



Fiscal Year 2024 Native Hawaiian Health Care Improvement Act Limited Competition NOFO

for Native Hawaiian Health Care Systems and Papa Ola Lokahi

HRSA 24-030

Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People



Summary

Due Date: May 2, 2024 at 11:59 PM ET

Purpose:

To provide Native Hawaiian health care programs with resources to raise the health status of Native Hawaiians to the highest possible health level

- **Total anticipated FY 2024 funding \$24.8M ***
 - Amounts vary per award recipient and can vary each year
- **Period of Performance**
 - August 1, 2024 – July 31, 2027
- **Application**
 - Grants.gov submission only
 - 80 pages or less

** Excludes \$2.2 million in scholarship funding*





AGENDA

- Summary
- Application Components
- Reminders
- Contacts

Summary of Changes Compared to FY 2021 NOFO

1. **Attachment 3:** Otitis Media Prevention and Control is now a *required* clinical performance measure (previously an optional clinical performance measure) **(NHHCS ONLY)**
2. **Attachment 14:** Request for additional information on process of recognizing the full universe of NHHCS and certifying NHHCS that have the qualifications and the capacity to provide the services and meet the requirements of the NHHCIA **(POL ONLY)**

Application Components



Project Narrative & Review Criteria Components

- Need
- Response
- Collaboration
- Evaluative Measures
- Resources/Capabilities
- Support Requested



Application Components: *Attachments (1/2)*

Complete instructions for all
attachments in Section IV.2.v of
NOFO

1. FY 2024 Project Work Plan **(Required for POL)**
2. FY 2024 Required Service Projections **(Required for NHHCS)**
3. Required Clinical Performance Measures **(Required for NHHCS)**
4. Optional Clinical Performance Measures **(Optional for NHHCS)**
5. Financial Performance Measures: Required and Optional **(Required for NHHCS)**
6. Income Analysis Form **(Required for NHHCS)**
7. Staffing Plan **(Required for POL and NHHCS)**



Application Components: *Attachments (2/2)*

Complete instructions for all
attachments in Section IV.2.v of
NOFO

8. Position Descriptions Key Personnel **(Required for NHHCS & POL)**
9. Biographical Sketches Key Personnel **(Required for NHHCS & POL)**
10. Current Board Member Characteristics **(Required for NHHCS & POL)**
11. Letters of Support **(Required for NHHCS & POL)**
12. Summary of Contracts and Agreements **(Required for NHHCS & POL)**
13. Certification from POL **(Required for NHHCS)**
14. Formal Certification Procedure **(Required for POL)**
15. Project Update & Other Relevant Documents **(Required for NHHCS & POL)**



FY 2024 Project Work Plan

- Guiding document to understand how POL will carry out the requirements of the NHHCIA
- For each proposed activity, describes:
 - ✓ **Goals**
 - ✓ **Key action steps**
 - ✓ **Timeline**
 - ✓ **Expected outcome**
 - ✓ **Data used to track progress**
 - ✓ **Person responsible**
 - ✓ **Collaborative partners**

Attachment 2: *Service Projections*

Required for NHHCS

Using the Required Services Projection form, include goals for the following:

- Outreach Services
- Education and Health Promotion
- Services of physicians, physician assistants, nurse practitioners, or other health professionals



Attachments 3 & 4:

Clinical Performance Measures

Required for NHHCS

- Set goals for performance measures and track progress over the course of the 3-year period of performance:
 - Attachment 3: Required Clinical Performance Measures
 - Must set goals on all seven measures
 - ***NEW: Otitis Media added as required performance measure for FY 2024***
 - Attachment 4: Optional Clinical Performance Measures
 - Set goals for measures you select



Required Clinical Performance Measures

Seven *Required* Clinical Performance Measures:

1. Diabetes: Hemoglobin A1c Poor Control
2. Controlling High Blood Pressure
3. Early Entry Into Prenatal Care
4. Childhood Immunizations Status
5. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
6. Body Mass Index Screening and Follow-up Plan
7. Prevention and Control of Otitis Media

Optional Clinical Performance Measures

Required for NHHCS

If you include any *optional* clinical performance measures in your application, you must track their progress over the course of the 3-year period of performance.

