

Notice of Funding Opportunity

Application due 07/08/2026



Health Resources & Services Administration

Maternal and Child Health Bureau

Division of Services for Children with Special Health Needs

Sickle Cell Disease Regional Care Excellence (SoRCE) Program

Opportunity number: HRSA-26-052



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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on 07/08/2026.

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

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Basic information

Health Resources and Services Administration

Maternal and Child Health Bureau

Division of Services for Children with Special Health Needs

Strengthening access to quality SCD Care through connections to services.

Summary

The Sickle Cell Disease Regional Care Excellence (SoRCE) Program aims to improve the health of people with sickle cell disease (SCD). It does this by:

- Expanding access to care.
- Improving the quality of care.
- Tracking quality of life indicators.

Program structure

The program funds seven recipients to serve as Regional Coordinating Hubs for their regions as identified in this funding opportunity announcement. Each region has one award recipient that serves as a **Regional Coordinating Hub (RCH)**.

Each RCH will work to:

- Serve every person with SCD in their region.
- Improve the quality of care people with SCD receive.

To meet these goals, RCH will contract with at least three **Clinical-Community Spokes (CCSs)** in their region and engage in continuous quality improvement (CQI) initiatives to improve access and quality of care.

Have questions?



Go to [Contacts and Support](#).

Key facts

Opportunity name:

Sickle Cell Disease
Regional Care Excellence
(SoRCE) Program

Opportunity number:

HRSA-26-052

Announcement version:

Initial

Federal assistance listing:

93.365

Key dates

NOFO issue date:

06/05/2026

Informational webinar:

[Join the webinar](#)

Application deadline:

07/08/2026

Expected award date:

08/01/2026

Expected start date:

09/01/2026

See [other submissions](#) for other time frames that may apply to this NOFO.

What is a Clinical-Community Spoke?

A CCS is a team made up of a clinical center working closely with one or more community-based organizations (CBOs). Together, they help connect people with SCD and their families to:

- High quality clinical care.
- Community-based services.

Each RCH and its CCS partners will form a regional network. These networks improve the health and well-being of people with SCD and their families.

Funding details

Application types: New

Expected total available funding in FY2026: \$6,650,000

Expected number and type of awards: 7 cooperative agreements

Funding range per award: \$950,000

We will fund up to one award recipient in each region outlined below. These regions are based on the estimates of the annual number of infants born with SCD in each region and existing care connections. The maximum award is \$950,000 per year.

Region name, states and jurisdictions included:

Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont

Mid-Atlantic: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Puerto Rico, Virginia, Virgin Islands, West Virginia

Southeast: Georgia, North Carolina, South Carolina

South: Alabama, Florida, Mississippi, Tennessee

Midwest: Kentucky, Illinois, Indiana, Michigan, Minnesota, North Dakota, Ohio, South Dakota, Wisconsin

Heartland: Arkansas, Iowa, Kansas, Louisiana, Missouri, Nebraska, Oklahoma, Texas

West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming, the Trust Territory of the Pacific Islands, American Samoa

As part of the application for funding, you may also apply for **one** supplemental funding opportunity. Supplemental funding may be awarded in any of the four project years. Supplements will be funded in the order of the objective review score earned by the applicant in the base competition. These are one time, one-year supplements.

- Up to \$250,000 for one-year can be used to support emerging issues in SCD care. Topics may include increasing access to services in rural communities; supporting children who transition from child serving health care systems to adult serving systems; clinician education; and creating comprehensive care teams with expertise to address the complex needs of individuals living with SCD.
- You must apply for the base award funding to apply for this supplement.
- To apply for this supplement, follow the instructions in [Attachment 7](#).

We plan to fund awards in five budget periods for a period of performance from September 30, 2026 to June 30, 2031.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

Eligibility

You can apply if your organization is a Federally-qualified health center, a nonprofit hospital or clinic, or a university health center that provides primary health care, that:

1. Has a collaborative agreement with a community-based sickle cell disease organization or a nonprofit entity with experience in working with individuals who have sickle cell disease;
and
2. You as a Federally-qualified health center, the nonprofit hospital or clinic, the university health center, the organization or entity described in clause 1, can demonstrate at least 5 years of experience in working with individuals who have sickle cell disease.

Types of eligible organizations

These types of domestic organizations may apply:

- Public and State controlled institutions of higher education.
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education.
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education.
- Private institutions of higher education.
- Others (see text field entitled “Additional Information on Eligibility” for clarification).

Additional information on eligibility

- Hospitals or clinics.
- Health centers.

Individuals are not eligible applicants under this NOFO.

Documentation must be provided to demonstrate that your organization has at least five years of experience in working with individuals who have sickle cell disease (SCD). For example, please describe the clinical services or community-based services provided to individuals living with sickle cell disease.

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

Program description

Purpose

The SoRCE Program aims to improve the health of people with sickle cell disease (SCD).

It focuses on three main goals:

- Expanding access to care.
- Improving the quality of care.
- Tracking quality-of-life indicators.

How the program works

The program will:

- Work with clinicians to improve SCD care.
- Connect people and families to high-quality clinical care and community services.

The purpose of the SoRCE supplemental awards is to support emerging issues in SCD care.

