional detail on progress for each planned activity.

The FY 2023 Progress Update form will be prepopulated with information from your most recently approved PWP. Before entering data, ensure that any information from your most recently approved PWP is correctly prepopulated in the FY 2023 Progress Update Form. Contact Health Center Program Support if there are any errors.

Refer to *Table 3: FY 2023 Progress Update Form Editable Field Guide* below for an overview of the fields that you will edit on this form. Unless otherwise noted, all fields are required. The NTTAP TA webpage includes the NTTAP NCC EHBs User Guide where you will find more detailed guidance on completing the editable fields and the sources for prepopulated fields. It also includes a Sample FY 2023 Project Update for your reference.

Table 3: FY 2023 Progress Update Form Editable Field Guide

Field Name	Instructions
Current Number	Enter the current number or percentage based on the measure description detailed in Appendix: Required Objectives by NTTAP Type.
Objective Impact Narrative Progress (Maximum 3,000 Characters)	Describe how the progress made on your activities impacts your ability to achieve your objective target. Include data sources you used.

Field Name	Instructions
Training and Technical Assistance (T/TA) Engagement Target -- Progress Number	Provide the cumulative number of T/TA engagements (e.g., training sessions, publications) conducted for both national and learning collaborative audiences.
Training and Technical Assistance (T/TA) Engagement Target -- Progress Narrative

(Maximum 3,000 Characters) | Describe progress towards achieving your T/TA engagement target. Include any challenges that have impacted your planned progress for the FY 2023 budget period and describe how you will meet the T/TA engagement target by the end of the period of performance. |
| Training and Technical Assistance (T/TA) Participation Target -- Progress Number | Provide the cumulative total number of health center representatives who participated in the T/TA sessions for both national and learning collaborative audience types.

You may count individuals that participate in more than one T/TA session more than once, and you should also include participants in asynchronous T/TA sessions, such as recorded webinars, in this total.

Do not include the number of readers of publications, newsletters, or other engagements that are not formal T/TA sessions. |
| Training and Technical Assistance (T/TA) Participation Target -- Progress Narrative

(Maximum 3,000 Characters | Describe progress towards achieving your T/TA participation target. Include any challenges that have impacted your planned progress for the FY 2023 budget period and describe how you will meet the T/TA participation target by the end of the period of performance. |
| Participant Rating of Training and Technical Assistance (T/TA) Usefulness – Progress Number | Provide the average participant rating of T/TA usefulness. Use a 5-point Likert satisfaction rating scale.

If you do not yet have data from participant surveys, enter zero. |
| Participant Rating of Training and Technical Assistance (T/TA) Usefulness -- Progress Narrative

(Maximum 3,000 Characters) | Describe progress towards achieving your participant rating of T/TA usefulness target. Include any challenges that have impacted your planned progress for the FY 2023 budget period and describe how you will meet the T/TA usefulness target by the end of the period of performance. |

Field Name	Instructions
Partner Organizations	Update the names of organizations that will actively support this objective, if applicable. If new organizations are listed, they must align with updated letters included in Attachment 5: Letter(s) of Agreement. This is not a required field.
Learning Collaborative Behavior Change Number	Provide the average participant behavior change score for each learning collaborative based on session participant surveys administered. Use a 5-point Likert satisfaction rating scale. Enter zero if you do not yet have data from participant surveys. Required only if Activity Audience is a Learning Collaborative.
Learning Collaborative Behavior Change – Narrative (Maximum 3,000 Characters)	Describe the results from learning collaborative participant surveys that you have administered to date. Required only if Activity Audience is a Learning Collaborative.
Activity Progress Update (Maximum 7,500 Characters)	Provide the progress for each activity. If there is no progress to report, enter "no progress to date", and provide projected progress for the remainder of the FY 2023 budget period in the Anticipated Activity Progress field.
Anticipated Activity Progress (Maximum 7,500 Characters)	Provide the anticipated progress for each planned activity from January 1, 2024 to June 30, 2024. If you have completed the activity, enter N/A.

FY 2024 Budget Period Plans

The final sections of your submission will include your FY 2024 PWP detailing your activities for the FY 2024 budget period (July 1, 2024 through June 30, 2025). It will also include your SF-424 Budget Information form and your Budget Narrative, which should align with the activities in your FY 2024 PWP. Where referenced, the period of performance refers to the three-year period beginning July 1, 2023 and ending on June 30, 2026.

Instructions for the FY 2024 PWP

In the FY 2024 PWP, outline your activities for the FY 2024 budget period that will support the attainment of your objective targets.

The FY 2024 PWP form will be prepopulated with information from the most recently approved PWP as well as the FY 2023 Progress Update form. We recommend completing the FY 2023 Progress Update form in the EHBs before working on the FY 2024 PWP form. Information and data from the FY 2023 Progress Update form prepopulates the Current Number and Percentage Progress Toward Objective fields in the FY 2024 PWP form. Refer to *Table 5: FY 2024 PWP Form Editable Field Guide* below for instructions on completing the editable fields.

In the FY 2024 budget period, you can:
- Change the emerging issue that you will address. You must continue to focus on a single emerging issue.
- Change which objectives you will have learning collaboratives.
- Update activities that started during the first budget period if they will be continued. You do not need to change the start date. All activities that have a start date on or before June 30, 2025 and an end date after June 30, 2024 will count towards the minimum required activities for the FY 2024 budget period.

The number of total required activities and learning collaboratives vary by funding level as detailed in *Table 4: Activity Requirement by Funding Level*. Supplemental funding will not be included in the funding level used to determine the minimum numbers of required activities and learning collaboratives.

Table 4: Activity Requirements by Funding Level

Base Funding Level	Minimum number of activities across all objectives per budget period	Minimum number of learning collaboratives led per budget period
$0—$550,000	16 minimum activities	2 learning collaboratives
$550,001—$1,000,000	20 minimum activities	3 learning collaboratives
$1,000,001—$1,500,000	24 minimum activities	4 learning collaboratives
$1,500,001—$2,000,000	32 minimum activities	5 learning collaboratives
$2,000,001—$7,000,000	72 minimum activities	10 learning collaboratives

In addition to meeting these minimum requirements, you must have at least two and no more than 12 activities for each objective. Both national audience activities and learning collaboratives are included in the count of total activities. Continue to document collaborative work related to the Health Center Resource Clearinghouse as an activity under *Objective 1: Access to Care* and document collaborative work related to the national health center T/TA needs assessment as an activity under *Objective 2: Emerging Issues*.

