

**Health Resources and Services Administration  
Bureau of Primary Health Care  
Fiscal Year 2015 National Training and Technical Assistance Cooperative Agreements (NCA)  
Funding Opportunity Announcement (FOA) HRSA-15-140 Technical Assistance  
April 10, 2015, 2 to 3:30 p.m. ET**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During the question and answer session, you may press Star then 1 from your touch-tone telephone. Today's conference is being recorded. If you have any objections you may disconnect at this time. Now I will turn the conference over to Ms. Sarah Costin. Ma'am, you may begin.

Sarah Costin: Great. Thank you. I'd like to welcome everyone to the technical assistance call for the Fiscal Year 2015 National Training and Technical Assistance Cooperative Agreements Funding Opportunity Announcement (HRSA-15-140), which I'll refer to as the NCA FOA throughout this presentation. My name is Sarah Costin. I'm the Program Lead for this NCA FOA and I'll be walking us through today's presentation.

For anyone on the line that is not also logged into the Adobe Connect webinar: if you'd like to join, the link to access the webinar is found on the [NCA FOA Technical Assistance website](#), and a link to the website was included in the April 1st edition of the Primary Care Digest that went out last week. I'll also read through the technical assistance website address now for your reference. It's at <http://www.hrsa.gov/grants/apply/assistance/ncafoa>.

All right, and before we dive into the slides for today's presentation, I'd like to first turn the presentation over to Suma Nair, the Director of the Office of Quality Improvement in the Bureau of Primary Health Care, for some opening remarks. Suma--

Suma Nair: Great. Thanks Sarah. First of all I'd like to welcome all of you to our National Cooperative Agreement technical assistance call. We're really excited about this opportunity to provide additional training and technical assistance resources to our

Health Center Program stakeholders on a couple of emerging topics of importance for the Health Center Program. But before I get into the details of the funding opportunity and the application process, or rather Sarah gets into those details, I'd like to share a few thoughts on how this investment fits within the Health Center Program's larger primary care strategies and goals, as well as within the larger HHS and government-wide health care delivery system reform context.

So, I'll start with the primary health care goals that you probably heard Jim and others talk about often. And we start with really focusing on driving the health center mission by increasing access to care and really looking at increasing the number of patients we serve and increasing our penetration in the most underserved low income communities.

Next, we talk about modernizing the health care infrastructure. And this really connects back to the quality improvement infrastructure investments we've made, the capital and infrastructure investments we've made, all at really improving access to care and quality of care.

Then next, we talk about improving health care outcome – so really looking at the Healthy People 2020 goals that we have, our Uniform Data Set, patient engagement, patient satisfaction, et cetera. And then finally, using the investments we've made to really promote a performance driven culture, always concentrating on the value of the services and resources we provide at multiple levels to our immediate customers, to our patients, payers, and the delivery system at large.

So that's the primary care goal context. Now in terms of the larger delivery system reform context, really the goal of those national efforts is to make sure that we have a health care system that provides better care, spends dollars more wisely and has healthier people. And so as we think about some of the key initiatives underneath a delivery system reform, it's really about reforming the way we pay for care, the way we deliver care, and the way we share information to improve care and engage patients, and families, and communities in their care.

And so, to achieve these goals, we make investments not only in health centers directly, but also to a set of strategic partners that are critically important in supporting health centers to realize these goals and position them well, not only for the future, but to ensure that underserved communities and vulnerable populations get the highest quality of care we can provide and that we truly improve their health status. Our National Cooperative Agreement partners are what we consider subject matter experts, national policy experts, and program implementation experts that we have an expectation will support our health centers, both directly and through partnerships, and work with our state and regional Primary Care Associations and our Health Center Controlled Networks.

So with that in mind, let's talk about some of the following areas that we've identified as critical areas of need for in terms of training and technical assistance to advance our primary health care goals and the delivery system reform goals. So, the three areas that you've seen within this funding opportunity are oral health, workforce training and development, and health information technology and data. So we'll start with oral health. The integration of oral health into primary care fits really nicely with our overall efforts to improve access to a comprehensive set of integrated and coordinated services within the health, health center system. It's a recognition of the importance of oral health in overall health, especially with the disproportionate burden that health center patients face around chronic disease, that there's an increasing recognition that oral health is a key factor in, in that, and to promote health and wellness we need to integrate oral health into primary care.

