

TABLE 1—RECIPIENT(S) AND AWARD AMOUNT(S)

| Grant No. | Award recipient name | City, state | Award amount |
|-------------------|----------------------------------------------------------------------------------------|-------------|--------------|
| U2ZMC46643 | Prevent Child Abuse Arizona | AZ | \$233,237 |
| U2ZMC529755 | Illuminate Colorado | CO | 233,237 |
| U2ZMC46638 | Georgia State University Research Foundation, Inc | GA | 233,237 |
| U2ZMC46644 | Iowa Department of Public Health | IA | 233,237 |
| U2ZMC46639 | Michigan Department of Health and Human Services | MI | 233,237 |
| U2ZMC46636 | Nevada Division of Child & Family Services | NV | 233,237 |
| U2ZMC46642 | Passaic County Court Appointed Special Advocates, A New Jersey Non-profit Corporation. | NJ | 233,237 |
| U2ZMC46640 | Justice Innovation Inc. d/b/a Center for Court Innovation | NY | 233,237 |
| U2ZMC46637 | Educational Service Center of Cuyahoga County | OH | 233,237 |
| U2ZMC46641 | Oklahoma Department of Mental Health and Substance Abuse Services | OK | 233,237 |
| U2ZMC46635 | Children's Center | UT | 233,237 |
| U2ZMC46634 | Children and Youth Justice Center | WA | 233,237 |

Justification: In FY 2022, under the authority for Special Projects of Regional and National Significance (42 U.S.C. 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)), HRSA awarded ITCP State awards to 12 recipients (HRSA–22–073). This award included expectations for the recipient to continue and expand research-based infant-toddler court teams to change child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families.

A Congressional Report accompanying the Further Consolidated Appropriations Act, 2024 (P.L. 118–47), included funding to “to continue and expand research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families,” (Senate Report 118–84). In addition, the Joint Explanatory Statement accompanying the FY 2024 appropriations act directed HRSA to “allocate funding to ensure continuation of existing grantees, technical assistance, and other activities.” In FY 2024, HRSA provided a supplement of \$2,700,000 in Special Projects of Regional and National Significance funding, through its Maternal and Child Health Bureau, to ITCP—State Award Program recipients noted in Table 1.

Consistent with previous Congressional intent, HRSA will provide \$2,798,847 in FY 2025 in supplemental funding to the same recipients outlined in Table 1. This

supplement will be used for project activities within the scope of the current ITCP—State Awards funding opportunity (HRSA–22–073) and improve access to evidence-based child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families.

Thomas J. Engels,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Health Center Program Performance Period Extensions; Correction

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice of the extension of the standard performance period for health center grantees from 3 to 4 years and request for information from current recipients; Correction.

SUMMARY: HRSA is extending health center grantees' performance periods to a total of 4 years. The change from a 3-year performance period to a 4-year performance period will provide current health centers additional time to serve their service area before they apply for a new award and will provide a funding

amount consistent with what would have been made available through the Service Area Competition (SAC). The extended performance period supports HRSA's commitment to continuity in access to comprehensive primary care and will not impact HRSA's ability to ensure that health centers comply with Health Center Program requirements. This update will not change the statutory requirement that health centers that fail to comply with Health Center Program requirements will receive a 1-year performance period if a new project period is awarded.

FOR FURTHER INFORMATION CONTACT: Matt Kozar, Division Director, Office of Program and Policy Development, Bureau of Primary Care, HRSA, at mkozar@hrsa.gov and 301–443–1034.

SUPPLEMENTARY INFORMATION:

Correction

The 192 health center awardees, as listed in the table below, will receive a 1-year Extension with Funds for a total 4-year performance period.

- *Amount of Award(s):* 192 non-competitive awards for approximately \$828 million.

- *Project Period:* January 1, 2023, to December 31, 2026; February 1, 2023, to January 31, 2027.

- *Assistance Listing Number:* 93.224.

- *Award Instrument:* Grant—Non-competing Continuation.

- *Authority:* Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended).