The [NTTAP TA webpage](#) includes a link to the NTTAP NCC EHBs User Guide where you will find more detailed guidance on completing the editable fields and well as information on how the prepopulated fields are calculated. It also includes a Sample FY 2024 PWP for your reference. Unless noted, all fields are required.

Table 5: FY 2024 PWP Form Editable Field Guide

Field	Instructions
Objective Description	Editable only for *Objective 2: Emerging Issues*. If you are changing the emerging issue, you will focus on during the FY 2024 budget period, list the new emerging issue your T/TA will address. (If changed, all objective-level targets will remain the same across the period of performance.)

Field	Instructions
Partner Organizations (Maximum 1,000 Characters)	Update the names of organizations that will actively support this objective, if applicable. If new organizations are listed, they must have a supporting letter included as Attachment 5: Letter(s) of Agreement. This is not a required field.
Key Factor Type	As needed, you may add, review, or delete the prepopulated key factors that reflect the current environment. For each key factor, determine if it will contribute to or restrict progress towards achieving the objectives by the end of the period of performance, and select either Contributing or Restricting. A minimum of 2 and maximum of 5 key factors are required. At least 1 contributing and 1 restricting key factor must be identified.
Key Factor Description (Maximum 500 Characters)	As needed, add, revise, or delete key factor descriptions that reflect the current environment, and that will contribute to or restrict progress towards achieving the objectives by the end of the period of performance. Include supporting data sources (e.g., needs assessments).
Activity Name (Maximum 200 Characters)	As needed, add, revise, or delete a unique name for each new activity that can be used to distinguish between similar activities.
Need(s) Activity Addresses (Maximum 1,000 Characters)	List the identified need(s) the activity will address. You may reference the Needs section from your FY 2023 NTTAP application or the FY 2023 Project Narrative Update form.
Activity Audience	Select one predefined activity audience for each proposed activity: learning collaborative or national audience. HRSA will use this field to determine whether you have the required minimum number of learning collaboratives for your project.

Field	Instructions
Activity Description (Maximum 7,500 Characters)	Describe the major planned activities that will support attainment of objective targets by the end of the period of performance. As needed, revise or delete the current description(s), or add new activities.
	In addition, include the Advancing Health Center Excellence performance domain(s) the activity will address and how it will help assist health centers reach a higher level of performance.
	The number and variety of activities should be commensurate with the requested annual funding amount, identified health center T/TA needs, and objective targets. Refer to Table 4: Activity Requirements by Funding Level to determine the minimum number of activities and learning collaboratives based on your funding level.
Person/Group Responsible (Maximum 1,000 Characters)	As needed, revise, or identify the person(s)/position(s) that will be responsible and accountable for carrying out each activity.
Learning Collaborative Behavior Change Target	If the activity is a learning collaborative, provide the average participant behavior change score target for this learning collaborative based on formal T/TA session participant surveys administered within 3-6 months of participants receiving T/TA. Use a 5-point Likert satisfaction rating scale.
Target Start Date	Update or enter an estimated start date for each activity. If this is a continuing activity, the start date could be from the FY 2023 budget period. The start date must be between July 1, 2023 and June 30, 2025.
Target End Date	Update or enter an estimated end date for each activity. End date must be between July 1, 2024 and June 30, 2026.
Expected Activity Outcome (Maximum 7,500 Characters)	Provide a clear explanation of expected outcome(s), including how it supports attainment of objective targets.
Comments	Revise or provide additional information related to proposed activities in the PWP, including justifications for all new entries.

FY 2024 Budget Instructions

A complete budget presentation includes the SF-424A Budget Information Form and the Budget Narrative attachment.

NTTAP funds can only be used for allowable costs. Examples of unallowable costs include, but are not limited to:

- Direct patient care;
- Construction, alteration, or renovation of facilities;

- Activities that do not align with the intent of this cooperative agreement;
- Reserve requirements for state insurance licensure;
- Support for lobbying or advocacy efforts; or
- Conference sponsorship (note that you are allowed to develop content for individual program sessions related to the NTTAP PWP).

1. **SF-424A Budget Information Form** *(Required)*

   Complete Sections A and B in the EHBs for the FY 2024 budget period (July 1, 2024, to June 30, 2025) and the FY 2025 budget period (July 1, 2025, to June 30, 2026). Include only federal funds requested for the NTTAP project.

   Section A: Budget Summary: The annual NTTAP funding request in the federal column is prepopulated in read-only format and is not editable. The federal funding request equals the Recommended Future Support figure (Item or Box 33) provided in your most recent NTTAP NoA.

   Section B: Budget Categories: Provide a breakdown of the budgeted funds by object class category (e.g., Personnel, Fringe Benefits). Use the SF-424A Budget Information Form included in your FY 2023 NTTAP application as a reference point. Note that the total value for each object class category may be different from year to year based on programmatic changes. The total in Section B should match the total in Section A.

   The EHBs automatically calculates the amounts in the Total Direct Charges row and the Total column. Indirect costs can only be claimed with an approved indirect cost rate agreement (see details in the Budget Narrative section below).

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

2. **FY 2024 Budget Narrative** *(Required)*

   Upload a line-item FY 2024 Budget Narrative in the EHBs that provides information for only the upcoming FY 2024 budget period (July 1, 2024, to June 30, 2025). The NTTAP TA Webpage includes a Sample Budget Narrative and Personnel Justification Table. The Budget Narrative must:

- Outline all expenses for the NTTAP project.
- Be consistent with totals presented in Section B of the SF-424A Budget Information Form.
- Explain the amounts requested for each row in the Budget Categories section of the SF-424A Budget Information Form.
- Include detailed calculations explaining how each line-item expense was derived (e.g., cost per unit).
- Include only federal funding.