Funding opportunity goals

By August 31, 2030, award recipients and their partners will:

- Serve^[1] at least 30% of people with SCD in their region.
- Increase the percent of eligible people receiving disease-modifying therapies (DMTs^[2]) by 5% compared to baseline established at the end of year 1.
- Collect and report annual data in two areas:
 1. **Quality of care:** Emergency department use among people served.
 2. **Quality of life:** High school graduation (or equivalent) rate among people served.

Note: Award recipients are required to report data each year.

Background

About Sickle Cell Disease (SCD)

SCD is a chronic, inherited blood disorder that affects about 100,000 people in the United States.

It causes the body to make abnormal red blood cells that are rigid and shaped like a sickle or crescent. These cells die early and block small blood vessels. This restricts blood flow and can cause:

- Severe pain.
- Anemia.
- Organ damage.
- Other complications.^[3]

People with SCD live an average of 54 years, about 20 years less than the general population.^[4] Young adulthood, the period in which individuals transition from pediatric to adult care, is an especially vulnerable time. One study found the death rate among young adults age 20-24 was twice as high as that of teens age 15-19.^[5]

Ongoing gaps in care

Despite medical and public health advances over the past 40 years, many people with SCD lack access to preventive care, such as routine transcranial doppler screenings. Many also do not have access to comprehensive, high-quality care, including disease-modifying treatments (DMTs).^[6] This lack of access leads to about 250,000 emergency department (ED) visits each year.^[7]

Seeking emergency department care for acute pain related to SCD requires many resources. However, when people have access to high-quality comprehensive and specialty care, they have fewer emergency visits, and the care they receive is more effective.^[8]

HRSA's role in improving care

Since 2005, HRSA has funded SCD activities through the SCD Treatment Demonstration Program.

In 2021, HRSA funded five regions to improve care by:

- Educating patients, families, and clinicians.
- Linking individuals and families to evidence-based care.
- Supporting partnerships between clinicians, community organizations, and other stakeholders.

2026 current program structure

Regional Coordinating Hubs (RCHs): The award recipient will be the RCH, which may be a federally qualified health center, nonprofit hospital, clinic, or a university health center with SCD experience. Each RCH is required to partner with at least three Clinical-Community Spokes (CCSs).

Clinical-Community Spokes (CCSs): Each CCS includes one clinical center partnered with at least one community-based organization (CBO).

This structure increases the number of regional hubs and connects the specialized care of RCHs and the local services of CCSs, reaching people with SCD where they live.

Program requirements and expectations

This program will improve the health and well-being for people with SCD by giving them consistent access to high-quality care in every region.

Required activities

Build a regional network

- As the Regional Coordinating Hub, you must:
 - Create a network of at least three CCSs across your region. Each CCS must have one clinical center partnered with at least one community-based organization (CBO). Clinical centers and CBOs must work as a unit to connect people and families with services necessary to access health care.
 - Choose CCSs to serve the entire region and have clinicians experienced in sickle cell disease.
 - Spend at least 40% of your budget on CCSs to ensure that all clinical centers and community-based organizations have sufficient resources for planned activities.
- Your responsibilities also include:
 - Calculating the number of ALL individuals with SCD living in the region.
 - Expanding access to services in your region.
 - Providing technical assistance, training, and coordinating continuous quality improvement (CQI) with the CCSs.
 - Collecting data from all CCSs.
 - Convening an annual meeting of CBOs, partners, stakeholders, and SCD experts (in person or virtual).

Develop a regional action plan

Within six months, create a plan to:

- Oversee all CCS grant-related activity.
- Support partnership, collaboration, and resource sharing across all CCSs in the region.
- Ensure alignment of CCS and RCH activities.

Improve access and quality of care

- You and the CCSs must conduct CQI activities to improve care. Examples include:
 - Educating and training health professionals, people with SCD, and their families.
 - Creating and reviewing educational materials to improve provider knowledge.
- Each CCS must take part in at least one CQI activity per year.

Engage people with SCD and their families

You must:

- Involve people with SCD and their families in program design, improvement, implementation, evaluation, and leadership. These engagement activities inform, build, and strengthen programs to better meet the needs of the program's population.
- Compensate people and/or organizations for their participation in activities like trainings, advisory committees or task forces.
- Document how their input influences program decisions.

Partner with the HRSA-funded SCD National Coordinating Center (SCDNCC).

You must:

- Share provider training and educational resources with the SCDNCC.[\[9\]](#)
- Receive technical assistance from SCDNCC to build local services and to respond to emerging needs or issues in the SCD community.
- Participate in SCDNCC workgroups and attend the SCDNCC annual meeting.
 - Work with the SCDNCC on CQI projects.
 - Report data regularly to HRSA or third parties.
 - Follow the guidance in the **Performance measurement, evaluation, and continuous quality improvement (CQI)** section.

