



Non-Competing Continuation (NCC) for Ryan White HIV/AIDS Program (RWHAP) Part B/ADAP (X07) NCC Progress Report Submission

October 4, 2023

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Division of State HIV/AIDS Programs
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



Agenda

- Welcome and Updates
- Non-Competing Continuation (NCC) Process Background
 - NCC Progress Report Components, including key changes
- NCC Progress Report Submission



Announcements

Susan Robilotto, D.O.
Director, Division of State HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration



Announcements

- **ADAP Emergency Relief Funds grant application** must be electronically submitted through and successfully validated by Grants.gov no later than **October 24, 2023, 11:59 pm ET.**
- **DSHAP Administrative Reverse Site Visit (ARSV)**
 - November 14-17, 2023 at the Health Resources and Services Administrations' headquarters in Rockville, Maryland and virtually
- **HAB You Heard**
 - October 18, 2023 from 2:00-3:00 PM ET



QUESTIONS / COMMENTS



BACKGROUND



Non-Competing Continuation (NCC)

- The NCC is a request or award for a subsequent budget period within a previously approved project for which a recipient does not have to compete with other applications.
- In order to reduce recipient reporting burden, DSHAP moved from an annual application submission to a five-year project period in 2017.
- Recipients complete a NCC Progress Report annually through the Electronic Handbooks (EHBs) as part of the NCC process.



Five Year Project Period Milestones



RWHAP Part B HIV Care Program (X07)

RWHAP Part B States/Territories Formula and RWHAP AIDS Drug Assistance Program (ADAP) Formula and ADAP Supplemental Awards include the following:

- RWHAP Part B Base
- AIDS Drug Assistance Program (ADAP) Base
- ADAP Flexibility
- ADAP Supplemental
- Minority AIDS Initiative (MAI)
- Emerging Communities (EC)



NCC Progress Report

Components and Updated Questions



Key Materials

NCC Progress Report Instructions – Outlines requirements

Instructions for Submitting the Fiscal Year (FY) 2024 Non-Competing Continuation (NCC) Progress Report for the Ryan White HIV/AIDS Program (RWHAP) HIV Care Program – Part B States/Territories Formula and AIDS Drug Assistance Program (ADAP) Formula and ADAP Supplemental Awards

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NCC Progress Report User Guide – Includes the EHBs steps and screen captures

HRSA Electronic Handbooks (EHBs)

Noncompeting Continuation (NCC) Progress Report

User Guide for Recipients

Last updated on August 9, 2022



NCC Progress Report 1 of 18 User Guide for Award Recipients



Updating Key Contact and Principal Form

Click on 'Key Contact/Principal' from left menu or click on 'Update' link for 'Key Contact/Principal' form from 'NCC Progress Report - Status Overview' page.

The screenshot displays the HRSA Electronic Handbooks interface. The top navigation bar includes 'HRSA Electronic Handbooks', a search bar, and a 'Logout' link. Below the navigation bar, there are tabs for 'Tasks', 'Organization', 'Grants', 'Free Clinics', 'FOHC-LALs', 'Dashboards', and 'Resources'. The main content area is titled 'NCC Progress Report - Status Overview'. On the left sidebar, under 'NCC Progress Report', the 'Key Contact/Principal' option is highlighted with a red box. The main content area shows a 'Note(s)' section, followed by 'NCC Progress Report Tracking #', 'Due Date', and 'Status: In Progress'. Below this, there is a section for 'Users with Permissions on NCC Progress Report (6)'. At the bottom, there is a table titled 'NCC Progress Report Status' with columns for 'Section', 'Status', and 'Options'. The table contains three rows: 'SF-PPR' (Not Started, Update), 'SF-PPR-2' (Not Started, Update), and 'Key Contact/Principal' (Not Complete, Update). The 'Update' link for 'Key Contact/Principal' is circled in red.

Section	Status	Options
SF-PPR	Not Started	Update
SF-PPR-2	Not Started	Update
Key Contact/Principal	Not Complete	Update



Updating Key Contact and Principal Form

The Key Contact/Principal form has two sections.

Key Contact/Principal Information Section

- The recipient must add at least one key contact to complete the form.
- The recipient can add, update, delete, and change the key contact.
- The recipient can add any number of key contacts. There is no limit.

Biographical Sketch Section

- This is an optional section
- The recipient can attach any number of files in this section.