In addition to that, we've recently added a Uniform Data Set measure looking at oral health. We're excited to have our first nationally standardized oral health measure. And we've put out recent funding opportunities over the last couple of years to really expand oral health services as well. So with these resources and kind of data opportunities that we have in the health center field, more broadly, we're wanting to use training and technical assistance support to help health centers with their oral health expansion, their oral health integration, and their quality improvement

around oral health efforts broadly. So that's the real intention and background of the oral health training and technical assistance that we're requesting.

So, now moving into workforce development, you know the lofty goals that we put out at the front around primary care and delivery system reform will go nowhere, if we're not able to ensure that we have an adequate workforce. And so, historically we've invested in the recruitment and retention to address current and future workforce shortages and needs. But we've heard from the field that there's an additional need for support around team-based care implementation, as well as the development of training programs, that will result in more providers coming into health centers and primary care, really ready to work in an integrated, inter-professional, team-based model that health centers are utilizing more and more.

Now, with almost 60 percent of our health centers employing the Patient-Centered Medical Home model of care and using, 96 percent using electronic health records, we need folks that are, understand our populations and are committed to working in this team-based care environment. So, we also know the literature and experiences show that students and trainees exposed to educational programs in community-based settings, such as health centers, are better equipped to care for medically underserved pops, patients, and more likely to work in underserved communities. So, really the goal of this technical assistance effort is to support both of these really important areas to improve overall health center workforce capacity.

And our third area is around health information technology and data. And while 96 percent of health centers have adopted electronic health records and 75 percent have actually moved forward to achieving Stage I of Meaningful Use, there's still quite a lot of work that needs to be done and support that we need to provide to health centers for achieving the even higher bars of Stage II and Stage III Meaningful Use, as well as helping health centers invest in and really figure out how to exchange information, as well as supporting them with data analytics and quality improvement, as well as patient engagement and access issues connected to really, the real outcome of Meaningful Use, which is improving health. The purpose of this

technical assistance opportunity is to really help health centers directly, and through Health Center Controlled Networks, get the support that they need to continue to be leaders in this arena. While we've done great things around adoption, we want to continue to push the envelope towards Meaningful Use so we can realize the health care improvement opportunities associated with the implementation of HIT.

It's also acknowledging the emerging needs around health information technology, workforce analytics, and informatics workforce, to help health centers build their capacity around each of these important roles. Data is central to the success of health centers in providing high quality care for their patients, but also in many of the delivery system reform and overarching broader population health goals that we have for health centers and the health center population. So, as you can see, we have a tremendous opportunity in front of us to advance the Health Center Program and increase the value of services provided to health center patients. So, we're really excited to be able to put this opportunity out there and then partner with the awardees to bring these resources to health centers to really achieve our key goals around improving access to high quality care and promoting health equity.

So, with that in mind, let's get back to the details of the funding opportunity and the application process. So, Sarah, back to you.

Sarah Costin: Great, thank you so much. Excuse me, all right, so let's turn now to Slide 2, which includes the agenda for today's technical assistance call. So, we'll begin with an overview of the NCA FOA and the program requirements, we'll spend some time going over the different target areas included in this funding opportunity, and then we'll cover the NCA FOA application requirements. Next, we'll talk about the application submission process and the next steps for preparing an application. And then we'll wrap up with a discussion of the various technical assistance materials and contacts available to applicants, and then we'll open up the line for questions at the end.

All right, so let's get started with a brief overview of this NCA funding opportunity. The purpose of the NCA funding opportunity in fiscal year 2015 is outlined on Slide

4. The NCA funding opportunity will establish cooperative agreements between HRSA and national organizations to support existing and potential Health Center Program grantees and look-alikes in providing better, more affordable care and improving the health of individuals and communities. This NCA funding will make awards for the provision of specialized national training and technical assistance to health centers in three different target areas--oral health, health information technology (or HIT) and data, and clinical workforce development.

So, let's go over a few important details for this NCA FOA on Slide 5. The funding opportunity is open to new applicants only, and we're going to talk a little bit more about the eligibility criteria when we get to the next slide. Applicants may only submit one application per organization, and each application may only address one of the three available target areas that we just went over. Year one of the project period will begin this September and end June 30th, 2016, and year two of the project period will then end June 30th, 2017. And you may notice that it isn't typical for HRSA funding to be issued with a project period that goes from September 2015, through June 2017, but that project period was selected for these awards in order to align the project period end date for these NCAs, with the project period end date for the existing 16 NCAs that are currently providing training and technical assistance to Health Center Program grantees and look-alikes. This application will be completed entirely in Grants.gov, and the deadline to apply is June 1st, 2015.