1. Screening for Depression and Follow-up Plan
2. Depression Remission At 12 Months
3. Low Birth Weight
4. Cervical Cancer Screening
5. Tobacco Use: Screening and Cessation Intervention
6. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
7. Ischemic Vascular Disease and Use of Aspirin or Another Antiplatelet
8. Colorectal Cancer Screening
9. Breast Cancer Screening
10. HIV Screening
11. HIV Linkage to Care
12. Dental Sealants for Children between 6-9 Years
13. Traditional Healing



Attachment 5:

Financial Performance Measures

Required for NHHCS

Report on the one required Financial Performance Measure and the optional Financial Performance Measure(s) that you choose to include. You must include at least one optional measure.

Required

1. NHHCIA Program Cost Per Total Patient

Optional

1. Total Cost Per Total Patient (Costs)
2. Medical Cost Per Medical Visit (Costs)
3. Financial Viability - Non-federal matching funds (percentage of matching funds included in the total project budget)



Attachment 6:

Income Analysis Form

Required for NHHCS

- You must record expected income from all sources other than the NHHCS grant
 - **Program income** (known as patient service revenue), and;
 - **All other income** (known as other federal, state, local, and other income)
- Estimate expected income for budget period of August 1, 2024 through July 31, 2025.



Attachment 7: *Staffing Plan*

Required for POL and NHHCS

Staffing plan must include:

- Names of staff supported by NHHCIA funding,
- Relevant education and experience qualifications, and
- Rationale for the amount of time being requested for each staff position.

Attachment 8:

Position Descriptions for Key Personnel

Required for POL and NHHCS

- Include descriptions for **key personnel** only (e.g., chief executive officer (CEO), chief financial officer (CFO), chief operating officer (COO), etc.).
- Position descriptions limited to **one page** and must include the position title; duties and responsibilities; qualifications; salary.

Currently funded NHHCS only: If you have changed any position descriptions since your last submission to HRSA, you must upload new versions. If no changes, indicate this in the attachment.



Attachment 9:

Biographical Sketches for Key Personnel

Required for POL and NHHCS

- Include biographical sketches for key personnel only, including CEO, CFO, COO, CMO, and PD.
- Include training, language fluency, and experience working with cultural and linguistically diverse populations to be served.
- Each biographical sketch limited to one page.

Currently funded NHHCS only: If any information related to key personnel has changed since your last submission to HRSA, you must submit an updated biographical sketch.



Attachment 10:

Current Board Member Characteristics

Required for POL and NHHCS

- Include information for your current board members:
 - Position held
 - Area of expertise
 - User of Native Hawaiian services (yes/no)
 - Lives or works in service area (yes/no)
 - Years of Board service
 - Optional demographics (race, ethnicity, gender)



Attachment 11:

Letters of Support

Required for POL and NHHCS

Upload current dated letters of support that specifically indicate commitment to the project (e.g., financial support, in-kind services, staff, space, equipment).



Attachment 12:

Summary of Contracts and Agreements

As applicable for POL and NHHCS

Upload a summary of project-related contracts and agreements included in your application for FY 2024.



Attachment 13:

Certification from POL

Required for NHHCS

Upload a copy of your current NHHCS certification from POL.



Attachment 14:

NHHCS Certification Procedure

Required for POL

- Include a description of your process for recognizing and certifying existing NHHCS, including:
 - Steps in recognition and certification process
 - Qualifications and capabilities needed for certification
 - Documents & materials used in certification process
 - Dates of certification for each existing NHHCS
- Include a description of your process for publicizing the NHHCS recognition and certification process to island communities.
- Describe process for recognizing and certifying a new organization interested in becoming an NHHCS.



Attachment 15:

Project Update and Other Relevant Documents

Required for POL and NHHCS

- Include your Project Update, covering April 1, 2023 - February 28, 2024.
 - See Appendix D of the NOFO for instructions on what to include.