NCC Progress Report Overview

- Project Organizational Structure, Staffing Plan and Job Descriptions, *if any changes*
- Maintenance of Effort, *Non-federal expenditure for HIV-related activities*
- RWHAP ADAP Flexibility, *Funds for access, adherence and monitoring –*
- Information needed for Formula
 - RWHAP ADAP Supplemental Grants
 - ✓ Match requirements
 - ✓ Waiver requests
 - Minority AIDS Initiative
 - Emerging Communities
- Upload Agreements and Compliance Assurances



Program Specific Section

ALL TASKS << 2 7 >> **NCC Progress Report - Status Overview**

NCC Progress Report ▾

- Overview
- Status**
- Basic Information
 - SF-PPR
 - SF-PPR-2
- Other Information
 - Program Specific Information** 3
 - Appendices
- Review and Submit
 - Review
 - Submit
- Other Functions ▾
- Navigation
 - Return to Submissions List

Note(s):
The table below shows the status of the progress report. The progress report is currently **INCOMPLETE** and cannot be submitted in its current state.

NCC Progress Report Tracking # : 00110000000000000000 **Due Date:** 01/01/2018 (Due In: 144 Days)

Grant Number: 00710000000000000000 Original Deadline: 00/01/2018 Created On: 00/01/2017
 Project Officer: 00000000000000000000 Project Officer Email: 00000000000000000000 Project Officer Contact #: 00000000000000000000
 Last Updated By: User, Admin@hrsa.gov 01/01/2017 0:01:02 PM

Resources ↗

View

NCC Progress Report | Last NoA | Program Instructions | NCC User Guide

Users with Permissions on NCC Progress Report (#)

NCC Progress Report Status		
Section	Status	Options
Basic Information		
SF-PPR	✘ Not Started	Update
SF-PPR-2	✘ Not Started	Update
Other Information		
Program Specific Information	✘ Not Started	Update 1
Appendices	✘ Not Started	Update



Section 1: Project Organizational Structure



Project Organizational Structure – Overview

- If there were any changes to organizational structure since submission of the full application (HRSA-22-033), recipients must upload the following:
 - A complete organization chart
 - A complete staffing plan highlighting all changes (including staff changes)
- Recipients must also upload job descriptions for each new or revised position highlighted in the organizational chart and staffing plan.



Project Organizational Structure

Program Specific Form(s) - Review

RECIPIENT NAME
 Announcement Number: 1-X07-23-001 Current Project Period: 4/1/2022 - 3/31/2027 Grant Number: X07HA00000
 Application Type: Noncompeting Continuation Current Budget Period: 4/1/2023 - 3/31/2024

Section 1 - Project Organizational Structure

PROJECT ORGRANIZATION STRUCTURE

Were there any changes to your organization chart since the last submission? If yes, a full package of organizational information should be submitted with the change highlighted. Yes No

Attachments

Organizational structure of the project (Maximum 1)

Document Name	Size	Date Attached	Description
FY23ProgramOrganizationalChart.pdf	45 kB	11/17/2022	Recipient FY22 Organizational Chart

Staffing plan (Maximum 1)

Document Name	Size	Date Attached	Description
RWHAP Part B Staffing Plan.pdf	348 kB	11/19/2022	Recipient FY22 Staffing Plan

Job descriptions for Key Personnel (Maximum 20)

Document Name	Size	Date Attached	Description
RWHAP Part B JobDescriptBio_KeyPersonnel.pdf	348 kB	11/19/2022	Recipient FY22 Job descriptions for Key Personnel



Project Organizational Structure

Section 1 - Project Organizational Structure

20 : COMMUNITY HEALTH Due Date: 06/26/2022 (Late By: 46 Days) | Section Status: Not Started

Announcement Number: 5-X07-23-001 Current Project Period: 4/1/2022 - 3/31/2027 Grant Number:

Application Type: Noncompeting Continuation Current Budget Period: 4/1/2022 - 3/31/2023

Resources

[View](#)

[NCC Progress Report](#) | [NOA](#) | [NCC User Guide](#)

Fields with * are required

PROJECT ORGANIZATIONAL STRUCTURE

The purpose of this section is to provide updated information regarding the organizational structure of the project.