The following sections are required to be included in the Budget Narrative:

Personnel Costs: List each staff member to be supported by NTTAP funds. Include the name (if possible), position title, percent full time equivalency (FTE), and federal amount requested for the annual salary. NTTAP funding must not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the Federal Executive Pay scale ($221,900 effective January 2024).[1]In the Personnel Justification Table, list salary details such as annual base salary, adjusted salary, and the total federal amount requested. Highlight anticipated changes from the FY 2023 budget period to the FY 2024 budget period. Salary amounts listed in the Personnel Justification Table should

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

reflect an individual's base salary, not including fringe benefits and any income that an individual is permitted to earn outside of the duties to your organization.

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

Travel: List expenses associated with travel for staff to attend or lead NTTAP-related meetings, trainings, or workshops. Travel expenses and associated costs must be outlined for each person and should include transportation/airfare, lodging, parking, and per diem. For local travel, include the mileage rate, number of miles, reason for travel, and the names of staff or board members traveling. Long-distance travel must include registration fees, the cost for transportation, lodging, and per diem for each trip. Name the traveler(s) if possible, describe the purpose of the travel, and provide the number of trips involved, the destinations, and the number of individuals for whom funds are requested. The U.S. General Services Administration's Per Diem Rates webpage includes more information, including per diem calculations.

Equipment: List equipment costs and provide a justification for equipment needs to accomplish program objectives. Equipment means tangible (moveable) personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost of $5,000 or more.

Supplies: List the items necessary for implementing the NTTAP project, separating items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., brochures). Classify equipment items such as laptops, tablets, and desktop computers as a supply if the acquisition cost is under the $5,000 per-unit cost threshold.

Contractual Services: Provide a clear explanation of each contract purpose. Include how you estimated costs and the specific contract deliverables. Describe your process to ensure that your organization has an adequate procurement system in place with written procedures for awarding and monitoring contracts. All contractual costs must be included with every expense clearly identified and explained. Include a summary of new or updated contracts since you submitted your FY 2023 application in Attachment 6: Summary of Contracts and Agreements.

Note: For consultant services, identify each consultant, the services they will perform, total number of days, travel costs, and total estimated costs. For an individual contractor who is *not* considered a consultant, please provide the number of hours that the individual will be working and their hourly rate, which cannot exceed $106.68 per hour based on the 2024 Federal Executive Level II salary limitation.

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

Indirect Costs: Include costs for common or joint objectives that are difficult to identify but that are necessary for organizational operation (e.g., facility operation and maintenance, depreciation, or administrative salaries). If your budget request includes indirect costs, you must upload a copy of your most recent indirect cost rate agreement under Attachment 7: Other Documents. If you do not have an indirect cost rate agreement, indicate if you are using the de minimis indirect cost rate of 10 percent of modified total direct costs as per the requirements detailed at 45 CFR 75.414.

Attachment Instructions

Use the attachments as needed to provide updates for the FY 2023 budget period (July 1, 2023 through June 30, 2024) or anticipated updates for the FY 2024 budget period (July 1, 2024 through June 30, 2025).

Attachment 1: Organizational Chart *(As Applicable)*

If the organizational chart changed since you last submitted it with your FY 2023 NTTAP application, upload a revised one-page document that graphically depicts your current organizational structure. The updated organizational chart should clearly indicate which positions are funded in whole or part by the NTTAP cooperative agreement. Include significant changes and anticipated changes to key personnel, staffing, and any subrecipients or affiliated organizations. Include an asterisk next to the position title that has changed or is anticipated to change. For each change, include the date the change will take effect or is forecasted.

Attachment 2: Staffing Plan *(As Applicable)*

If the staffing plan has changed since you last submitted it, or if you anticipate changes (e.g., new staff hired, position responsibilities updated), upload a revised table that includes the changes. Anticipated FY 2024 budget year Staffing Plan changes must align with your Budget Narrative and Personnel Justification Table. For each position, the table must include:
- Position title (e.g., Chief Executive Officer),
- Staff name (or "To Be Determined"),
- Education and experience qualifications,
- Summary of responsibilities on NTTAP project,
- Percentage of FTE dedicated to the NTTAP project (combined time and effort percentages of staff across all federal awards cannot exceed 1.0 FTE),
- Annual base salary[2] at the 1.0 Full Time Equivalent (FTE), and
- Summary of change and effective date.

NOTE: Document applicable staffing changes in the personnel justification table of your FY 2024 Budget Narrative and relevant attachments.

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

If position descriptions for key NTTAP Personnel (e.g., CEO/President, Project Director, T/TA Director/Lead, Project Manager) have changed since you submitted your last approved application, upload new job descriptions. Indicate if any of the positions are currently vacant. Position descriptions must be limited to one-page and include, at a minimum:
- Position title,
- Description of duties and responsibilities,
- Position qualifications,
- Supervisory relationships,
- Skills, knowledge, and experience requirements,
- Travel requirements,
- Salary range,
- Work hours, and

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

- Summary of changes, including the date changes were made or are forecasted.

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

If new key personnel have been hired since you submitted your NTTAP application, upload their biographical sketches. Each biographical sketch should be limited to two pages. When applicable, biographical sketches must include:

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

Attachment 5: Letter(s) of Agreement (*As Applicable*)

Provide updated letter(s) of agreement from any new collaboration or partnership. Letters must be dated and addressed to your organization (e.g., NTTAP board, CEO) and contain specific details of the type of support the organization will provide to help achieve the objectives. If a letter cannot be obtained, provide documentation of efforts made to obtain the letter, and any additional explanatory information.

Attachment 6: Summary of Contracts and Agreements *(As Applicable)*

Provide a summary describing any new, revised, or newly proposed contracts and agreements. Anticipated FY 2024 budget year changes must align with your [FY 2024 Budget Narrative](#) and must address the following items for each contract or agreement:
- Name of organization,
- Type of contract or agreement (e.g., contract, memorandum of understanding),
- Brief description of the purpose and scope of the contract or agreement, including how and where services are or will be provided,
- Timeframe for each contract or agreement (e.g., ongoing contractual relationship, specific duration), and
- Summary of changes, if applicable.

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

Attachment 7: Other Documents *(As Applicable)*

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

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

Merge all items into a single document before uploading.