TABLE 1—RECIPIENTS AND AWARD AMOUNTS

| Grant # | Budget period start | Name | City | State | Est award amount |
|------------------|---------------------|-----------------------------------------|------------------|-------|------------------|
| H80CS01138 | Jan | Bethel Family Clinic | Bethel | AK | \$1,840,427 |
| H80CS04434 | Jan | Native Village of Eyak | Cordova | AK | 1,840,661 |
| H80CS01130 | Jan | Norton Sound Health Corporation | Nome | AK | 3,141,641 |
| H80CS00020 | Jan | Alabama Regional Medical Services | Birmingham | AL | 5,127,920 |

TABLE 1—RECIPIENTS AND AWARD AMOUNTS—Continued

| Grant # | Budget period start | Name | City | State | Est award amount |
|------------|---------------------|---------------------------------------------------------|------------------|-------|------------------|
| H80CS00230 | Jan | El Rio Santa Cruz Neighborhood Health Center, Inc. | Tucson | AZ | 10,074,355 |
| H80CS26606 | Jan | Horizon Health and Wellness, Inc | Apache Junction | AZ | 1,816,493 |
| H80CS26604 | Jan | Neighborhood Outreach Access to Health | Phoenix | AZ | 3,090,888 |
| H80CS00651 | Jan | North Country Healthcare, Inc | Flagstaff | AZ | 6,746,754 |
| H80CS04321 | Jan | Sunset Community Health Center | Somerton | AZ | 6,167,152 |
| H80CS00142 | Jan | AltaMed Health Services Corporation | Los Angeles | CA | 18,049,823 |
| H80CS08739 | Jan | Avenal Community Health Center | Lemoore | CA | 3,718,335 |
| H80CS00138 | Jan | Community Medical Centers, Inc | Stockton | CA | 8,375,519 |
| H80CS26608 | Jan | Coppertower Family Medical Center, Inc | Cloverdale | CA | 1,215,617 |
| H80CS00628 | Jan | Mendocino Community Health Clinic, Inc | Ukiah | CA | 5,449,353 |
| H80CS26624 | Jan | Pomona Community Health Center | Pomona | CA | 2,701,790 |
| H80CS26609 | Jan | Ritter Center | San Rafael | CA | 1,347,670 |
| H80CS00226 | Jan | Salud Para La Gente | Watsonville | CA | 4,816,103 |
| H80CS00049 | Jan | San Francisco Community Clinic Consortium | San Francisco | CA | 7,433,077 |
| H80CS00223 | Jan | Tiburcio Vasquez Health Center, Inc | Union City | CA | 2,588,719 |
| H80CS00137 | Jan | United Health Centers of The San Joaquin Valley. | Fresno | CA | 13,254,279 |
| H80CS26617 | Jan | Via Care Community Health Center, Inc | Los Angeles | CA | 2,578,738 |
| H80CS00040 | Jan | The Colorado Coalition for the Homeless | Denver | CO | 8,832,842 |
| H80CS00212 | Jan | Peak Vista Community Health Centers | Colorado Springs | CO | 9,909,055 |
| H80CS00134 | Jan | Valley Wide Health Systems, Inc | Alamosa | CO | 8,056,605 |
| H80CS00155 | Jan | Generations Family Health Center, Inc | Willimantic | CT | 4,048,775 |
| H80CS00026 | Jan | Camillus Health Concern, Inc | Miami | FL | 4,259,012 |
| H80CS00178 | Jan | Central Florida Family Health Center, Inc | Sanford | FL | 5,860,129 |
| H80CS25684 | Jan | Health Care District of Palm Beach County | West Palm Beach | FL | 7,278,563 |
| H80CS00097 | Jan | MCR Health, Inc | Palmetto | FL | 9,737,629 |
| H80CS00182 | Jan | Miami Beach Community Health Center, Inc | Miami Beach | FL | 7,826,762 |
| H80CS00187 | Jan | Treasure Coast Community Health, Inc | Fellsmere | FL | 4,167,714 |