Performance measurement, evaluation, and continuous quality improvement (CQI)

We expect you to measure your performance, evaluate your program, and conduct CQI activities. Actions include:

- Measuring performance on key activities and program objectives.
 - This includes Discretionary Grants Information System (DGIS) measures noted in the [Reporting](#) section.
 - If using proxy data, you must discuss this approach with HRSA after award.
- You must collect and report annually on added measures that align with program goals and objectives including:
 - Percent of individuals with SCD living in the region that you and your CCS partners served.
 - This includes a numerator (the number of individuals you and your clinical center partners served) as well as a denominator (your estimate of the number of individuals with SCD living in your region).
 - Percent of individuals served who are on disease modifying therapy (DMT).
 - This includes a numerator (the number of individuals you serve on DMT) as well as a denominator (the number of individuals you serve who are eligible for DMT).
- During the project period, you must also develop a plan to collect data on two additional measures. Baseline data must be reported by August 31, 2027.
 - The specific measures are:
 - The rate of emergency department use among people served.
 - Award recipients are expected to finalize this measure in collaboration with HRSA and the SCDNCC.
 - The high school graduation rate or equivalent among youth served.
 - Award recipients are expected to finalize this measure in collaboration with HRSA and the SCDNCC.

- Evaluating your program.
 - You are expected to participate in a HRSA-contracted evaluation with the SCDNCC.
 - This will include collaborating with a third-party organization and providing data related to program implementation, outcomes, and impact.
- Engaging in continuous quality improvement.
 - You are responsible for ensuring that each partnered CCS conducts at least one CQI activity that will improve access to care, quality of care, and outcomes for individuals living with SCD in your region.
 - If you, as the RCH, are a clinical center, you are also expected to conduct at least one CQI activity.
 - You will have the first grant year to plan and prepare for these projects. At the end of the first year, a CQI workplan must be submitted to HRSA for review.

Statutory authority

42 USC § 300b-5(b) (§1106(b) of the Public Health Service Act.

Award information

Cooperative agreement terms

Our responsibilities

Aside from monitoring and technical assistance, we also get involved in these ways:

- Participating and collaborating in the planning, implementation, and evaluation of program activities under this cooperative agreement.
- Reviewing information on project activities, reports, and any other product prior to dissemination.
- Providing review of and advisory input for publications, audiovisuals, and other materials produced under the auspices of this cooperative agreement.
- Participating in the planning and scheduling of meetings conducted during the period of the cooperative agreement.

Your responsibilities

You must follow all relevant laws and policies. Your other responsibilities will include:

- Completing all activities described in this NOFO.
- Assuring adequate staff support to coordinate all grant activities and meet expectations of this program.
- Collaborating and working closely with the HRSA-funded SCD national coordinating center, including providing all grant-related information, products developed with grant dollars and data collected as a result of this program to inform a report to Congress.
- Acknowledging that the federal government, including HRSA/MCHB, has a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use any products derived from activities conducted under this cooperative agreement.
- Working closely with HRSA/MCHB program staff including:
 - Regularly meeting with the HRSA project officer to review current strategies and progress.
- Responding in a timely and appropriate manner to requests by the HRSA project officer to collaborate on short-term, long-term and ongoing projects.
 - Providing the HRSA project officer with adequate time and opportunity to review, provide advisory input, and approve at the program level, any publications, audiovisuals, and other materials produced under the auspices of this cooperative agreement.

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS has adopted [2 CFR Part 200](#), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Your satisfactory progress in meeting the project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
 - Fund more applicants from the rank order list.
 - Extend the period of performance.
 - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see:
 - Project Budget Information in Section 3.1. of the [Application Guide](#).
 - [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
 - [Allowable and Unallowable Costs and Activities](#), in the HHS Grants Policy Statement.
- All costs must be [reasonable](#), necessary, [allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
- You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).
- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds. For help calculating salaries under this limit, read more at "salary rate limitation" in the [Application Guide](#).

Program-specific statutory or regulatory limitations

For guidance on some types of costs we do not allow or restrict, see Project Budget Information in Section 3.1.4 of the [Application Guide \[PDF\]](#). You can also see [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.

You cannot earn profit from the federal award. See [2 CFR 200.400\(g\)](#).

Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds not associated with the HHS awarded project.

See [Manage Your Grant](#) for other information on costs and financial management.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To incur indirect costs, you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

Method 2 – *De minimis* rate. Per [2 CFR § 200.414\(f\)](#), if you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See [2 CFR § 200.1](#) for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

Consider your indirect costs when developing your [budget](#).

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [2 CFR 200.307](#).



Step 2:

Get Ready to Apply

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Get registered

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

If you need additional information about user roles in SAM.gov, see “Get registered: SAM.gov user roles” in the [Application Guide \[PDF\]](#).

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#) and [How to Apply for Grants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-052.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit [HHS Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

FAQs will be posted on our TA webpage after the webinar with a link to Grants.gov Related Documents tab.

Join the webinar

For more information about this opportunity, join the webinar. More information on the HRSA-26-052 webinar will be posted at a later date to the documents tab in Grants.gov.

We recommend that you “Subscribe” to the NOFO on Grants.gov to receive updates when we post documents.

We will record the webinar.



Have questions? Go to [Contacts and Support](#).



Step 3:

Build Your Application

In this step

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Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments, as applicable.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

Narratives

Component	Grants.gov form	Included in page limit**?
☐ Project narrative	Project Narrative Attachment form	Yes
☐ Budget narrative	Budget Narrative Attachment form	Yes

Attachments

Insert each in the Attachments form in this order.