* Were there any changes to your organizational chart since the last submission? If yes, attach a complete organizational chart and staffing plan highlighting all changes since the last submission. Also attach job descriptions for each new or revised position in the organizational chart/staffing plan. Yes No

Attachments

Organizational structure of the project (Maximum 1)	Attach File
No documents attached	
Staffing plan (Maximum 1)	Attach File
No documents attached	
Job descriptions for Key Personnel (Maximum 20)	Attach File
No documents attached	

[Go to Previous Page](#)
[Save](#) [Save and Continue](#)



Section 2: Maintenance of Effort



Maintenance of Effort (MOE)

Section 2 - Maintenance of Effort

20 | COMMUNITY HEALTH | Due Date: 06/26/2022 (Late By: 44 Days) | Section Status: Not Started

Announcement Number: 5-X07-23-001 | Current Project Period: 4/1/2022 - 3/31/2027 | Grant Number: [REDACTED]

Application Type: Noncompeting Continuation | Current Budget Period: 4/1/2022 - 3/31/2023

Resources [icon]

View

NCC Progress Report | NOA | NCC User Guide

Fields with * are required

NON-FEDERAL EXPENDITURES
Applicants must provide a baseline aggregate expenditure for their FY prior to the application deadline. Please list the non-RWHAP Part B/ADAP expenditures that count towards the MOE and describe methodologies for calculating MOE expenditures. Also, include a brief narrative explaining any changes in the data set where HIV-related expenditures have been reduced or where the purpose of an HIV-related expenditure has changed. HRSA will enforce statutory MOE requirements through all available mechanisms.

- * For your state's fiscal year in which this NCC renewal will be awarded, please provide the estimated aggregate total of non-federal funds (including in-kind contributions) expended for HIV-related activities proposed.

From: [] To: []

- * For your state's most recently completed fiscal year prior to the submission of this NCC renewal, please provide the actual aggregate total of non-federal funds (including in-kind contributions) expended for HIV-related activities proposed.

From: [] To: []

- * Provide your state's most recently completed fiscal year prior to the submission of this NCC renewal.

From: [] To: []

Approximately 3 pages (Max 5000 Characters without spaces) 5000 Characters left

* Provide the following:

1. List of non-RWHAP Part B/ADAP expenditures that count towards the MOE
2. Describe methodologies used for calculating MOE expenditures
3. Describe any changes in the data set where HIV-related expenditures have been reduced or where the purpose of an HIV-related expenditure has changed

Note: It is recommended to use template(s) provided as part of Program Specific Information.

[Design] [Preview]

[Go to Previous Page] [Save] [Save and Continue]



Maintenance of Effort (MOE) – Overview

To demonstrate compliance with the MOE provision:

- States/territories must maintain adequate systems for consistently tracking and reporting on HIV-related expenditure data from year to year.
- Systems must:
 - Define the methodology
 - Be written and auditable
 - Ensure federal funds do not supplant state spending, but instead expand and enrich HIV-related activities
- Based on state/territory fiscal year – tied to use of non-federal funds