| H80CS08780 | Jan | Diversity Health Center, Inc | Hinesville | GA | 2,141,846 |
| H80CS00022 | Jan | Saint Joseph's Mercy Care Services | Atlanta | GA | 5,683,526 |
| H80CS00678 | Jan | Valley Healthcare System, Inc | Columbus | GA | 3,098,570 |
| H80CS06641 | Jan | Ko'olaupua Health Center | Kahuku | HI | 1,957,949 |
| H80CS06667 | Jan | Community Health Center of Fort Dodge, Inc | Fort Dodge | IA | 1,949,691 |
| H80CS00113 | Jan | Crusaders Central Clinic Association | Rockford | IL | 6,924,055 |
| H80CS00114 | Jan | HealthNet, Inc | Indianapolis | IN | 8,594,547 |
| H80CS00102 | Jan | Family Health Centers, Inc | Louisville | KY | 6,912,875 |
| H80CS00083 | Jan | Park Duvalle Community Health Center, Inc | Louisville | KY | 5,435,002 |
| H80CS00206 | Jan | Catahoula Parish Hospital District # 2 | Sicily Island | LA | 2,515,789 |
| H80CS26580 | Jan | Common Ground Health Clinic | Gretna | LA | 1,548,517 |
| H80CS00129 | Jan | Excelth, Incorporated | New Orleans | LA | 5,849,119 |
| H80CS00006 | Jan | Boston Health Care for the Homeless Program, Inc. | Boston | MA | 4,685,451 |
| H80CS00734 | Jan | Chase Brexton Health Services, Inc | Baltimore | MD | 4,015,116 |
| H80CS00017 | Jan | Health Care for the Homeless, Inc | Baltimore | MD | 6,211,119 |
| H80CS26633 | Jan | Owensville Primary Care, Inc | West River | MD | 1,378,296 |
| H80CS00068 | Jan | Total Health Care, Inc | Baltimore | MD | 9,320,756 |
| H80CS08738 | Jan | Covenant Community Care, Inc | Detroit | MI | 4,347,804 |
| H80CS00033 | Jan | Detroit Health Care For The Homeless | Detroit | MI | 5,273,464 |
| H80CS26564 | Jan | South Central Missouri Community Health Center. | Rolla | MO | 2,269,295 |
| H80CS00084 | Jan | Central Mississippi Civic Improvement Association, Inc. | Jackson | MS | 7,974,380 |
| H80CS00188 | Jan | Coastal Family Health Center, Inc | Biloxi | MS | 9,027,387 |
| H80CS00009 | Jan | City of Newark, New Jersey | Newark | NJ | 4,076,227 |
| H80CS00164 | Jan | Community Health Care, Inc | Bridgeton | NJ | 8,326,868 |
| H80CS00036 | Jan | Albuquerque Health Care for the Homeless, Inc. | Albuquerque | NM | 3,225,622 |
| H80CS21582 | Jan | Anthony L. Jordan Health Corporation | Rochester | NY | 4,449,956 |
| H80CS00007 | Jan | Care For The Homeless | New York | NY | 6,605,634 |
| H80CS00171 | Jan | Neighborhood Health Center of WNY, Inc | Buffalo | NY | 3,785,704 |
| H80CS00166 | Jan | Northern Oswego County Health Services, Inc | Pulaski | NY | 3,001,661 |
| H80CS00029 | Jan | Care Alliance | Cleveland | OH | 4,635,985 |
| H80CS00118 | Jan | Columbus Neighborhood Health Center, Inc | Columbus | OH | 7,011,836 |
| H80CS00201 | Jan | Healthsource Of Ohio, Inc | Loveland | OH | 8,334,320 |
| H80CS00193 | Jan | Hopewell Health Centers, Inc | Chillicothe | OH | 5,439,208 |
| H80CS00196 | Jan | Ohio North East Health Systems, Inc | Youngstown | OH | 4,713,674 |
| H80CS26577 | Jan | Talbert House Health Center | Franklin | OH | 1,884,196 |
| H80CS26585 | Jan | Community Health Center of Northeast Oklahoma, Inc. | Jay | OK | 1,428,265 |
| H80CS00149 | Jan | County of Multnomah | Portland | OR | 9,809,194 |