Component	Included in page limit**?
☐ 1. Work plan	Yes
☐ 2. Staffing plan and job descriptions	Yes
☐ 3. Biographical sketches	Yes
☐ 4. Project organizational chart	Yes
☐ 5. Agreements with other entities	Yes
☐ 6. Tables and charts	No
☐ 7. SoRCE emerging issues supplement (optional)	Yes
☐ 8. Key contacts	Yes
☐ 9. Project performance site locations	Yes
☐ 10-15. Other relevant documents	Yes

Other required forms

Upload using each required form in Grants.gov.

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary form	With application.
Grants.gov Lobbying form	With application.

*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

Application contents and format

This section includes guidance on each component found in the application checklist.

Application page limit: 50

Submit your information in English and express whole number budget figures using U.S. dollars.

Required format

Required format for project summary, project narrative, budget narrative, and attachments.

Font: A readable font like Arial, Courier, CG Times, or Times New Roman.

File format: We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format
- .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

Size: 12-point font

Footnotes, charts, graphics, and budget tables may be 10-point or higher.

Ink color: Black

Spacing: Single-spaced, including all text and tables.

Alignment: Left

Headings: Bold all headings and align left.

Size: 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)

Margins: 1-inch on all sides

Footer: On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

Page numbering:

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

File names: You can find guidance for naming your files in the [Application Guide \[PDF\]](#).

Project narrative

Introduction

See merit review criterion 1: [Need](#)

In this section, you will describe all aspects of your project.

Use the section headers and the order listed.

Briefly describe the purpose of your project.

Need

See merit review criterion 1: [Need](#)

- Estimate how many people with SCD live in your region.
 - Explain how you calculated this number.
 - You may use data from state newborn screening programs or other sources.
 - If you are funded, you may update your estimate.
 - This number will be your denominator when calculating the percentage of people with SCD living in the region you and your CCS partners serve.
- Describe the target population and their unmet health needs.
- Document the challenges people with SCD face, such as barriers to lifelong routine comprehensive care, coordination needs, desired outcomes, and challenges related to geography, age, or emerging issues.
- Outline the community needs you plan to address.
- Discuss any barriers you hope to overcome in your region.
- Use and cite demographic data whenever possible.

You will also include a more detailed work plan in your [attachments](#).

Approach

See merit review criterion 2: [Response](#)

- Tell us how you'll address the needs you described and meet the program requirements and expectations described in this NOFO. Tell us how you will reach every person with SCD and their families in your region. Describe:
 - How will the CCSs (at least three) maximize their reach and support of people with SCD and their families in your region.
 - How you plan to expand access to services in your region. For example:
 - How you will recruit more CCSs.
 - How you will address policy issues related to transportation, health insurance, or other access issues.
 - How you, as the RCH, will oversee and support the CCS's grant activities.
 - How you will implement CQI activities at each CCS. Examples include:
 - Educating and training health professionals, people with SCD, and their families.
 - Developing and sharing educational materials on evidence-based guidelines.
 - Establishing communication strategies to share information, successes, and barriers across the region.
 - Hosting Project ECHO sessions to educate and train providers on evidence-based care and the latest disease-modifying therapies.
 - Addressing clinical topics relevant to SCD and showing how care will improve through continuous improvement projects.
 - How you will involve and compensate people with SCD and their families in program development, improvement, implementation, evaluation, and leadership.
 - How you will collaborate with the HRSA-funded SCDNCC to share training and resources, receive technical assistance, address emerging needs, and participate in the program evaluation.
- Include a plan to distribute reports, products, or project outputs to target audiences.
- Propose a plan for continuing the project when federal funding ends.

High-level work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Explain how you and your CCS network will meet each objective during the project period.
- Provide a timeline with each activity, responsible staff, and any role for key stakeholders.
 - Explain how key stakeholders will help plan, design, and carry out these activities.
- Include a detailed work plan in [Attachment 1](#).

You will also include a more detailed work plan in your [attachments](#).

Resolving challenges

See merit review criterion 2: [Response](#)

Discuss possible challenges you may face in designing and carrying out the activities in the work plan. Explain approaches that you'll use to resolve them. Specifically, discuss how you will resolve challenges related to:

- Increasing the percentage of people with SCD in your region who are served by you and your CCS partners.
- Increasing the percentage of people served who receive DMT.
- Collecting data on emergency department use and high school graduation.

Performance reporting and evaluation

See merit review criteria 3: Performance reporting and evaluation and 5: [Resources and capabilities](#)

- **Outcomes.** Describe the expected outcomes (desired results) of the funded activities.
- **Performance measurement and reporting.**
 - Describe how you will collect and report required performance data accurately and on time to HRSA.
 - Describe your capacity to collect, track, manage, and report proposed and required data over time, including available resources, systems, and processes.
 - Explain your plan and ability to collect data on the measures specified by HRSA MCHB in the [Program requirements and expectations](#).