Technical Assistance Contacts

ASSISTANCE NEEDED	CONTACT
General Technical Assistance	The NTTAP TA Webpage contains sample forms, the NTTAP NCC EHBs User Guide, frequently asked questions (FAQs), TA slides, and other resources.
Budget/Fiscal Questions	**Brian Feldman** Office of Federal Assistance Management Division of Grant Management Operations Health Center Branch 301-443-3429 bfeldman@hrsa.gov
Progress Report Requirements Questions	**NTTAP TA Response Team** 301-594-4300 Submit a Web Request using the BPHC Contact Form • Under Funding, select *Non-Competing Continuation (NCC) Progress Reports* • Select *National Training and Technical Assistance Partners (NTTAP)*
HRSA EHBs Submission Assistance	**Health Center Program Support** 877-464-4772 Contact Health Center Program Support using the BPHC Contact Form • Under Technical Support, select *EHBs Tasks/EHBs Technical Issues* • Select *Non-Competing Continuation Reports*

Appendix: Required Objectives by NTTAP Type

Applicants must use this guide to calculate progress made toward meeting objective targets for each objective specific to the NTTAP category and type selected.

Special and Other Health Center Populations	
Activities Minimum	16-32 activities based on funding; minimum 2 activities per objective
Learning Collaborative Minimum	2-5 learning collaboratives, as outlined in Table 4: Activity Requirements by Funding Level
Objective	**Measure**
1: Access to Comprehensive Care Increase the number of health centers that receive population specific T/TA to support access to high quality, integrated, comprehensive primary health care.	The number of health centers that receive population specific T/TA to support access to high quality, integrated, comprehensive primary health care.
2: Emerging Issues *(Applicant Choice)* Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health center supplemental funding. Examples include but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention* (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health. **Note:** You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all objective-level targets will remain the same across the 3-year period of performance. * The LGBTQ+ NTTAP is required to select HIV prevention in support of the Ending the HIV Epidemic in the U.S. effort.	The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding. Note: Focus on a single emerging issue.

Special and Other Health Center Populations	
Activities Minimum	16-32 activities based on funding; minimum 2 activities per objective
Learning Collaborative Minimum	2-5 learning collaboratives, as outlined in <u>Table 4: Activity Requirements by Funding Level</u>
Objective	**Measure**
3: Preparedness for Emergencies and Environmental Impacts on Health Increase the number of health centers that receive T/TA to enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and/or potential health effects associated with a changing climate.	The number of health centers that receive T/TA to enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and/or potential health effects associated with a changing climate during the period of performance.
4: Advancing Health Equity *(Applicant Choice)* Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.	Developed by applicant.

Special and Other Health Center Populations	
Activities Minimum	16-32 activities based on funding; minimum 2 activities per objective
Learning Collaborative Minimum	2-5 learning collaboratives, as outlined in Table 4: Activity Requirements by Funding Level
Objective	**Measure**
5: Chronic Disease Management *(Applicant Choice)* Improve patient health outcomes in one or more of the following: • Controlled Hypertension • Depression Remission • Diabetes • Heart Disease: Statin Therapy • HIV Linkage to Care • Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet School-Aged Children NTTAP: pick from the following: • Childhood Immunization • Diabetes Prevention Older-Adult NTTAP: Select "Other"	For all NTTAPs, except the School-Aged and Older Adults NTTAPs: Use the corresponding UDS measures that aligns with the 2022 UDS data, and list the estimated percentage of patients for each measure: • Controlled Hypertension (Table 7: Sec B) • Depression Remission (Table 6B line 21a) • Diabetes (Table 7: Sec C) • Heart Disease Statin Therapy (Table 6B, Line 17a) • HIV Linkage to Care (Table 6B line 20) • IVD (Table 6B, Line 18) For the School-Aged Children NTTAP: • Diabetes Prevention: Weight Assessment and Counseling (Table 6B, line 12) • Childhood Immunizations Status (Table 6B, line 10) For the Older Adults NTTAP: The number of health centers that receive T/TA on chronic diseases disproportionately impacting older adults.

Special and Other Health Center Populations	
Activities Minimum	16-32 activities based on funding; minimum 2 activities per objective
Learning Collaborative Minimum	2-5 learning collaboratives, as outlined in Table 4: Activity Requirements by Funding Level
Objective	**Measure**
6: Preventive Services Outcomes (Applicant Choice) Improve health outcomes which are correlated with one or more of the following preventive screening services: • BMI Screening-Adults • Cancer Screening (breast, cervical, colorectal) • Depression Screening • HIV Screening • Tobacco Use Screening • Statin Therapy for Prevention and Treatment of Heart Disease • Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Use the corresponding UDS measures that aligns with the 2022 UDS data, and list the estimated percentage of patients for each measure: • BMI Screening (Table 6B, Line 13) • Cancer Screening: breast (Table 6B, line 11a), cervical (Table 6B, line 11), colorectal (Table 6B, line 19) • Depression Screening (Table 6B line 21) • HIV Screening (Table 6B line 20a) • Tobacco Use Screening and Intervention (Table 6B, line 14a) • Statin Therapy (Table 6B, Line 17a) • Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (Table 6B, Line 12)
7: Social Risk Factors Increase the number of health centers that receive T/TA on screening for, documenting, and responding to social risk factors (e.g., food insecurity, housing insecurity, financial strain, lack of transportation) to improve health outcomes.	The number of health centers that receive T/TA on screening for, documenting, and responding to social risk factors to improve health outcomes.

Development Area NTTAPs	
Capital Development and Growth	
Activity Minimum	24 total; 2 per objective
Learning Collaborative Minimum	4
Objective	**Measure**
1: Access to Comprehensive Care Increase the number of health centers that receive T/TA for capital development, financial sustainability, and improved operational performance to expand access to integrated, comprehensive primary health care.	The number of health centers that receive T/TA for capital development, financial sustainability, and improved operational performance to increase patient access to high-quality integrated, comprehensive primary health care.