Slide 6 addresses the NCA FOA eligibility criteria, and applicants must meet all of the following eligibility requirements to be considered for funding. Applicants must be a public, non-profit, or for-profit entity, including tribal and faith-based organizations. They may not be a current NCA funded through HRSA under Section 330(I). As I mentioned, this opportunity is only open to new NCA applicants. So, existing NCAs funded by HRSA (and they'll have grant numbers beginning U30) are not eligible to apply. But note, that this eligibility criteria does not exclude other HRSA supported training and technical assistance organizations that are funded through other programs, such as Primary Care Associations. Applicants may request no more than the maximum amount of funding per year for the selected target area.

They must adhere to the 80 page limit on the length of the total application when printed by HRSA. And you can refer to the Appendix A in the NCA FOA for specific information regarding which documents count against the page limit and which do not. And lastly, applicants must propose to address the minimum required number of target area specific measures for the selected target area as outlined in Appendix C of the NCA FOA. Applications that do not demonstrate compliance with all of the eligibility requirements will be deemed nonresponsive and will not be considered for funding.

Slide 7 details the NCA award amounts. HRSA will make three to four awards through this NCA funding opportunity with up to \$3 million in total funding. There will be one award of up to \$500,000 annually for one oral health NCA. There will be either one or two awards for, of up to \$2 million annually for one or two HIT and data NCAs. And there will be one award made for up to \$500,000 annually for one clinical workforce development NCA. Applicants may only request up to the maximum funding amount for the specific target area that the organization has selected to apply for. Ongoing funding for these awards beyond the initial budget period will be based on the availability of appropriated funds, the NCA's satisfactory performance, and a determination that funding is in the best interest of the Federal government. And, if available, continuation funds for additional project periods will be awarded through a future competitive process.

Slide 8 provides a high level overview of the program requirements for this NCA funding opportunity. So, after choosing one of the three target areas to address (those are oral health, HIT and data, or clinical workforce development), applicants must propose to support measurable improvements in the target area specific measures that they've selected. And keep in mind that the minimum number of target area specific measures required to be addressed depends upon the target area that the applicant is applying for. And then, for each target area specific measure, applicants will identify training and technical assistance activities directly related to the chosen target area specific measure. And then, the training and technical assistance activities must be linked to an activity audience (either learning collaborative audience or a

national audience) with two to five activities for each audience type. So, that was a broad overview, and now we'll go over each of these requirements in detail throughout the next few sections of the presentation.

So let's get started by walking through each of the three NCA target areas. Slide 10 starts us off with the oral health NCA. The oral health cooperative agreement will provide specialized training and technical assistance to help health centers provide new, high-quality oral health services; enhance the quality of oral health services currently provided; and accurately report on oral health care quality in annual reports to HRSA. Oral health NCA applicants must address at least one of the target area specific measures listed on Slide 11: the percentage of health centers providing oral health services directly, and/or through paid contract or agreement, and the percentage of health center patients age 6 to 9 years at elevated risk for cavities who received a dental sealant on a permanent first molar tooth in the calendar year.

The health information technology and data NCA, detailed on Slide 12, will provide specialized training and technical assistance to help health centers: adopt, optimize, and implement Meaningful Use of electronic health records and related health information technology; develop and improve data quality, aggregation, and analytic capacity; use data to support clinical and operational quality improvement; and support effective recruitment and retention strategies for informatics and information management staff. HIT and data NCA applicants must address at least two of the target area specific measures listed on Slide 13: the percentage of health centers with providers that are receiving Meaningful Use incentive payments from CMS due to their use of health center's EHR system, the percentage of health centers who use EHRs to electronically extract and submit data for UDS clinical reporting, and the percentage of health centers meeting or exceeding Healthy People 2020 goals on a set of five or more UDS clinical measures.

The third NCA target area is covered on Slide 14, Clinical Workforce Development. The clinical workforce development cooperative agreement will provide training

and technical assistance to help health centers identify and implement innovative models and effective practices to train health professions students, residents, and licensed clinicians to provide high quality care to vulnerable populations in team-based primary care settings. The target area specific measures for the clinical workforce development NCA are listed on Slide 15. Applicants to this NCA must address at least one of the following target area specific measures:

percentage of health centers with a formal program to advance the education of health care professionals, either directly or via a formal agreement with an external organization, and percentage of health centers utilizing team-based practice models.