- Describe how you will manage and securely store data, including how you will protect data against cybersecurity threats, breaches, or other loss of data integrity.
- Describe how you will monitor and analyze performance data to continually improve your program.
- Describe your monitoring and evaluation procedures and explain how you will include evaluation and performance measurement in planning, implementation, and reporting of activities.
- Describe your plan and ability to collect, track, manage, and report required data from the CCSs over time, including available resources, systems, and processes.
- **Program evaluation.** Describe how you will evaluate your project. The evaluation should examine processes and progress towards goals, program objectives, and expected outcomes. Evaluations must follow the [HHS Evaluation Policy](#), as well as the standards and best practices described in [OMB Memorandum M-20-12](#). In the description of your evaluation, include:
 - The evaluation questions, methods, data you will collect, and timeline for evaluating the program.
 - Challenges in evaluating your program and how you will address them.
 - The capacity of your organization and staff to evaluate the program. Include their experience, skills, and knowledge.
 - How you will share results, how you will assess whether you are sharing results effectively, whether your results are national in scope, and whether other organizations can replicate your program.
 - Describe the systems and processes that you'll use to track performance outcomes.
- Describe how you'll collect and manage data (for example, assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of those outcomes.
 - Describe the quality and feasibility of your proposed measures, how they align with the purpose of this NOFO, and how they will assess performance and progress towards the program goals and objectives.
- Describe the extent to which they can be used to attribute results to the project.
 - Describe how you will report performance measurement and evaluation findings, use them to show the outcomes of this NOFO, and apply them for continuous program quality improvement.

- Describe your plans to monitor progress and conduct quality improvement efforts to make sure the program meets the needs of people with SCD and their families.

See the [reporting](#) section for more information.

Sustainability

See merit review criterion 4: [Impact](#)

We expect you to sustain key project elements that improve practices and outcomes for the target population. Propose a plan for project sustainability after the period of federal funding ends.

- Highlight key elements of your projects.
 - Examples include training methods or strategies that have been effective in improving practices.
- Describe the actions CCSs can take to obtain future sources of funding that do not include HRSA funding.
- Describe a plan to integrate proposed activities into routine practice at the clinic and CBO levels so that federal funding is no longer needed.
 - For example, how CQI becomes part of managed care practices.
- Discuss challenges that you'll likely encounter in sustaining the program.
 - Include how you will resolve these challenges.

Organizational information

See merit review criterion 5: [Resources and capabilities](#)

Briefly describe your organization's mission, structure, and the scope of your current activities. Explain how they will help you carry out the program requirements. Include a project organizational chart in [Attachment 4](#).

- Describe your key staff's experience, skills, and knowledge.
 - Include a staffing plan and job descriptions for key personnel in [Attachment 2](#).
- Provide a summary of each CCS (the clinical site and CBO).
 - Include an overall network chart that shows each participating CCS (include both the clinical sites and CBOs).
 - Describe how each CCS you include serves areas where people with SCD live and receive care.
 - Describe each CCS's clinical experience treating people with SCD.
 - Describe each CCS's history of working with CBOs.

- Provide a description of the organizational capacity to gather, manage, and use data.
- Explain your experience with performance reporting and program evaluation.
- Describe the quality of the facilities you will use to carry out the project.
- Discuss how you'll follow the approved project, keep track of all federal funds, and record all costs to avoid issues during the project audit.
- Describe how you'll assess the unique needs of the people who live in the community you serve.
- Describe your organizational profile, budget, partners, key processes, and your key staff's experience, skills, and knowledge.

Budget and budget narrative

See merit review criterion 6: [Support requested](#)

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the [Application Guide \[PDF\]](#) and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for [equipment](#) and [supply](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).

Additional instructions specific to this NOFO:

- Budget funds to host an annual meeting of all participating CCSs and other partner organizations (virtual or in person).
- Budget at least 40% to the CCSs to ensure that all clinical centers and community-based organizations have sufficient resources for planned activities.

- Budget funds to compensate individuals with SCD and their families for engagement activities related to informing, building, or strengthening programs.
- Show in your budget that key staff will have sufficient time allocated to achieve your objectives.

To create your budget narrative, see budget narrative detailed instructions in the [Application Guide \[PDF\]](#).

Attachments

Place your attachments in this order in the **Attachments Form**. See [application checklist](#) to determine if they count toward the page limit.

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

Attachment 1: Work Plan

Attach the project's detailed work plan. Make sure it includes everything required in the [project narrative](#) section.

Attachment 2: Staffing plan and job descriptions

See Section 3.1.7 of the [Application Guide \[PDF\]](#).

Include a staffing plan that shows the staff positions that will support the project, and key information about each. Justify your staffing choices, including their education and experience. Explain your reasons for the amount of time you request for each staff position.

For each key staff member, attach a one-page job description. It must include their role, responsibilities, and qualifications.

Attachment 3: Biographical sketches

Include biographical sketches for people who will hold the key positions you describe in [Attachment 2](#).

Each biographical sketch should be no more than two pages. Do not include non-public, [personally identifiable information](#). If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

Attachment 4: Project organizational chart

Provide a one-page diagram that shows the full project's organizational structure.

Attachment 5: Agreements with other entities

Provide any documents that describe working relationships between your organization and others you mention in your project narrative. If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of subrecipients and contractors and any deliverables. It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization. Make sure letters of agreement are signed and dated

Attachment 6: Tables and charts

Provide tables or charts that give more detail about the proposal. These might be Gantt, PERT, or flow charts.

Attachment 7: SoRCE emerging issues supplement (optional)

Page limit: 4

This does not count toward the page limit of the base SoRCE program application.