TABLE 1—RECIPIENTS AND AWARD AMOUNTS—Continued

| Grant # | Budget period start | Name | City | State | Est award amount |
|------------------|---------------------|----------------------------------------------------------------|-----------------------|-------|------------------|
| H80CS00162 | Jan | Centro De Servicios Primarios De Salud, Inc | Florida | PR | 1,895,587 |
| H80CS02467 | Jan | Republic of Palau | Koror | PW | 1,375,337 |
| H80CS00154 | Jan | Blackstone Valley Community Health Care, Inc. | Pawtucket | RI | 3,200,860 |
| H80CS00057 | Jan | Providence Community Health Centers, Inc ... | Providence | RI | 7,212,115 |
| H80CS00216 | Jan | Community Health Center of the Black Hills, Inc. | Rapid City | SD | 3,043,104 |
| H80CS00135 | Jan | Horizon Health Care, Inc | Howard | SD | 9,784,983 |
| H80CS00219 | Jan | City of Sioux Falls | Sioux Falls | SD | 3,048,204 |
| H80CS00128 | Jan | Centro De Salud Familiar La Fe, Inc | El Paso | TX | 6,234,258 |
| H80CS00203 | Jan | La Esperanza Clinic, Inc | San Angelo | TX | 3,238,333 |
| H80CS00126 | Jan | Regence Health Network, Inc | Plainview | TX | 5,972,736 |
| H80CS00073 | Jan | Peninsula Institute for Community Health, Inc | Newport News | VA | 6,953,702 |
| H80CS00147 | Jan | Columbia Basin Health Association | Othello | WA | 6,707,625 |
| H80CS00319 | Jan | Community Health Association of Spokane ... | Spokane | WA | 7,791,273 |
| H80CS00677 | Jan | Peninsula Community Health Services | Bremerton | WA | 3,148,785 |
| H80CS26599 | Feb | Kodiak Area Native Association | Kodiak | AK | 2,514,761 |
| H80CS26588 | Feb | Christ Health Center, Inc | Birmingham | AL | 1,375,147 |
| H80CS00795 | Feb | Health Services, Inc | Montgomery | AL | 8,136,046 |
| H80CS26611 | Feb | The Achievable Foundation | Culver City | CA | 735,054 |
| H80CS00787 | Feb | Asian Pacific Health Care Venture, Inc | Los Angeles | CA | 4,902,955 |
| H80CS26616 | Feb | Benevolence Industries, Inc | Los Angeles | CA | 2,222,955 |
| H80CS00052 | Feb | Children's Hospital & Research Center at Oakland. | Oakland | CA | 2,424,630 |
| H80CS26607 | Feb | Greenville Rancheria | Greenville | CA | 1,530,107 |
| H80CS26619 | Feb | Kedren Community Health Center, Inc | Los Angeles | CA | 1,206,507 |
| H80CS06674 | Feb | Los Angeles Christian Health Centers | Los Angeles | CA | 5,087,536 |
| H80CS26621 | Feb | Los Angeles LGBT Center | Los Angeles | CA | 2,200,370 |
| H80CS26622 | Feb | Nhan Hoa Comprehensive Health Care Clinic, Inc. | Garden Grove | CA | 1,283,149 |
| H80CS26623 | Feb | Operation Samahan, Inc | National City | CA | 2,686,587 |
| H80CS26625 | Feb | Santa Barbara Neighborhood Clinics | Santa Barbara | CA | 2,042,112 |
| H80CS00048 | Feb | County of Santa Cruz | Santa Cruz | CA | 2,852,721 |
| H80CS26627 | Feb | Serve the People, Inc | Santa Ana | CA | 2,667,302 |
| H80CS08730 | Feb | Westside Family Health Center | Culver City | CA | 2,249,634 |
| H80CS00690 | Feb | Clinica Campesina Family Health Services | Lafayette | CO | 8,956,325 |
| H80CS00618 | Feb | Borinquen Health Care Center, Inc | Miami | FL | 7,968,464 |
| H80CS26589 | Feb | The Center for Family and Child Enrichment, Inc. | Miami | FL | 1,514,528 |
| H80CS00423 | Feb | Central Florida Health Care, Inc | Winter Haven | FL | 9,356,810 |
| H80CS00809 | Feb | Community Health Centers, Inc | Winter Garden | FL | 8,861,436 |
| H80CS26590 | Feb | EMPOWER U, Inc | Miami | FL | 1,696,296 |
| H80CS26626 | Feb | FoundCare Inc | West Palm Beach | FL | 2,680,886 |
| H80CS00732 | Feb | Jessie Trice Community Health System, Inc ... | Miami | FL | 10,972,059 |
| H80CS00019 | Feb | North Broward Hospital District | Fort Lauderdale | FL | 3,202,758 |
| H80CS00081 | Feb | Rural Health Care, Incorporated | Palatka | FL | 6,680,788 |
| H80CS00393 | Feb | CareConnect Health, Inc | Richland | GA | 7,501,495 |
| H80CS26591 | Feb | Center for Pan Asian Community Services, Inc. | Atlanta | GA | 2,248,570 |
| H80CS26592 | Feb | Coastal Community Health Services, Inc | Brunswick | GA | 2,449,791 |
| H80CS26593 | Feb | Good Samaritan Health Center of Cobb, Inc .. | Marietta | GA | 1,540,918 |
| H80CS26594 | Feb | Health Education, Assessment and Leadership, Inc. | Atlanta | GA | 2,536,129 |
| H80CS00807 | Feb | Waianae District Comprehensive Health and Hospital Board, Inc. | Waianae | HI | 3,990,277 |
| H80CS00670 | Feb | Community Health Care, Inc | Davenport | IA | 5,063,179 |
| H80CS00815 | Feb | Peoples Community Health Clinic, Inc | Waterloo | IA | 3,348,320 |
| H80CS26601 | Feb | Family Medicine Residency of Idaho | Boise | ID | 1,480,731 |
| H80CS00556 | Feb | Valley Family Health Care, Inc | Payette | ID | 4,554,206 |
| H80CS26565 | Feb | Hamdard Center for Health & Human Services NFP. | Addison | IL | 1,514,484 |
| H80CS00324 | Feb | University of Illinois | Chicago | IL | 4,387,891 |
| H80CS26566 | Feb | Jane Pauley Community Health Center, Inc ... | Indianapolis | IN | 3,459,278 |
| H80CS26568 | Feb | Southlake Community Mental Health Center, Inc. | Merrillville | IN | 2,153,263 |
| H80CS26569 | Feb | Wabash Valley Health Center, Inc | Terre Haute | IN | 1,174,333 |
| H80CS00619 | Feb | Big Sandy Health Care, Inc | Prestonsburg | KY | 3,851,985 |
| H80CS26595 | Feb | Pennyroyal Healthcare Service Inc | Princeton | KY | 1,857,174 |
| H80CS26579 | Feb | C A S E Dental Health Institute | Shreveport | LA | 2,555,332 |
| H80CS26581 | Feb | Jefferson Parish Human Services Authority ... | Metairie | LA | 1,385,065 |
| H80CS08764 | Feb | Morehouse Community Medical Centers, Inc | Bastrop | LA | 2,613,881 |