Section 2617(b)(7)(E) of the PHS Act



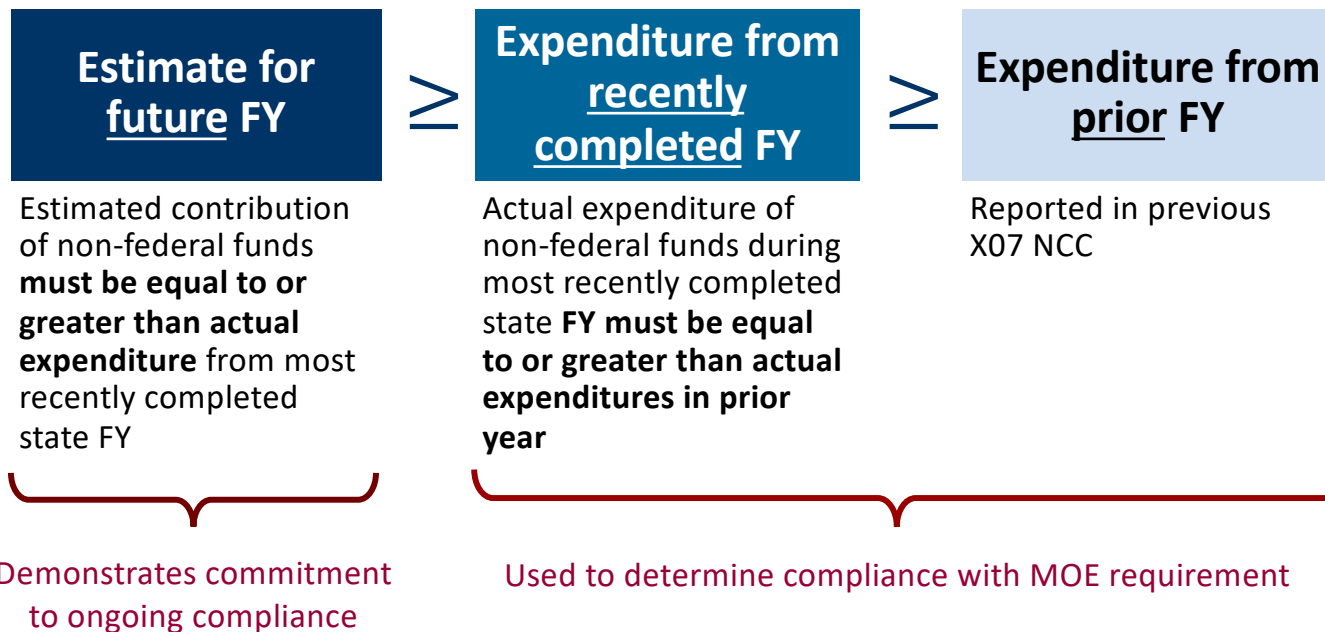
MOE – NCC Progress Report

Based on State/Territory Fiscal Year

- For state/territory FY in which this NCC will be awarded, provide estimated aggregate total of non-federal funds expended for HIV activities
 - State FY in which this NCC will be awarded
- For state/territory FY most recently completed prior to submission of NCC, provide actual aggregate total of non-federal funds expended for HIV activities
 - State FY most recently completed



MOE Compliance Calculation



Section 3: ADAP Flexibility



ADAP Flexibility – Overview

- Section 2616(c)(6) of the PHS Act allows for a percentage of a recipient’s ADAP award be used to “encourage, support, and enhance adherence to and compliance with treatment regimens, including related medical monitoring.”
- States/territories may request to redirect up to five (5) percent of their ADAP base award for adherence and compliance (including monitoring) services under this policy, and up to ten (10) percent in ‘extraordinary circumstances.’



ADAP Flexibility – Overview

Applicants must identify whether ADAP Flex funds will be used to support access, adherence, and/or monitoring services.

- For each area selected, **applicants must identify the specific services to be provided using service categories described in [HRSA HAB Policy Clarification Notice 16-02](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf) (https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)**
- Applicants must select the service categories that will be funded to support access, adherence, and/or monitoring for ADAP clients.



Completing the ADAP Flexibility Section

Section 3 – ADAP Flex

COMMUNITY HEALTH | Section Status: Not Started

Announcement Number: 5-X07-23-001 | Current Project Period: 4/1/2022 - 3/31/2027 | Grant Number: [REDACTED]

Application Type: Noncompeting Continuation | Current Budget Period: 4/1/2022 - 3/31/2023

Resources (0)

View

NCC Progress Report | NCA | NCC User Guide

Fields with * are required

Flexibility Policy as it Relates to Access, Adherence and Compliance Services

Section 303(b)(3) of the PHS Act allows for a percentage of a recipient's ADAP award to be used to "encourage, support, and enhance adherence to and compliance with treatment regimens, including related medical monitoring." States may request to redirect up to five (5) percent of their ADAP base award for adherence and compliance (including monitoring) services under this policy, and up to ten (10) percent in "extraordinary circumstances." Provided services must fall under established RWHPAP service categories. In order to be eligible to utilize funds under the flexibility policy, the state/territories cannot have any program restrictions.

• NOTIFICATION OF INTENT: Do you plan to utilize part of the ADAP base award for access, adherence and/or monitoring services in the upcoming grant year? (If no, skip to the next section)

Yes No

• What percentage (up to 5 percent, or 10 percent in "extraordinary circumstances") of the ADAP base award do you plan to redirect to and for the proposed services?

4 %

• Select the service type(s) to be supported by funding.

Access
 Adherence
 Monitoring

Provide the following information for funding redirected toward ACCESS services.

• Select RWHPAP service categories under which ACCESS services will be provided (check all that apply).