The Emerging Issues narrative should include:

- **Problem:** State the topic that you selected and why it is important.
 - Explain how the supplement will address an emerging issue or innovative approach that will enhance SCD care for individuals and their families.
- **Goals and objectives:** Identify the major goals and objectives of this supplement.
 - Briefly describe the anticipated outcomes and deliverables of the activities.
- **Methodology:** Describe the activities you propose to accomplish the objectives, and how the supplemental project will build on the base application.
 - Describe any collaboration, coordination, and partnerships you will need to ensure the success of the supplement.
- **Evaluation:** Describe how you will evaluate supplemental outcomes, including data collection and measures.
 - Discuss the strategies you anticipate using to share program results and project impact with the field.
- **Budget and budget narrative:** Provide a separate SF-424A and budget justification narrative for this supplement.

Attachment 8: Key contacts

List key contacts on your proposed project.

Attachment 9: Project performance site locations

List the name, location and key contact for all the Clinical Community Spokes; identify all the participating clinical center and community-based organization within your region.

Attachments 10-15: Other relevant documents

You may use attachments 10 through 15 to add other relevant documents.

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary form	With application.
Grants.gov Lobbying form	With application.

Form instructions

The application guide has detailed instructions for:

- The [Application for Federal Assistance \(SF-424\)](#).
- The [Budget Information for Non-Construction Programs \(SF-424A\)](#).

Project abstract summary form instructions

Edits should only be made to the second and third sentences if they do not reflect your requirements. (From “Include a short description...” to “groups you plan to serve”).

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see Section 3.1.2 of the [Application Guide \[PDF\]](#).

Important: Public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant’s Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples.](#)



Step 4:

Understand Review, Selection, and Award

In this step

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Selection process	<u>44</u>
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Application review

Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, and the requirements in this NOFO. If your application does not meet eligibility criteria, it will not be funded. If your application does not meet other criteria, we will not fund it.

Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the [Application Guide \[PDF\]](#). The members use these criteria.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	40 points
3. Performance reporting and evaluation	15 points
4. Impact	10 points
5. Resources and capabilities	15 points
6. Support requested	10 points

Criterion 1: Need (10 points)

See the project narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for how well it:

- Describes the problem and its contributing factors.

Criterion 2: Response (40 points)

See the project narrative [Approach](#) and [High-level work plan](#).

The panel will review your application for:

Approach (25 points)

- How well it responds to the program's purpose.
- The strength of the proposed goals and objectives and how well they relate to the project.
- How well it describes how the PRE activities will be carried out.
- How well it describes plans to reach every person with SCD and their families in the region through at least three CCSs.
- The strength of its proposal to expand access to services. Examples include:
 - How it will recruit more CCSs.
- How it will address policy issues related to transportation, health insurance, or other access issues.
- How the RCH will oversee and support the CCSs.
- How it will run CQI activities at each CCS. Examples include:
 - Educating and training health professionals, people with SCD, and their families.
 - Developing and sharing educational materials on evidence-based guidelines.
 - Establishing communication strategies to share information, successes, and barriers across the region.
 - Hosting Project ECHO sessions to educate and train providers on evidence-based care and the latest disease-modifying therapies.
 - Covering clinical topics relevant to SCD and showing how care will improve through continuous improvement projects.
- How it will involve and compensate people with SCD and their families in program development, improvement, implementation, evaluation, and leadership.

- How it will collaborate with the HRSA-funded SCDNCC to share training and resources, receive technical assistance, address emerging needs, and participate in program evaluation.

Work plan (5 points)

- How well the activities described will address the problem and meet project objectives.
- The connection between and completeness of activities or steps to meet objectives proposed in the Work Plan section.
- The degree of meaningful support and collaboration with key stakeholders, including individuals with SCD, families, caregivers, and others.
- Proposal of a plan for continuing the project when federal funding ends.

Resolving challenges (10 points)

- How well it describes the obstacles and challenges that will be addressed during project design and implementation.
- This includes the ability of the plan to deal with these.

Criterion 3: Performance reporting and evaluation (15 points)

See the project narrative [Performance reporting and evaluation](#) section.

Reviewers will assess the strength and effectiveness of the proposed performance measurement and evaluation plan. This includes:

- A clear description of the expected outcomes (desired results) of the funded activities.
- How well the applicant describes monitoring and evaluation procedures, and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of activities.
 - The applicant's plan and ability to collect data on the measures specified by HRSA MCHB in the Program requirements and expectations and proposed measures presented by the applicant in their Narrative.
- How the applicant will manage and securely store data, including how they will protect data against cybersecurity threats, breaches, or other loss of data integrity.
- How the applicant will monitor and analyze performance data to continually improve the program.
 - The quality and feasibility of any proposed measures, and the degree to which the proposed measures align with the purpose of the NOFO and are

adequate to assess performance and progress towards the program goals and objectives of the NOFO.