Slide 16 addresses requirements that are applicable for all three of the NCA target areas. Applicants must propose at least two training and technical assistance activities that address each of the activity audiences. So, for the learning collaborative audience, these activities will engage a subset of health centers to facilitate information exchange and best practice implementation. And then, for the national audience, these activities will engage health centers nationally and are focused on widespread information dissemination. This will result in at least four activities in total for each target area specific measure. In addition, applicants are required to provide goals for each of the four standard evaluative measures listed in Appendix C of the NCA FOA for each target area specific measure.

Okay, let's move on now to the application requirements. Slide 18 lists the components of the NCA application. And those of you familiar with HRSA funding opportunities will notice that this is a single tier, Grants.gov only application. There is nothing to complete in the HRSA Electronic Handbooks (or EHB); everything is going to be completed at Grants.gov. And there is a detailed list of all of the materials required for the application in Appendix A of the NCA FOA, where you can also see which components count against the page limit.

Slide 19 provides information about the SF-424: Application for Federal Assistance that must be completed as part of the application. And on this form, applicants will

provide basic information about the applicant organization and the proposed project. And we do have step-by-step instructions for each required line included in Appendix A of the NCA FOA.

Slide 20 addresses the project abstract. And the abstract will be submitted as an attachment and should be single-spaced, one page summary of the application. Details about the information that applicants should include in the abstract are found in HRSA's SF-424 Application Guide. And we have links to the application guide included throughout the NCA FOA. And we also have posted a link to the guide on the [NCA FOA technical assistance website](#).

Slide 21 outlines the requirements for the project narrative, which will be uploaded as an attachment in the application. The information that applicants should address in the following six required sections are detailed in the NCA FOA: and those sections are need, response, collaboration, evaluative measures and impact, resources and capabilities, and support requested. And, please refer closely to the instructions in the FOA for each section of the project narrative when completing this required attachment.

On Slide 22, we'll go over the Budget Request Form, the SF-424A Budget Form. Applicants are required to complete sections A, B, and E, and may also complete section F, if applicable. So, in section A, you'll enter the amount of Federal funding that you're requesting for the first budget period, which goes from September 1st, 2015, through June 30th, 2016. You'll enter it in the Federal column under the new or revised budget heading. Please make sure that the amount of funding requested does not exceed the maximum funding amount for the proposed target area. And do not provide any information on any non-federal sources of funding in the application. And, then for section B, you'll provide the line item breakdown for the funding amount specified in section A by object class category. So, this is where you'll indicate how much of the total Federal request will go toward costs such as the personnel line item, fringe benefits, supplies, and so on. You'll enter the year 1 breakdown in column 1, and then you'll enter the year 2 breakdown in column 2.

Slide 23 continues with the Budget Form requirements. In section E, you'll enter the Federal funding requested for year 2 in the first column, making sure again that the amount does not exceed the maximum funding amount for the proposed target area. The rest of the columns in section E must remain at \$0. And then, section F may be completed, as applicable, to indicate direct and indirect charges.

Applicants are also required to upload a budget narrative as an attachment, which we've detailed on Slide 24. In the budget narrative, applicants should clearly detail the costs of each line item for each year of the project period. The details of the budget narrative should be consistent with what you entered in section B of the budget details form that we just went over. So, the amount of the funds in the personnel line item in section B, for example, should be consistent with the personnel costs detailed in the budget narrative. And you may refer to HRSA's SF-424 Application Guide for information on the costs that fall under each object class category. The application guide includes important details on the salary limitation information that are also required to be included in the budget narrative. And we've also have a sample budget narrative on the [NCA FOA technical assistance website](#) that's available for your reference as well.

Okay, moving on from the budget presentation, we're going to spend some time on the project work plan starting on Slide 25. Applicants are required to complete a project work plan that covers activities for the entire project period. And the project work plan should only address those activities that are supported under the NCA cooperative agreement. It must be uploaded as an attachment and should be submitted as a Microsoft Excel document. We encourage applicants to use the project work plan template that is available on the [NCA FOA technical assistance website](#). It's structured as an Excel document and it can be customized by each applicant organization. And HRSA's actually in the process of redesigning all of our websites. So, please just download the Excel template as soon as possible if you think you might apply for this funding opportunity.

Applicants are also reminded to refer to the project work plan instructions and the sample partially-completed work plan in Appendix B of the NCA FOA. Please follow the instructions in Appendix B closely to ensure that all required fields are completed. Elements of the project work plan will impact eligibility. So, it is really critical to follow all of the instructions for the proposed target area.