Development Area NTTAPs	
Capital Development and Growth	
Activity Minimum	24 total; 2 per objective
Learning Collaborative Minimum	4
Objective	**Measure**
2: Emerging Issues *(Applicant Choice)* Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health centers supplemental funding. Examples include but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health. **Note:** You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.	The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding. Note: Focus on a single emerging issue.
3: Preparedness for Emergencies and Environmental Impacts on Health Increase the number of health centers that receive T/TA to enhance their capital development and growth capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.	The number of health centers that receive capital development and growth T/TA to enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.
4: Advancing Health Equity *(Applicant Choice)* Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.	Developed by applicant.
5: HRSA Loan Guarantee Program Increase the number of health centers that receive T/TA about the resources and potential benefits of the HRSA Loan Guarantee Program.	The number of health centers that are provided T/TA about the resources and potential benefits of the HRSA loan guarantee program.

Development Area NTTAPs	
Capital Development and Growth	
Activity Minimum	24 total; 2 per objective
Learning Collaborative Minimum	4
Objective	**Measure**
6: Capital Project Planning and Finance Increase the number of health centers that receive T/TA to enhance the capacity of health centers to plan for and finance successful capital development projects.	The number of health centers that have received T/TA on obtaining financing (from any source) for capital development projects.
7: Financial and Operational Sustainability Increase the number of health centers receiving financial sustainability T/TA to improve their ability to maintain fiscally sound accounting, revenue cycle, and financial management and planning policies and practices.	The number of health centers that receive financial sustainability T/TA to improve their ability to maintain fiscally sound accounting, revenue cycle, and financial management and planning policies and practices.

Development Area NTTAPs	
Clinical Quality Improvement and Patient Safety	
Activity Minimum	24 total; 2 per objective
Learning Collaborative Minimum	4
Objective	**Measure**
1: Patient Safety Increase the number of health centers that receive T/TA on designing and implementing system and process improvements to mitigate errors and enhance patient safety.	The number of health centers that receive T/TA on designing and implementing system and process improvements to mitigate errors and enhance patient safety.

Development Area NTTAPs	
Clinical Quality Improvement and Patient Safety	
Activity Minimum	24 total; 2 per objective
Learning Collaborative Minimum	4
Objective	**Measure**
2: Emerging Issues *(Applicant Choice)* Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health center supplemental funding. Examples include but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health. **Note:** You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.	The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding. Note: Focus on a single emerging issue.
3: Advancing Health Equity Increase the number of health centers that receive T/TA on identifying and addressing disparities and inequities in care delivery and health outcomes. Examples may include, but are not limited to: • Establishing governance or oversight committees that include health center leadership to oversee health centers' efforts to advancing health equity; • Utilizing race, ethnicity, and language data to examine correlations with care delivery and health outcomes in health center communities; • Developing strategies to address the multiple social determinants of health on which health care organizations can have an impact. • Targeting strategies to the most marginalized populations to achieve the greatest impact on reducing disparities. • Improving understanding of how intersectionality affects access to care and health outcomes.	The number of health centers that receive T/TA on identifying and addressing disparities and inequities in care delivery and health outcomes.

Development Area NTTAPs	
Clinical Quality Improvement and Patient Safety	
Activity Minimum	24 total; 2 per objective
Learning Collaborative Minimum	4
Objective	**Measure**
4: Chronic Disease Management *(Applicant Choice)* Improve patient health outcomes in two or more of the following: • Controlled Hypertension • Depression Remission • Diabetes • Heart Disease: Statin Therapy • HIV Linkage to Care • Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	For all NTTAPs, except the School-Aged and Older Adults NTTAPs: Use the corresponding UDS measures that aligns with the 2022 UDS data, and list the estimated percentage of patients for each measure: • Controlled Hypertension (Table 7: Sec B) • Depression Remission (Table 6B line 21a) • Diabetes (Table 7: Sec C • Heart Disease: Statin Therapy (Table 6B, Line 17a) • HIV Linkage to Care (Table 6B line 20) • IVD (Table 6B, Line 18)
5: Preventive Services Outcomes (Applicant Choice) Improve health outcomes which are correlated with two or more of the following preventive screening services: • BMI Screening-Adults • Cancer Screening (breast, cervical, colorectal) • Depression Screening • HIV Screening • Tobacco Use Screening • Statin Therapy for Prevention and Treatment of Heart Disease • Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Use the corresponding UDS measures that aligns with the 2022 UDS data, and list the estimated percentage of patients for each measure: • BMI Screening (Table 6B, Line 13) • Cancer Screening: breast (Table 6B, line 11a), cervical (Table 6B, line 11), colorectal (Table 6B, line 19) • Depression Screening (Table 6B line 21) • HIV Screening (Table 6B line 20a) • Tobacco Use Screening and intervention (Table 6B, line 14a) • Statin Therapy (Table 6B, Line 17a) • Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (Table 6B, Line 12)

Development Area NTTAPs	
Clinical Quality Improvement and Patient Safety	
Activity Minimum	24 total; 2 per objective
Learning Collaborative Minimum	4
Objective	**Measure**
6: Maternal Health Increase the number of health centers that receive T/TA to improve overall outcomes and reduce disparities in preconception, prenatal care, delivery, and postpartum care (e.g., pregnancy and SUD, postpartum depression/anxiety).	The number of health centers that receive T/TA to improve overall outcomes on preconception, prenatal, delivery, and postpartum care.
7: Pediatric Health Increase the number of health centers that receive T/TA to improve overall pediatric health care and outcomes (e.g., developmental screening, immunizations, weight assessments to screen for diabetes), from birth to age 18.	The number of health centers that receive T/TA to improve overall pediatric health care and outcomes.

Development Area NTTAPs	
Clinical Workforce Development	
Activity Minimum	16 total; 2 per objective
Learning Collaborative Minimum	2
Objective	**Measure**
1: Access to Comprehensive Care Increase the number of health centers that receive T/TA focused on developing and advancing clinical team-based care models to provide access to integrated, comprehensive, patient centered, and effective primary health care.	The number of health centers that receive T/TA focused on developing and advancing clinical care team-based models to provide access to integrated, comprehensive, patient centered, and effective primary health care.

Development Area NTTAPs	
Clinical Workforce Development	
Activity Minimum	16 total; 2 per objective
Learning Collaborative Minimum	2
Objective	**Measure**
2: Emerging Issues *(Applicant Choice)* Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health center supplemental funding. Examples include but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health. **Note:** You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.	The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding. Note: Focus on a single emerging issue.
3: Preparedness for Emergencies and Environmental Impacts on Health Increase the number of health centers that receive T/TA to enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.	The number of health centers that receive T/TA to enhance their clinical workforce capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.
4: Advancing Health Equity *(Applicant Choice)* Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.	Developed by applicant.