TABLE 1—RECIPIENTS AND AWARD AMOUNTS—Continued

| Grant # | Budget period start | Name | City | State | Est award amount |
|------------------|---------------------|-----------------------------------------------------------------|---------------------|-------|------------------|
| H80CS26582 | Feb | MQVN Community Development Corp | New Orleans | LA | 1,438,250 |
| H80CS26583 | Feb | NO/AIDS Task Force | New Orleans | LA | 2,326,502 |
| H80CS00378 | Feb | Charles River Community Health, Inc | Boston | MA | 3,702,429 |
| H80CS26638 | Feb | Island Health, Inc | Edgartown | MA | 1,412,934 |
| H80CS00001 | Feb | City of Springfield | Springfield | MA | 2,362,888 |
| H80CS00067 | Feb | Park West Health Systems, Inc | Baltimore | MD | 4,365,120 |
| H80CS00030 | Feb | County of Ingham | Lansing | MI | 2,773,592 |
| H80CS26511 | Feb | Upper Great Lakes Family Health Center | Hancock | MI | 3,256,108 |
| H80CS00028 | Feb | Hennepin County | Minneapolis | MN | 2,289,115 |
| H80CS26563 | Feb | Compass Health, Inc | Clinton | MO | 10,776,978 |
| H80CS26560 | Feb | East Central Missouri Behavioral Health Services, Inc. | Mexico | MO | 1,264,246 |
| H80CS26561 | Feb | Health Care Coalition of Lafayette County | Lexington | MO | 2,975,818 |
| H80CS00671 | Feb | Northwest Health Services, Inc | Saint Joseph | MO | 5,204,660 |
| H80CS00633 | Feb | Access Family Health Services, Inc | Smithville | MS | 2,398,543 |
| H80CS00704 | Feb | Montana Migrant & Seasonal Farm Workers Council, Inc. | Billings | MT | 3,523,076 |
| H80CS26596 | Feb | Ocracoke Health Center, Inc | Ocracoke | NC | 956,895 |
| H80CS00490 | Feb | The Stedman-Wade Health Services, Inc | Wade | NC | 2,035,716 |
| H80CS26562 | Feb | Heartland Health Center, Inc | Grand Island | NE | 1,438,898 |
| H80CS26640 | Feb | Mid-State Health Center | Plymouth | NH | 1,679,642 |
| H80CS00380 | Feb | Southern Jersey Family Medical Centers, Inc | Hammonton | NJ | 7,189,854 |
| H80CS04211 | Feb | Zufall Health Center, Inc | Dover | NJ | 6,272,425 |
| H80CS26605 | Feb | Northern Nevada HIV Outpatient Program, Education and Services. | Reno | NV | 1,778,657 |
| H80CS00313 | Feb | Hudson River Healthcare, Inc | Peekskill | NY | 21,524,887 |
| H80CS26630 | Feb | Jericho Road Ministries, Inc | Buffalo | NY | 1,635,945 |
| H80CS26631 | Feb | La Casa De Salud Inc | Bronx | NY | 3,181,047 |
| H80CS26574 | Feb | Asian Services in Action, Inc | Akron | OH | 1,529,543 |
| H80CS00399 | Feb | The Community Action Committee of Pike County. | Piketon | OH | 4,402,783 |
| H80CS00816 | Feb | Ohio Hills Health Services | Barnesville | OH | 2,242,146 |
| H80CS26578 | Feb | County of Wood | Bowling Green | OH | 1,181,543 |
| H80CS00320 | Feb | Community Health Centers, Inc | Spencer | OK | 7,575,782 |