Slide 26 includes a screenshot of the first part of the project work plan template that's available on the technical assistance website. Applicants will begin the project work plan by identifying the target area that you've selected, the target area specific measure that you've selected to address (and remember that you'll need to propose at least two target area specific measures, and all of the subsequent required information, if you select the HIT and data as your target area), and then you'll identify the target area specific measure expected impact, and then you'll list the key contributing and restricting factors that directed the selection of the training and technical assistance activities that are outlined in the work plan.

Continuing on Slide 27, the next section to complete in the project work plan is the activity section. Applicants will identify 4 to 10 training and technical assistance activities that are directly related to the selected target area specific measure under which they're entered. And then for each activity, applicants must identify in the work plan: one activity audience (so that'll be either a national audience or a learning collaborative audience), one person or area responsible for the activity, one timeframe, and one expected outcome.

Slide 28 covers the last section of the work plan that addresses the 4 required standard evaluative measures. Under each target area specific measure, applicants must provide numerical goals to be achieved by the end of the project period for all four standard evaluative measures. Self-defined evaluative measures may not be proposed. The standard evaluative measures are defined in detail in Appendix C of the NCA FOA. And before we move on to the next attachment, please keep in mind that the project work plan template that we've made available on the [technical assistance website](#) includes the required fields per target area specific measure. So,

if multiple target area specific measures are selected, applicants must customize the work plan template by copying the fields for the required elements and completing them again under the additional target area specific measures. The number of key factors and activities included in the work plan should also be customized as needed. So, the template that we've provided is really a starting point and needs to be customized to ensure that all of the minimum requirements have been met based on the applicant's proposed project.

Okay, moving on now to the rest of the attachments, attachment 2 is outlined on Slide 29. The staffing plan serves as a presentation and justification for staff that will execute the NCA project. In the staffing plan, applicants should identify all personnel who will be supported in whole or in part by NCA funds, and include their education, experience, and qualifications. And we've also provided a sample staffing plan on the [NCA technical assistance website](#) for your reference.

Attachments 3 and 4, listed on Slide 30, address the key personnel at the applicant organization. For attachment 3, applicants will upload position descriptions for key personnel supported by NCA funds. These descriptions should be limited to one page or less, and should include the following information at a minimum: the position title, a description of responsibilities, and the position qualifications. And you should indicate if the positions for key personnel are currently vacant if any of them are. For attachment 4, applicants will upload biographical sketches for key personnel consistent with attachment 3. The biographical sketches should be limited to two pages each or less, and should include relevant training, language fluency, and experience.

Letters of support are required for attachment 5, as outlined on Slide 31. The letters of support should provide evidence of current or proposed collaborations and each letter must reference specific collaboration and/or coordinated activities in support of the proposed NCA project. They should be signed, dated, current, and addressed to an applicant organization contact person. So, they should not be addressed or sent to HRSA. The letters of support must be included with the application as

attachment 5 or they will not be considered by reviewers. If an applicant is unsuccessful in obtaining a specific letter of support, the applicant should document efforts to obtain the letter and provide additional details about collaboration and coordination in the project narrative.

On Slide 32, we cover attachment 6 and attachments 7 to 15, which should only be included if applicable. Attachment 6 must be submitted if there are current or proposed contracts or agreements relevant to the NCA project. Applicants will upload a brief summary of the agreements, which should include the name and contact information for the affiliated agency, the type of agreement, a brief description of the purpose and the scope of the agreement, and the timeframe associated with the agreement. Attachments 7 to 15 are available for the applicant to use to submit other relevant documents, as needed. And these could be things like organizational charts, needs assessment reports, and so on. Please note, that if you are requesting to use NCA funds for indirect costs, the indirect cost rate agreement must be provided in attachment 7. And just, please keep in mind that when you're considering other relevant documents to include here that these attachments will count against your page limit.

All right, let's shift gears now and talk about the application submission process and next steps. As I mentioned previously, the NCA application is completed entirely in Grants.gov. And Slide 34 includes several extremely important reminders about submitting applications in Grants.gov. It is critical to begin the registration process as soon as possible, so you have time to submit before the deadline. There are several steps required to register in Grants.gov. So, first, you'll have to make sure that you have a DUNS number, and then you'll have to register in the System for Award Management or SAM.gov, and then once those steps are completed, you can register in Grants.gov. Grants.gov registration could take as long as 1 month, so if you're a new applicant you need to get started right away. SAM.gov information must also be updated at least every 12 months to remain active.