RWHPAP Core Medical Services

Early Intervention Services (EIS) Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Home and Community-Based Health Services Home Health Care

Hospice Medical Case Management, including Treatment Adherence Services

Medical Nutrition Therapy Mental Health Services

Oral Health Care Outpatient/Ambulatory Health Services

Substance Abuse Outpatient Care

RWHPAP Support Services

Child Care Services Emergency Financial Assistance

Food Bank/Home Delivered Meals Health Education/Risk Reduction

Housing Legal Services

Linguistic Services Medical Transportation

Non-Medical Case Management Services Other Professional Services

Outreach Services Permanency Planning

Psychosocial Support Services Referral for Health Care and Support Services

Rehabilitation Services Respite Care

Substance Abuse Services (residential)

Approximately 3 pages (0) (Max 5000 Characters without spaces) 5000 Characters left

• Briefly describe how each of the proposed RWHPAP service categories will increase access to ADAP services.

Design Preview

Approximately 3 pages (0) (Max 5000 Characters without spaces) 5000 Characters left

• Describe the unit cost for proposed services and the methodology used to determine the cost.

Design Preview

• Identify the number of clients who will directly benefit from proposed services.

Design Preview

Save | Save and Continue



ADAP Flexibility – Eligibility

- States/territories cannot have any program restrictions (e.g. waiting list) to utilize funds under the ADAP Flexibility Policy.
- If the ADAP Flex request is approved, recipients will receive notification on their FY 2024 Notice of Award (NoA).



Section 4: ADAP Supplemental



ADAP Supplemental – Overview

- Section 2618(a)(2)(F)(ii) of the PHS Act states that five percent of the ADAP appropriation will be reserved as supplemental funding to purchase medications for states and territories with demonstrated **severe need**.
- A state/territory must meet certain established criteria in order to be eligible to apply for an ADAP Supplemental Grant.
- Must be used to provide HIV-related medications or systems needed to administer them.
- 25% match is required.



ADAP Supplemental – Eligibility

To determine if a state/territory demonstrates a severe need, HRSA HAB considers the following criteria as reported on the most recent ADAP Data Report (ADR):

- Financial requirement of Federal Poverty Level (FPL) = or <200 percent
- Limited formulary compositions of all core classes of antiretroviral medications
- Waiting list, capped enrollment, or capped expenditures
- An unanticipated increase of eligible individuals with HIV



ADAP Supplemental – Eligibility (cont.)

- Even if a state/territory meets one of the eligibility criteria listed above, it will be deemed ineligible for FY 2024 ADAP Supplemental funds if the state/territory did not obligate 75 percent of its FY 2023 RWHAP Part B award within 120 days of receipt of their final award.
- The 75 percent obligation must be reported on the FY 2023 Interim Federal Financial Report (FFR) submitted within 150 days of the final award.



ADAP Supplemental – Eligibility (cont.)

- The Coronavirus Disease 2019 (COVID-19) public health emergency posed significant challenges for RWHAP recipients, providers, and clients to provide and access care. On March 2, 2023, HRSA HAB released a letter that conferred flexibility or administrative relief from some statutory penalties and administrative requirements for FY 2023 in accordance with the Consolidated Appropriations Act, 2023, Pub. L. 117-328, Division H, § 237.
- For FY 2023, recipients had the option to request a waiver of the expedited distribution requirement to obligate 75 percent of FY 2023 RWHAP Part B/ADAP award within 120 days after the final award date. Therefore, states/territories with an approved waiver will not be deemed ineligible if they did not obligate 75 percent of their FY 2023 award within 120 days of the final award.



Completing the ADAP Supplemental Section

Fields with * are required

ADAP SUPPLEMENTAL GRANT FUNDS
 Section 2618(a)(2)(F)(ii) of the PHS Act states that five percent of the ADAP appropriation will be reserved as supplemental funding to purchase medications for states and territories with demonstrated severe need. See NCC progress report instructions for a list of states eligible to apply for ADAP Supplemental Grant funds. ADAP Supplemental Grants require a State match of 25 percent (i.e., \$1 for each \$4 of federal funds provided), unless a waiver is requested and approved (Section 2618(a)(2)(F)(ii)(III) of the PHS Act). A state/territory is eligible for a waiver from the match requirement for ADAP Supplemental funding if 1) it also has a State match requirement for the RWHPA Part B Formula/ADAP Base funding, and 2) it meets that match requirement.

Yes No

Yes No

Approximately 3 pages (Max 5000 Characters without spaces). 5000 Characters left.

Briefly describe how the state/territory will use ADAP supplemental funds?