| H80CS26602 | Feb | Bandon Community Health Center | Bandon | OR | 1,395,291 |
| H80CS00705 | Feb | Centerville Clinics, Inc | Fredericktown | PA | 5,640,164 |
| H80CS26635 | Feb | Project H.O.M.E | Philadelphia | PA | 1,667,917 |
| H80CS00707 | Feb | Rural Health Corporation of Northeastern Pennsylvania. | Wilkes Barre | PA | 3,058,937 |
| H80CS00389 | Feb | Spectrum Health Services, Inc | Philadelphia | PA | 3,448,095 |
| H80CS00379 | Feb | Corporacion de Servicios de Salud y Medicina Avanzada. | Cidra | PR | 7,069,774 |
| H80CS00382 | Feb | Morovis Community Health Center, Inc | Morovis | PR | 3,712,502 |
| H80CS00712 | Feb | Prymed Medical Care, Inc | Ciales | PR | 3,016,725 |
| H80CS00454 | Feb | Thundermist Health Center | Woonsocket | RI | 5,482,872 |
| H80CS26597 | Feb | Care Net of Lancaster | Lancaster | SC | 1,628,092 |
| H80CS00750 | Feb | Community Medicine Foundation, Inc | Rock Hill | SC | 2,934,738 |
| H80CS00730 | Feb | Eau Claire Cooperative Health Center | Columbia | SC | 7,264,357 |
| H80CS00578 | Feb | New Horizon Family Health Services, Inc | Greenville | SC | 5,800,227 |
| H80CS00333 | Feb | Lake County Primary Care | Tiptonville | TN | 2,283,896 |
| H80CS26598 | Feb | Maury Regional Hospital | Columbia | TN | 1,261,121 |
| H80CS00762 | Feb | Ocoee Regional Health Corporation | Benton | TN | 1,940,628 |
| H80CS26644 | Feb | Utah Partners for Health | Midvale | UT | 1,735,438 |
| H80CS00331 | Feb | Bland County Medical Clinic, Inc | Bastian | VA | 1,800,345 |
| H80CS00018 | Feb | Daily Planet, Inc | Richmond | VA | 3,100,806 |
| H80CS26636 | Feb | Rockbridge Area Free Clinic | Lexington | VA | 1,531,934 |
| H80CS00386 | Feb | Stony Creek Community Health Center | Stony Creek | VA | 398,394 |
| H80CS26641 | Feb | Battenkill Valley Health Center, Inc | Arlington | VT | 1,481,503 |
| H80CS26642 | Feb | Five-Town Health Alliance, Inc | Bristol | VT | 1,559,455 |
| H80CS26798 | Feb | Gifford Health Care, Inc | Randolph | VT | 1,704,120 |
| H80CS00647 | Feb | Country Doctor Community Clinic | Seattle | WA | 3,244,516 |
| H80CS00437 | Feb | International Community Health Services | Seattle | WA | 2,832,480 |
| H80CS26603 | Feb | The N.A.T.I.V.E. Project | Spokane | WA | 1,355,489 |
| H80CS00493 | Feb | New Health Programs Association | Chewelah | WA | 2,690,337 |
| H80CS00639 | Feb | Yakima Valley Farm Workers Clinic | Toppenish | WA | 20,025,936 |
| H80CS00035 | Feb | New Community Clinic, Inc. Ltd | Green Bay | WI | 2,546,831 |
| H80CS00034 | Feb | Outreach Community Health Centers, Inc | Milwaukee | WI | 3,168,321 |
| H80CS00384 | Feb | Monroe County Health Department | Union | WV | 2,532,477 |
| H80CS26637 | Feb | Williamson Health & Wellness Center, Inc | Williamson | WV | 1,885,235 |