Development Area NTTAPs	
Clinical Workforce Development	
Activity Minimum	16 total; 2 per objective
Learning Collaborative Minimum	2
Objective	**Measure**
5: Clinical Career Pathway development Increase the number of health centers that receive T/TA on developing, sustaining, and/or linking to clinical career pathways programs either directly or through formal agreement with an external organization.	The number of health centers that receive T/TA on developing, sustaining and/or linking to clinical career pathways programs either directly or through formal agreement with an external organization.
6: Team-based care Increase the number of health centers using integrated team-based practice models (e.g., teams that include community health workers, peer navigators, behavioral health providers).	The number of health centers that receive T/TA on using integrated team-based practice models.
7: Health Care Team development Increase the number of health centers providing health professional education/training.	The number of health centers providing health professional education/training. (*Use 2022 UDS data Table WFC Line 1*)

Development Area NTTAPs	
Health Information Technology and Data	
Activity Minimum	20 total; 2 per objective
Learning Collaborative Minimum	3
Objective	**Measure**
1: Access to Comprehensive Care Increase the number of health centers that received T/TA to increase and expand adoption of digital health tools (e.g., remote monitoring devices, patient portals, telehealth visits) to enhance patient access to integrated, comprehensive primary health care.	The number of health centers that received T/TA to increase and expand adoption of digital health tools (e.g., remote monitoring devices, patient portals, telehealth visits) to enhance patient access to integrated, comprehensive primary health care.

Development Area NTTAPs	
Health Information Technology and Data	
Activity Minimum	20 total; 2 per objective
Learning Collaborative Minimum	3
Objective	**Measure**
2: Emerging Issues *(Applicant Choice)* Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health centers supplemental funding. Examples include but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health. **Note:** You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.	The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding.
3: Preparedness for Emergencies and Environmental Impacts on Health Increase the number of health centers that receive T/TA to enhance their health IT capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.	The number of health centers that receive health IT TA to enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.
4: Advancing Health Equity *(Applicant Choice)* Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.	Developed by applicant.

Development Area NTTAPs	
Health Information Technology and Data	
Activity Minimum	20 total; 2 per objective
Learning Collaborative Minimum	3
Objective	**Measure**
5: Operational Excellence Increase the number of health centers that receive T/TA on documentation integrity.[3]	The number of health centers that receive T/TA on clinical documentation integrity.
6: Value Based Care – Readiness Increase the number of health centers utilizing health IT and EHRs to advance value-based care through quality improvement, population health management, program evaluation, research, and/or other uses.	Number of health centers using health IT and EHRs to advance value-based care through quality improvement, population health management, program evaluation, research, and/or other uses. *(Use 2022 UDS data Table EHR: Health Center Health Information Technology (HIT) Capabilities Line 10, rows a through e)*
7: Disaggregated, Patient-Level Data Submission and Interoperable Data Exchange and Integration Increase the number of health centers that receive T/TA on submitting disaggregated, patient-level data via UDS+ and/or T/TA to increase their capacity to integrate clinical information with data from clinical and nonclinical sources across the health care continuum (e.g., hospitals, specialty providers, departments of health, health information exchanges (HIE), care coordinators, social service/housing organizations) to optimize care coordination and workflows.	The number of health centers that receive T/TA on submitting disaggregated, patient-level data via UDS+ and/or T/TA to increase their capacity to integrate clinical information with data from clinical and non-clinical sources across the health care continuum to optimize care coordination and workflows.
8: SDOH-Screening for Social Risk Factors Increase the number of health centers using health IT and EHRs to collect and screen for social risk factors, such as food insecurity, housing insecurity, financial strain, lack of transportation.	**Numerator**: Number of health centers using health IT and EHRs to collect and screen for social risk factors, such as food insecurity, housing insecurity, financial strain, lack of transportation. *(Use 2022 UDS Data Table EHR: Health Center Information Technology (HIT) Capabilities Line 11a)*

Documentation Integrity ensures EHR data is accurate for a variety of use cases, i.e., quality reporting, patient care delivery. https://www.cms.gov/files/document/ehrdocumentationfs062816pdf

Development Area NTTAPs	
Health Workforce Recruitment and Retention	
Activity Minimum	16 total; 2 per objective
Learning Collaborative Minimum	2
Objective	**Measure**
1: Access to Comprehensive Care Increase the number of health centers that receive health workforce recruitment, retention, and development T/TA to enhance the delivery of high-quality, integrated, comprehensive primary health care.	The number of health centers that received health workforce recruitment, retention, and development T/TA to enhance patient access to high-quality integrated, comprehensive primary health care.
2: Emerging Issues *(Applicant Choice)* Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health centers supplemental funding. Examples include but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health. **Note:** You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.	The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding. Note: Focus on a single emerging issue.
3: Advancing Health Equity *(Applicant Choice)* Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.	Developed by applicant.
4: Health Workforce Satisfaction Measurement Increase the number of health centers that measure workforce satisfaction.	The number of health centers implementing workforce satisfaction surveys for providers. *(Use 2022 UDS data Table WFC: Workforce lines 5athrough 5c to calculate total.)*

Development Area NTTAPs	
Health Workforce Recruitment and Retention	
Activity Minimum	16 total; 2 per objective
Learning Collaborative Minimum	2
Objective	**Measure**
5: Health Workforce Wellbeing Response Increase the number of health centers that receive T/TA on responding to workforce satisfaction findings, including implementing tailored, data-informed wellbeing and/or burnout prevention programs.	The number of health centers that receive T/TA on responding to workforce satisfaction findings, including implementing tailored, data informed wellbeing and/or burnout prevention programs.