- The extent to which measures can be used to attribute results to the project.
- The strength and effectiveness of the evaluation plan and method proposed to monitor and evaluate the project results, including:
 - The evaluation questions, methods, data that will be collected, and timeline for evaluating the program.
 - Challenges in evaluating the program and how they will be addressed.
 - The capacity of the organization and staff to evaluate the program, including their experience, skills, and knowledge.
 - How results will be effectively shared, whether results are national in scope, and whether other organizations can replicate the program.
 - A description of the systems and processes that will be used to track performance outcomes.
 - How well the applicant describes how performance measurement and evaluation findings will be reported, used to demonstrate the outcomes of the NOFO, and used for continuous program quality improvement.
 - The applicant's capacity to collect, track, manage, and report proposed and required data over time, including available resources, systems, and processes.
- Plans to monitor progress and conduct quality improvement efforts to make sure the program meets the needs of people with SCD and their families.
- The plan and ability to collect, track, manage, and report required data from the CCSs over time, including available resources, systems, and processes.
- Overall approach and methodology to evaluate project results against goals and objectives and gain insights into program outcomes and impact.
- Evidence that the measures assess how well program objectives have been met and to what extent the results are attributed to the project.

Criterion 4: Impact (10 points)

See the project narrative [Resolving Challenges](#) and [Sustainability](#) sections.

- The key elements of the project.
 - Examples include training methods or strategies that have been effective in improving practices.
- How effective the proposed project is likely to be.
- How strong a public health impact it is likely to have.
- How effective your plans for sharing project results are likely to be.

- What the likely impact on the community or target population will be.
- How likely the project results are to be national in scope.
- How easy it will be to replicate project activities.
- How likely the program is to continue beyond the federal funding.
 - A description of the actions CCSs may take to obtain future sources of funding that do not include HRSA funding.
 - A plan to integrate proposed activities into routine practice at the clinic and CBO levels so that federal funding is no longer needed.
 - For example, how CQI becomes part of managed care practices.
- Discussion of challenges that will likely be encountered in sustaining the program, and how the challenges will be resolved.

Criterion 5: Resources and capabilities (15 points)

See the project narrative [Organizational information](#) and [Performance reporting and evaluation](#) sections.

The panel will review your application to determine the extent to which:

- The applicant organization has identified appropriate CCSs that:
 - Serve areas where people with SCD live and receive care.
 - Have clinical experience treating people with SCD.
- Have a demonstrated history of working with CBOs.
- Project staff have the training or experience to carry out the project.
- Project staff have the training and experience to carry out performance reporting (and program evaluations, if applicable).
- You have the capabilities to fulfill the needs of the project.
- You have quality facilities available to carry out the project.
- You have the capacity to gather, manage, and use data.

Criterion 6: Support requested (10 points)

See the [Budget and budget narrative](#) section.

The panel will review your application to determine:

- How reasonable costs are, and how well they align with the project's scope.
 - This includes whether the budget meets the requirements to support CCSs, host an annual meeting of all participating organizations (virtual or in person), and compensate individuals with SCD and their families for

engagement activities related to informing, building, or strengthening programs.

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable costs are and how well they align with the project's scope.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.

We do not consider **voluntary** cost sharing during merit review.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [2 CFR 200.206](#).

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Alignment with [HRSA Mission and Strategic Priorities](#)
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.
- The funding priorities, funding preferences, and special considerations listed.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

You cannot appeal a denial, or the amount of funds awarded.

Other

Distribution of base award

We will fund up to one award recipient in each region outlined below. These regions are based on the estimates of the annual number of infants per capita born with SCD in each region and existing care connections. The maximum award is \$950,000 per year. The funding level for each award will be scaled based on need, including the number of infants per capita with SCD in the selected region and existing care connections.

Region name, states and jurisdictions included:

Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont

Mid-Atlantic: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Puerto Rico, Virginia, Virgin Islands, West Virginia

Southeast: Georgia, North Carolina, South Carolina

South: Alabama, Florida, Mississippi, Tennessee

Midwest: Kentucky, Illinois, Indiana, Michigan, Minnesota, North Dakota, Ohio, South Dakota, Wisconsin

Heartland: Arkansas, Iowa, Kansas, Louisiana, Missouri, Nebraska, Oklahoma, Texas

West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming, the Trust Territory of the Pacific Islands, American Samoa

Funding selection for the SoRCE Emerging Issues Supplemental award

See [Attachment 7](#) for application requirements.

Each year, the SoRCE Emerging Issues Supplement funding may be awarded to recipients selected for the SoRCE program. Supplemental funding may be awarded in any of the four project years. Supplements will be funded in the order of the objective review score earned by the applicant in the base competition. These are one time, one-year supplements.

This funding selection method only applies to applicants requesting additional funding under the supplement. Applying for this supplement does not impact the base application score.

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See “how we make awards” in the [Application Guide \[PDF\]](#) for more information.

By drawing down funds, you accept the terms and conditions of the award.



Step 5:

Submit Your Application

In this step

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Application submission and deadlines

Your organization's authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

Application deadline

You must submit your application by 07/08/2026, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives applications.

If you need a deadline extension, see "requesting a waiver" in the [Application Guide \[PDF\]](#).

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to the [Application Guide \[PDF\]](#).



Have questions? Go to [Contacts and Support](#).

Other submissions

Intergovernmental review

This NOFO is not subject to [Executive Order 12372](#), Intergovernmental Review of Federal Programs. No action is needed.