Is there a maximum ADAP Supplemental award amount for which the state is able to budget (i.e., cap on your ADAP supplemental award)?
 Note: States which are required to match the ADAP Supplemental Award may indicate the upper limit (maximum award amount) that the recipient can match.

Yes No

Note: The actual award amount will not exceed the budgeted amount provided.

Indicate the maximum ADAP supplemental award for which the state is able to budget.

Note: The actual award amount will not exceed the budgeted amount provided.

Is the state/territory eligible to apply for a waiver to the ADAP supplemental funding match?

Yes No

Does the state/territory want to request a waiver to the match?

Note: If an ADAP supplemental match waiver is not requested and approved, the state/territory will be required to match 25% of the awarded amount (e.g., a maximum award size of \$100,000 requires a \$25,000 state match).

Yes No

If the state/territory is requesting a waiver to the match, attach a waiver request letter.

▼ Waiver Request Attachment (Maximum 1) Attach File

No documents attached

[Go to Previous Page](#) [Save](#) [Save and Continue](#)



ADAP Supplemental – Eligibility

Based on the eligibility criteria, the following states/territories are eligible to apply for a FY 2024 RWHAP ADAP Supplemental Grant.

Nebraska	Ohio	Idaho
Georgia	Utah	Puerto Rico
Illinois	Kansas	District of Columbia
Indiana	Texas	Virgin Islands



Section 5: Minority AIDS Initiative



Minority AIDS Initiative (MAI) - Overview

MAI funding is for:

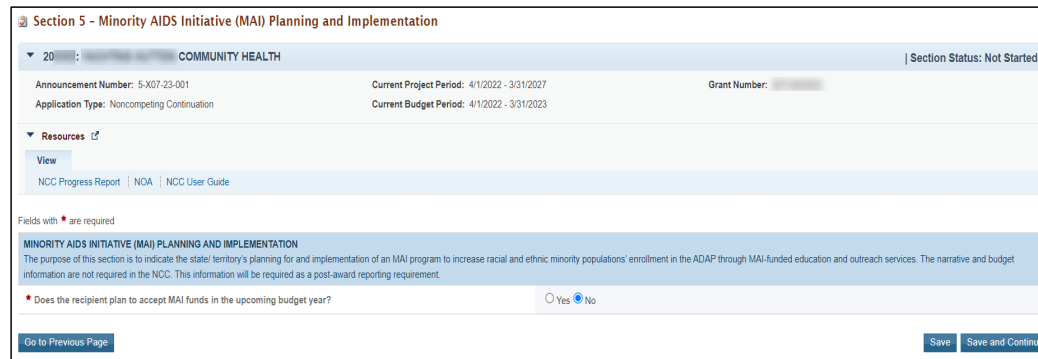
- Eligible entities who do not decline funding.
- Education and outreach to improve minority access to medication assistance programs, including ADAP.



Completing the MAI Section

The purpose of this section is to indicate interest in receiving MAI funding, which must be used to increase racial and ethnic minority populations' enrollment in the ADAP through education and outreach services.

- Note: For those interested in receiving MAI funding, narrative or budget information are not required in the NCC Progress Report. This information will be required as a post-award reporting requirement.



The screenshot shows a web interface for 'Section 5 - Minority AIDS Initiative (MAI) Planning and Implementation'. At the top, it displays '20' and 'COMMUNITY HEALTH' with a 'Section Status: Not Started'. Below this, key information is provided: 'Announcement Number: 5-X07-23-001', 'Application Type: Noncompeting Continuation', 'Current Project Period: 4/1/2022 - 3/31/2027', 'Current Budget Period: 4/1/2022 - 3/31/2023', and 'Grant Number:'. A 'Resources' section includes links for 'View', 'NCC Progress Report', 'NOA', and 'NCC User Guide'. A note states 'Fields with * are required'. The main heading is 'MINORITY AIDS INITIATIVE (MAI) PLANNING AND IMPLEMENTATION', followed by a detailed purpose statement. A required question asks, 'Does the recipient plan to accept MAI funds in the upcoming budget year?' with radio buttons for 'Yes' and 'No'. At the bottom, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.



Section 6: Emerging Communities



Emerging Communities – Overview

- Emerging Communities (EC) funding is distributed to the state or territory for communities that report between 500 and 999 cumulative reported AIDS cases over the most recent five years.
- An Emerging Community may cross state lines
 - Recipients need to ensure that funds are put toward needs in identified communities.