Development Area NTTAPs	
Intimate Partner Violence and Human Trafficking	
Activity Minimum	16 total; 2 per objective
Learning Collaborative Minimum	2
Objective	**Measure**
1: Access to Comprehensive Care Increase the number of health centers that receive IPV T/TA to enhance patient access to integrated, comprehensive primary health care, including a range of IPV-related services, including prevention/education, screening, assessment, referral, care coordination, and staff capacity.	The number of health centers that received IPV T/TA to increase patient access to IPV-related services, including prevention/education, screening, assessment, referral, care coordination, and staff capacity.
2: Emerging Issues *(Applicant Choice)* Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health centers supplemental funding. Examples include but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health. **Note:** You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.	The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding. Note: Focus on a single emerging issue.

Development Area NTTAPs	
Intimate Partner Violence and Human Trafficking	
Activity Minimum	16 total; 2 per objective
Learning Collaborative Minimum	2
Objective	**Measure**
3: Preparedness for Emergencies and Environmental Impacts on Health Increase the number of health centers that receive T/TA to enhance their IPV and trafficking protocols and other activities to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.	The number of health centers that receive T/TA to enhance their IPV and trafficking protocols and other activities to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.
4: Advancing Health Equity *(Applicant Choice)* Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.	Developed by applicant.
5: IPV Community Partnerships Increase the number of health centers that receive T/TA on developing and implementing evidence-based approaches, protocols, and community partnerships to prevent or address intimate partner violence (IPV) experienced by health center patients.	The number of health centers that receive T/TA on developing and/or implementing evidence-based approaches, protocols, and community partnerships to prevent or address intimate partner violence (IPV) experienced by health center patients.
6: IPV Referral Agreements Increase the number of health centers that receive T/TA on establishing formal bidirectional agreements with community-based organizations to help prevent and address IPV (e.g., domestic violence coalitions).	The number of health centers that receive T/TA on establishing formal bidirectional agreements with community-based organizations to help prevent and address intimate partner violence (e.g., domestic violence coalitions).
7: Human Trafficking Interventions and Community Partnerships Increase the number of health centers that receive T/TA on developing and implementing evidence-based interventions and community partnerships that mitigate and otherwise address the impacts of human trafficking on health center patients.	The number of health centers that receive on T/TA developing and implementing evidence-based interventions and community partnerships that mitigate and otherwise address the impacts of human trafficking on health center patients.

Development Area NTTAPs	
Intimate Partner Violence and Human Trafficking	
Activity Minimum	16 total; 2 per objective
Learning Collaborative Minimum	2
Objective	**Measure**
8: Human Trafficking Service Capacity Increase the number of health centers that receive T/TA on developing capacity for implementing a range of human trafficking related services, including prevention/education, screening, assessment, referral, care coordination, and staff capacity.	The number of health centers that receive T/TA on developing capacity for implementing a range of human trafficking related services, including prevention/education, screening, assessment, referral, care coordination, and staff capacity.

Development Area NTTAPs	
Medical and Legal Partnerships	
Activity Minimum	16 total; 2 per objective
Learning Collaborative Minimum	2
Objective	**Measure**
1: Access to Comprehensive Care Increase the number of health centers that receive T/TA to address health-related legal needs of patients to enhance patient access and improve health outcomes as part of integrated comprehensive primary health care.	The number of health centers that received health-related legal T/TA to increase patient access and improve health outcomes to integrated, comprehensive primary health care.
2: Emerging Issues *(Applicant Choice)* Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health center supplemental funding. Examples include but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health. **Note:** You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.	The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding. Note: Focus on a single emerging issue.

Development Area NTTAPs	
Medical and Legal Partnerships	
Activity Minimum	16 total; 2 per objective
Learning Collaborative Minimum	2
Objective	**Measure**
3: Preparedness for Emergencies and Environmental Impacts on Health Increase the number of health centers that receive T/TA on how medical and legal partnerships could enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.	The number of health centers that receive T/TA on how medical and legal partnerships could enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.
4: Advancing Health Equity *(Applicant Choice)* Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.	Developed by applicant.
5: Medical-Legal Partnerships Increase the number of health centers that implement medical-legal partnerships to address social risk factors.	The number of health centers that implement medical-legal partnerships to address social risk factors.

Development Area NTTAPs	
Oral Health Care	
Activity Minimum	16 total; 2 per objective
Learning Collaborative Minimum	2
Objective	**Measure**
1: Access to Comprehensive Care Increase the number of health centers that receive oral health care T/TA to enhance patient access to integrated, comprehensive primary health care.	The number of health centers that received oral health care T/TA to enhance patient access to integrated, comprehensive primary health care.

Development Area NTTAPs	
Oral Health Care	
Activity Minimum	16 total; 2 per objective
Learning Collaborative Minimum	2
Objective	**Measure**
2: Emerging Issues *(Applicant Choice)* Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health center supplemental funding. Examples include but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health. **Note:** You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.	The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority, and/or maximize impacts of health center supplemental funding. Note: Focus on a single emerging issue.
3: Oral Health Care and Improved Disease Management Increase the number of health centers that receive T/TA on how to integrate oral health care for improved chronic disease management	The number of health centers that receive T/TA on how to integrate oral health care for improved chronic disease management.
4: Advancing Health Equity *(Applicant Choice)* Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.	Developed by applicant.
5: Childhood Primary Caries Prevention Increase the percentage of children ages 6-9 years at moderate to high-risk for caries who received a sealant on a first permanent molar.	Percentage of children 6-9 years at moderate to high risk of caries who received a sealant on a first permanent molar. *(Use 2022 UDS data Table 6B, Line 22)*

Development Area NTTAPs	
Oral Health Care	
Activity Minimum	16 total; 2 per objective
Learning Collaborative Minimum	2
Objective	**Measure**
6: Dental Health Services Enhance the quality of dental health services provided at health centers or through contracted providers.	Number of health center that receive T/TA on improving the quality of dental services at health centers or through contracted providers.
7: Oral Health Workforce Increase the number of health centers that receive T/TA on developing a comprehensive oral health workforce recruitment and retention plan.	The number of health centers that receive T/TA on developing a comprehensive oral health workforce recruitment and retention plan.
8: Oral Health Care EHR Integration Increase the number of health centers that receive T/TA on EHR health IT utilization to integrate oral health and primary care services.	The number of health centers that receive oral health T/TA on EHR health IT utilization to integrate oral health and primary care services.