As Applicable

- Include your indirect cost rate agreement, if your budget request includes indirect costs.
- You may provide additional documents to support the application, as desired.



Application Components:

Budget Presentation

Required for POL and NHHCS

- Include SF-424A Budget Information Form and Budget Narrative Attachment.
- Provide budget information for the upcoming FY 2024 budget period (August 1, 2024 through July 31, 2025).
- **NHHCS budgets must:**
 - Adhere to 10 percent cap on administrative expenditures.
 - Demonstrate cost sharing/matching requirement equal to \$1 for every \$5 of federal funds (42 U.S.C. 11705).



Reminders



Reminders

Grants.gov:

- ***Grants.gov submission deadline:*** May 2, 2024, by 11:59 PM ET
- Confirm your needed registration/access early
- Plan to submit at least 3 days prior to the deadline to allow time to address any submission process issues.

Submissions:

- Not to exceed 80 pages
- Narrative document must be:
 - Single-spaced with 1-inch margins
 - 12 point, easily readable font (e.g., Times New Roman, Arial, Calibri)

Technical Assistance Resources:

- Sample forms and attachments are available on the [Apply for NHHCIA](#) page

Tips for Submitting Your Application



- Ensure your SAM.gov and Grants.gov registrations and passwords are current
- For guidance on how to register for Grants.gov, see [How to Apply for a Federal Funding Opportunity on Grants.gov](#)

Remember:

- Structured submission sections in Grants.gov workspace and OMB approved forms **DO NOT** count towards your page limit. See Appendix E for more information.

Contacts

Program issues or technical assistance	<p>Marc Clark Public Health Analyst Bureau of Primary Health Care Office of Policy and Program Development BPHC Contact Form (Funding > Applications for NOFO > NHHCIA. Be sure to enter your contact information.)</p>
Budget or other fiscal questions	<p>Nicole Turner Grants Management Specialist Division of Grants Management Operations, Office of Federal Assistance Management 301-443-0770</p>
Electronic submission issues (i.e., Grants.gov issues)	<p>Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays) Call: 1-800-518-4726 (International callers: 606-545-5035) Email: support@grants.gov NOTE: Always get a case number when you call.</p>



Using BPHC Contact Form

Go to [BPHC Contact Form](#)

BPHC Contact Form

If you'd like to check the status of an existing ticket [click here](#).

I have a question about...

COVID-19

- COVID-19 Funding
- COVID-19 Surveys
- COVID-19 Testing Supply Program
- COVID-19 Therapeutics Program

[View More](#) ...

Federal Tort Claims Act (FTCA)

- FTCA Free Clinics Program
- FTCA Health Center Program
- FTCA Volunteer Health Professionals Program
- FTCA Site Visit

Funding

- Applications for Notice of Funding Opportunities (NOFOs)
- Community Project Funding/Congressionally Directed Spending (CPF/CDS)
- Non-competing Continuation (NCC) Progress Reports (e.g., BPR)
- Supplemental Grant Award (e.g. COVID/ARP, PCHP, Capital)

[View More](#) ...

BPHC Contact Form—Drop-down Menu

Funding > Applications for Notice of Funding Opportunities (NOFOs)

Tell us about your request

Include information such as the question or issue you're experiencing. Keep one question per form submission for us to more efficiently resolve your request.

* Give us more details about your inquiry

-- Please select a value --

-- Please select a value --

- Accelerating Cancer Screening (AxCS)
- American Rescue Plan – Uniform Data System + (ARP-UDS+)
- Budget Period Progress Report (BPR)
- Capital Funding Opportunity
- Early Childhood Development (ECD)
- FY23 CARE
- Health Center Controlled Network (HCCN)
- National Training and Technical Assistance Partner (NTTAP)
- Native Hawaiian Health Care Improvement Act (NHHCIA)
- New Access Points (NAP)
- Primary Care Association (PCA)
- Primary Care HIV Prevention (PCHP)
- Quality Improvement Fund (QIF)
- School-Based Service Expansion (SBSE)
- Service Area Competition (SAC)

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Question & Answers



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