Purpose/Justification: Health centers currently receive a 3-year performance period when they successfully compete and receive Health Center Program funding through a SAC. HRSA will begin to move health centers with a current 3-year performance period to a 4-year performance period starting in fiscal year (FY) 2026 to:

- Reduce the burden on health centers by extending the timing of their SAC application submission from every 3 years to every 4 years.
- Provide HRSA with increased operational flexibility and accountability by distributing the review and processing of SACs, program analysis and recommendations, and operational site visits more evenly across the 4-year funding cycles of health center competitive awards while further ensuring the integrity of compliance reviews and funding decisions for the Health Center Program.
- Increase the continuity of patient access to comprehensive primary health care services by committing each health center to provide services for a longer time frame in each service area, while remaining aligned with current grants requirements and policies.

Over the next 3 years, health centers with a current 3-year performance period will receive a 4-year performance period, either through a 1-year Extension with Funds to their existing performance period or through a new 4-year performance period when they apply to serve an available service area and successfully compete and receive funding through a SAC. Health centers with a current performance period of January 1, 2023, through December 31, 2025, and February 1, 2023, through January 31, 2026, that receive an Extension with Funds will not be required to submit a Budget Period Progress Report Non-Competing Continuation (BPR) prior to their next scheduled SAC application but rather will submit equivalent information via a Request for Information. The 1-year performance period extension will result in a 4-year performance period, which reduces the administrative burden for health centers, increases operational flexibility and accountability for HRSA, and ensures continuity of access to comprehensive primary care for health center patients.