Step 6:

Learn What Happens

After Award

In this step

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Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [2 CFR Part 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at [2 CFR Part 300](#), and any superseding regulations.
- The [HHS Grants Policy Statement](#). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Grants Policy Statement](#), Appendix D: HHS Administrative and National Policy Requirements.
- The requirements for performance management in [2 CFR 200.301](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

Required alignment with HRSA mission and strategic priorities

Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA [vision, mission, core values, and strategic priorities](#), where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.
- **Biological and physiological integrity:** Recognizing the relevance of

biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable, or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA's priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
 - Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
 - Maintain strong internal controls.
 - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

Make America Healthy Again (MAHA): HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

Child protections, biological integrity, parental rights, and lawful use of funds: HRSA prioritizes safeguarding children's health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

Advancing evidence-based, merit-driven, and ethically grounded health care: HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:

- Conflicts of interest.
- “Harm reduction” models.
- Housing-first approaches.
- Activities that facilitate illegal drug use or unsafe medical practices.

Promoting public safety, lawful use of federal funds, and national health priorities:

To the extent permitted by law, HRSA will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at [2 CFR. part 200](#) and the terms and conditions of this award. This includes termination under [CFR. 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

Cybersecurity

If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See [details here](#).

Health IT

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity.	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity. Visit to 45 CFR 170, Subpart B learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act.	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity.

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the [ONC Interoperability Standards Advisory](#).

Reporting

If you are funded, you will have to follow the reporting requirements in “reporting” section of the [Application Guide \[PDF\]](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress reports each year.
- Annual performance reports.

DGIS Performance Reports. Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where you will report annual performance data to us. You will submit a DGIS Performance Report annually, by the specified deadline.

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are Project Abstract, Financial Form, Direct and Enabling Services, Training and Workforce Development, Partnerships and Collaboration, Engagement of Persons with Lived Experience, Quality Improvement and Evaluation, and Form 10. The type of report required is determined by the project year of the award’s period of performance. You can see the full OMB-approved reporting package at [Discretionary Grants Information System](#) on our website (OMB Number: 0915-0298 | Expiration Date: 12/31/2026).

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 1, 2026 to August 30, 2030 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date.
b) Non-Competing Performance Report	September 1, 2026 to August 31, 2027 September 1, 2027 to August 31, 2028 September 1, 2028 to August 31, 2029	Beginning of each budget period (Years 2 to 4, as applicable)	120 days from the available date.
c) Project Period End Performance Report	September 1, 2029 to August 31, 2030	Period of performance end date	90 days from the available date.



Contacts and Support

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Agency contacts

Program and eligibility

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HRSA contact center

Open Monday through Friday, 7 a.m. to 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Help with systems

Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Helpful websites

- [Application Guide \[PDF\]](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Frequently Asked Questions](#)
- [Applicant Training](#)

Endnotes

1. For the purposes of this program, “served” is defined as having at least one clinical visit with a SCD specialist within a twelve-month period. [↑](#)
2. DMT to include Hydroxyurea, Crizanlizumab, L-glutamine, Chronic Transfusion, and transformative therapies (Cell and Gene Therapy and Allogenic Transplant). [↑](#)
3. Centers for Disease Control and Prevention, “Sickle Cell Disease: Data and Statistics on Sickle Cell Disease” <https://www.cdc.gov/sickle-cell/data/index.html> (last accessed June 26, 2025) [↑](#)
4. Lubeck D, Agodoa I, Bhakta N, Danese M, Pappu K, Howard R, Gleeson M, Halperin M, Lanzkron S. Estimated Life Expectancy and Income of Patients With Sickle Cell Disease Compared With Those Without Sickle Cell Disease. JAMA Network Open. 2019 Nov 1;2(11). DOI: [10.1001/jamanetworkopen.2019.15374](https://doi.org/10.1001/jamanetworkopen.2019.15374) . [↑](#)
5. Karkoska KA, McGann PT. Trends in Sickle Cell Disease Mortality: 1979-2020. Pediatrics. 2024 Dec 1;154(6). DOI: [10.1542/peds.2024-067341](https://doi.org/10.1542/peds.2024-067341) [↑](#)
6. Many individuals and families are unable to receive regular preventive care for their condition because knowledgeable SCD specialists are too far away, or they lack key resources like transportation to attend appointments. For example, despite recommendations that children and teens with a sickle cell anemia (SCA, a typically severe type of SCD) should be screened annually to identify those who are at increased risk of stroke, one study found that half received the recommended screening. Similarly, about half of older children and teens (ages 10-19) used hydroxyurea, a medication demonstrated to prevent or reduce severe pain episodes. The percent of young children (ages 2-9) using hydroxyurea was lower still. Schieve, L.A. et al (2022) Vital Signs. From: <https://www.cdc.gov/mmwr/volumes/71/wr/mm7139e1.htm> [↑](#)
7. Characteristics of Emergency Department Visits Made by Individuals With Sickle Cell Disease in the U.S., 1999–2020. Attell, Brandon K. et al. AJPM Focus, Volume 3, Issue 1, 100158. DOI: [10.1016/j.focus.2023.100158](https://doi.org/10.1016/j.focus.2023.100158) [↑](#)
8. Lanzkron S, Carroll CP, Hill P, David M, Paul N, Haywood C Jr. Impact of a dedicated infusion clinic for acute management of adults with sickle cell pain crisis. Am J Hematol. 2015 May;90(5):376-80. DOI: <https://doi.org/10.1002/ajh.23961> [↑](#)
9. The HRSA-funded Sickle Cell Disease National Coordinating Center (SCDNCC) will be funded via a contract. [↑](#)