And keep in mind that an organization may have more than one DUNS number. So, please make sure you're using your appropriate organizational DUNS number and that you use the same DUNS number for both SAM.gov and Grants.gov registrations. You must also have an active Authorized Organization Representative (or AOR) in Grants.gov who's approved to submit the application. The registration information that you provide is verified among the IRS, SAM.gov, and Grants.gov systems. Therefore, registration information must be consistent across systems and must be updated annually as I said in SAM.gov.

If you don't complete the SAM.gov registration and update it, you will not be able to submit an application in Grants.gov and an extension to the deadline will not be granted. If your SAM.gov registration expires between the application submission date and the award date, HRSA will be unable to issue your award if you're selected for funding. So, please ensure that your SAM.gov registration is active and up to date at all times.

In terms of the application review process, Slide 35 lists the required sections of the project narrative and the corresponding review criteria points. The review criteria are used by reviewers to assess the information presented throughout the application. Applicants should consider both the project narrative requirements and review criteria when developing the application. Detailed information on both is included in the NCA FOA.

Slide 36 lists some important reminders. NCA applications are due in Grants.gov on June 1st, 2015, by 11:59 p.m. Eastern Time. Failure to include all documents noted as "required for completeness" in Appendix A of the FOA will result in an application being considered incomplete, and incomplete applications will be ineligible for funding. And please note that in Grants.gov, you do need to follow the Grants.gov guidelines for file names for attachments. Otherwise, you may receive error messages and your application may be rejected by Grants.gov. So, for example, file attachment names that are longer than 50 characters can cause problems. So, please try and limit the file names for your attachments. And also, don't use any special characters (such as

asterisks, question marks, underscores, or spacing followed by a dash) when you're naming the attachments. Further details on all of these requirements are available at the Grants.gov website. And applicants are encouraged to submit their applications early so that any of these errors that may occur in the Grants.gov submission process can be fixed, and the application can be resubmitted prior to the deadline. As a reminder applications that are over the 80 page limit will be rejected by HRSA. And finally, HRSA anticipates releasing the NCA awards on or around September 1st, 2015.

Slide 37 includes a list of all the technical assistance resources and tools that we've made available to applicants on the [NCA technical assistance website](#). Some of these I've referenced throughout the presentation and I would encourage everyone to take a look at all of them while you're working on your applications. As I've mentioned, we have the project work plan template; we walked through it earlier. And it's an Excel document that all applicants are encouraged to use and to customize. As a reminder, please download the Excel template as soon as possible and save it to your computer so that you can use it when you're developing your application. We also have a list of frequently asked questions, a link to the application guide, sample budget narrative, and a sample staffing plan, and several links to access additional information on the Health Center Program, as needed. We also have today's presentation slides currently posted, and then within a week or so, we'll upload a recording of today's presentation with the transcript.

Slide 38 provides technical assistance contact information. So, if you go through all of the resources available on the [technical assistance website](#), and you still have questions, please just reach out to me with any programmatic questions at [bphcncafoa@hrsa.gov](mailto:bphcncafoa@hrsa.gov). If you have any questions specific to the budget, you can reach out to Will Davis. And for any technical issues with Grants.gov, please contact Grants.gov directly via their Contact Center, and you may also access the Grants.gov self-service Web portal for assistance.

So with that, I think we're ready to move on to the Q&A session. I do have a few colleagues available on the line who will jump in to help answer some of the

questions that come up. And we're also going to put up a few poll questions at some point for you to answer before the end of today's session. So, I will go ahead and ask the operator to please open up the line for questions.

Coordinator: Absolutely. We'll now begin the question and answer session. If you'd like to ask a question, just press Star then 1 from your touch-tone telephone. Remember to make sure your phone is un-muted and record your name clearly when prompted. One moment for our first question. (21 seconds of silence)

And I'm showing no questions in queue on the audio side.

Sarah Costin: Okay, great. Well, it looks like we've answered a few questions in the chat pod. But if there are no questions on the line, we can go ahead and wrap up. But if questions come to mind, you can certainly reach us at [bphcncafoa@hrsa.gov](mailto:bphcncafoa@hrsa.gov).

And I want to thank everyone for your participation in today's call. We'll get the recording posted within a week or so, and again reach out to us with any questions that come up. So, thank you everyone, and enjoy the rest of your day and your weekend.

Coordinator: Thank you for your participation in today's call. You may now disconnect. I'll ask the speakers to standby for post-call.

END