Completing the EC Section

The purpose of this section is to indicate eligibility for Emerging Communities (EC) supplemental funding. The EC supplemental grant award is authorized under Section 2621 of the PHS Act and allows states/territories to supplement RWHAP Part B services in communities with emerging HIV epidemics. States/territories with a statutorily-specified “Metropolitan Statistical Area(s)” (MSA) classified as an EC must use EC supplemental funds to enhance a comprehensive array of RWHAP core and supportive services for communities in need within the identified MSA(s) that are not eligible to receive additional grants under RWHAP Part A.

Section 6 – Emerging Communities

20 : COMMUNITY HEALTH | Section Status: Not Started

Resources

Fields with * are required

EMERGING COMMUNITIES (EC) PROGRAM
Eligibility for EC formula awards under RWHAP Part B depends in part on the number of confirmed living cases of AIDS within a statutorily specified “Metropolitan Statistical Area (MSA).” A state receiving EC funds must ensure that the award will only be used within the EC in the state. EC funds are not exempt from matching requirements. [See NCC progress report instructions for list of eligible applicants.](#)

* Is the state eligible to receive EC funds? Yes No

* Does the state commit to spending EC funds within the identified MSA to enhance a comprehensive array of RWHAP core and supportive services for communities in need? Yes No

[Go to Previous Page](#) [Save](#) [Save and Continue](#)



Emerging Communities

States	Emerging Communities*
Alabama	Birmingham-Hoover, AL MSA
California	Bakersfield, CA MSA
Delaware	Wilmington, DE-MD-NJ MSA
Florida	Lakeland-Winter Haven, FL MSA Port St. Lucie, FL MSA North Port-Bradenton-Sarasota, FL MSA
Georgia	Augusta-Richmond County, GA-SC MSA
Kentucky	Louisville/Jefferson County, KY-IN MSA
Mississippi	Jackson, MS MSA
New York	Albany-Schenectady-Troy, NY MSA Buffalo-Cheektowaga-Niagara Falls, NY MSA Rochester, NY MSA
North Carolina	Raleigh, NC MSA
Ohio	Cincinnati, OH-KY-IN MSA
Oklahoma	Oklahoma City, OK MSA
Pennsylvania	Pittsburgh, PA MSA
Rhode Island	Providence-Warwick, RI-MA MSA
South Carolina	Columbia, SC MSA Charleston-North Charleston, SC MSA
Virginia	Richmond, VA MSA
Wisconsin	Milwaukee-Waukesha-West Allis, WI MSA
Total: 16 States	Total: 21 Emerging Communities



Section 7: Agreements and Compliance Assurances



Agreements and Compliance Assurances

- The purpose of this section is to provide a signed copy of the required Agreements and Compliance Assurances.
- The Agreements and Compliance Assurances required for this NCC Progress Report are found in Appendix A and require the signature of the Chief Elected Official (CEO), or the CEO's designee.



NCC Progress Report Submission



Submission

- Identify who will complete the NCC Progress Report and make sure they have access to the EHBs
 - Can be the project director or anyone with established editing and submitting privileges for applications or post-award submissions
- Review NCC Progress Report materials
 - NCC Progress Report Instructions – outline requirements and provide instruction for completing questions
 - NCC Progress Report User Guide – includes the EHBs steps and screen captures
- Submit NCC Progress Report via the EHBs by November 17, 2023
 - Due date appears on the EHBs submission task
 - Do not use Grants.gov



Submission (cont.)

- Share any feedback with HRSA HAB project officer throughout NCC Progress Report submission process
- Contact HRSA Call Center with any challenges with the EHBs
 - Monday-Friday, 8:00 a.m. to 8:00 p.m. ET (except Federal holidays)
 - Telephone: (877) 464-4772; TTY: (877) 897-9910
 - E-mail: CallCenter@HRSA.gov



Important Reminders

- Narrative boxes have character limits (including spaces) – be concise
- Use “Word Count” tool to check length
- Prepare responses outside of the EHBs (e.g., Microsoft Word), and copy and paste text into the module
 - System will not auto-save. You must save each page prior to moving forward.



Important Reminders: X07 Submission Due Dates

- FY 24 NCC Progress Report due in the EHBs on **Nov. 17, 2023**
- Continue to submit annual reporting requirements according to Notice of Award for each budget period



Contact Information

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QUESTIONS / COMMENTS



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