National T/TA Center	
Activity Minimum	72 total; 2 per objective
Learning Collaborative Minimum	10
Objective	**Measure**
1: Access to Comprehensive Care Increase the number of health centers receiving T/TA to support access to high quality, integrated, comprehensive primary health care.	The number of health centers that receive T/TA to support access to high quality, integrated, comprehensive primary health care.

National T/TA Center	
Activity Minimum	72 total; 2 per objective
Learning Collaborative Minimum	10
Objective	**Measure**
2: Emerging Issues *(Applicant Choice)* Increase the number of health centers that receive T/TA to address emerging issues, HRSA priorities, and/or maximize the impacts of health center supplemental funding. Examples include but are not limited to: behavioral health (e.g., mental health, substance use disorder management), cancer screenings, COVID-19 response and recovery (e.g., long COVID), disease prevention and chronic care management (e.g., diabetes, hypertension), health of children and youth (e.g., mental health, access in schools), HIV prevention (e.g., HIV testing, referral to treatment; facilitating access to PrEP), maternal health. **Note:** You or HRSA may elect to change the emerging issue at the beginning of each budget period (e.g., change from pandemic response in first budget period to HIV prevention in second budget period). If changed, all Objective-level targets will remain the same across the 3-year period of performance.	The number of health centers that receive T/TA to address the selected emerging issue, HRSA priority and/or maximize impacts of health center supplemental funding. Note: Focus on a single emerging issue.
3: Preparedness for Emergencies and Environmental Impacts on Health Increase the number of health centers that receive T/TA to enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.	The number of health centers that receive T/TA to enhance their capacity to mitigate, prepare for, respond to, and recover from public health emergencies, natural or man-made disasters, and potential health effects associated with a changing climate.
4: Advancing Health Equity *(Applicant Choice)* Develop one objective and associated measure to address disparities in access to health care, clinical quality, health outcomes, and otherwise advance health centers' role in advancing health equity through in-scope strategies, clinical interventions, and services that address both clinical and health-related barriers to health.	Developed by applicant.

National T/TA Center	
Activity Minimum	72 total; 2 per objective
Learning Collaborative Minimum	10
Objective	**Measure**
5: Chronic Disease Management *(Applicant Choice)* Improve patient health outcomes in one or more of the following: • Controlled Hypertension • Depression Remission • Diabetes • Heart Disease: Statin Therapy • HIV Linkage to Care • Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	For all NTTAPs, except the School-Aged and Older Adults NTTAPs: Use the corresponding UDS measures that aligns with the 2022 UDS data, and list the estimated percentage of patients for each measure: • Controlled Hypertension (Table 7: Sec B) • Depression Remission (Table 6B line 21a) • Diabetes (Table 7: Sec C) • Heart Disease: Statin Therapy (Table 6B, Line 17a) • HIV Linkage to Care (Table 6B line 20) • IVD (Table 6B, Line 18)

National T/TA Center	
Activity Minimum	72 total; 2 per objective
Learning Collaborative Minimum	10
Objective	**Measure**
6: Preventive Services Outcomes (Applicant Choice) Improve health outcomes which are correlated with one or more of the following preventive screening services: • BMI Screening-Adults • Cancer Screening (breast, cervical, colorectal) • Depression Screening • HIV Screening • Tobacco Use Screening and Intervention • Statin Therapy for Prevention and Treatment of Heart Disease • Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Use the corresponding UDS measures that aligns with the 2022 UDS data, and list the estimated percentage of patients for each measure: • BMI Screening (Table 6B, Line 13) • Cancer Screening: breast (Table 6B, line 11a), cervical (Table 6B, line 11), colorectal (Table 6B, line 19) • Depression Screening (Table 6B line 21) • HIV Screening (Table 6B line 20a) • Tobacco Use Screening and Intervention (Table 6B, line 14a) • Statin Therapy for Prevention and Treatment of Heart Disease (Table 6B, Line 17a) • Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (Table 6B, Line 12)
7: Health Center Expansion and Success Increase the number of potential health centers that receive T/TA on the fundamentals of a successful look-alike or new access point application, or the number of health centers assisted to reach a higher level of performance in one or more HCEF domain.	The number of potential health centers that receive T/TA on the fundamentals of a successful look-alike or new access point application, or the number of health centers assisted to reach a higher level of performance in one or more HCEF domain.
8: Leadership Development Increase the number of health centers that receive T/TA on leadership development for clinicians, senior and executive-level staff (e.g., CEO, COO, CFO, CD/CMO, CNO, CIO), and board members.	The number of health centers that receive T/TA on leadership development for clinicians, senior and executive staff, and board members.

National T/TA Center	
Activity Minimum	72 total; 2 per objective
Learning Collaborative Minimum	10
Objective	**Measure**
9: Operational Workforce Competency Increase the number of health centers that receive professional development T/TA targeted to non-clinical positions (e.g., billing, coding, administration, health IT).	The number of health centers that receive professional development T/TA targeted to non-clinical positions (e.g., billing, coding, administration, health IT).
10: Value-Based Care Increase the number of health centers that receive T/TA to facilitate the delivery of high-value care and potential participation in value-based payment models.	The number of health centers that receive T/TA to facilitate the delivery of high-value care and potential participation in value-based payment models.
11: Health Center Resource Clearinghouse – T/TA Access Increase the number of users who access T/TA learning resources available on the Health Center Resource Clearinghouse platform.	The number of users who access T/TA learning resources available on the Health Center Resource Clearinghouse platform.
12: Health Center Resource Clearinghouse - Materials Development Increase the number of current T/TA materials available on the Health Center Resource Clearinghouse platform.	The number of T/TA materials added or retained on the Health Center Resource Clearinghouse platform.
13: Health Center Resource Clearinghouse – Organizational Excellence Increase the number of health centers that have access to evidence-based practices or promising practices in the areas of governance, strategic planning, workforce, quality assurance/quality improvement, health IT, and value-based care.	The number of health centers that access evidence-based practices or promising practices in the areas of governance, strategic planning, workforce, quality assurance/quality improvement, health IT, and value-based care from the Health Center Resource Clearinghouse.
14: T/TA Needs Assessment – T/TA Conduct T/TA needs assessments that documents and analyzes the most significant T/TA needs of the Health Center Program award recipient and look-alikes.	The number of T/TA needs assessment respondents.