HRSA will provide health centers that have a January or February budget period start date and are scheduled to compete for their service area in FY 2026 with a 1-year Extension with Funds. This award action will initiate the process that eventually provides all compliant health center awardees with a 4-year performance period and creates

a balanced number of health centers that compete for their service area over each 4-year funding cycle. Not supporting this approach would require differentiated performance periods that would provide some health centers with a 3-year performance period and others with a 4-year performance period, thereby creating differing expectations and requirements for health centers and their patients in the continuity of access to comprehensive primary health care services in their service area.

Request for Recipient Response: This action extends the performance period with funds to Health Center Program awards. Awards with a current performance period of January 1, 2023, through December 31, 2025, and February 1, 2023, through January 31, 2026, will be extended by 12 months to December 31, 2026, and January 31, 2027, respectively. These extensions will prevent interruptions in access to critical health care services in the health centers' communities and shift performance periods from 3 years to 4 years. To process this action, current health center grantees must respond to this request for information (RFI) within the specified timeframe by providing a SF-424A, Budget Narrative, Form 1C, Form 3, Project Narrative Update, and Supplemental Award Update (if applicable), as detailed below.

Activities/Requirements: Activities and work funded under this 1-year extension are within the scope of the current award. All of the terms and conditions of the current award apply to activities and work supported by this 1-year extension.

Required Submission Response: Health center awardees must submit the response to this RFI in HRSA's Electronic Handbook. If HRSA does not receive a response to the RFI by the deadline, or the response to the RFI is incomplete or non-responsive, there may be a delay or lapse in the issuance of funding. The response should not exceed 20 pages, single spaced, and must include the following information.

1. SF-424A: Budget Information Form

Upload an SF-424A: BUDGET INFORMATION FORM attachment.

Section A: Budget Summary: Verify the pre-populated list of Health Center Program funding types:

- Community Health Center (CHC)
- Migratory and Seasonal Agricultural Workers (MSAW)
- Homeless Population (HP)
- Residents of Public Housing (RPH)

If the funding types are incorrect, make necessary adjustments. In the Federal column, provide the funding

request for each Health Center Program funding type (CHC, MSAW, HP, RPH). The total federal funding requested across all Health Center Program funding types must equal the "Recommended Federal Budget" amount. This amount should correspond with the recommended future support amount (Item 33) on your most recent H80 NOA.

Note: This RFI submission may not be used to request changes to the total award, funding type(s), or Health Center Program funds allocation between funding types. *Funding must be requested and will be awarded proportionately for all funding types as currently funded under the Health Center Program.*

In the Non-Federal column, provide the total non-federal funding sources for each type of Health Center Program (CHC, MSAW, HP, RPH). The total for the Non-Federal column should equal the Total Non-Federal value on Form 3: Income Analysis (located at <https://bphc.hrsa.gov/sites/default/files/bphc/funding/bpr-form-3.pdf>).

Section B: Object Class Categories:

Provide the object class category breakdown (i.e., line-item budget) for FY 2026 budgeted funds. Include federal funding in the first column and non-federal funding in the second column. Each line represents a distinct object class category that must be addressed in the Budget Narrative. Indirect costs may only be claimed with an approved indirect cost rate (see details in the Budget Narrative section below).

Section C: Non-Federal Resources:

Provide a breakdown of non-federal funds by funding source (e.g., state, local) for each type of Health Center Program funding (CHC, MSAW, HP, RPH). If you are a state agency, leave the State column blank and include state funding in the Applicant column. Program income in this section must be consistent with the Total Program Income presented in Form 3: Income Analysis.

Salary Rate Limitation

As required by the current appropriations act, "[n]one of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate over Executive Level II." Effective January 2025, the salary rate limitation is \$225,700 (see <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/25Tables/exec/html/EX.aspx>). As required by law, salary rate limitations may apply in future years and will be updated.

2. Budget Narrative

Upload a budget narrative attachment for the 12-month extension period that explains the amounts requested for each line in Section B, Object Class Categories of the SF-424A Budget Information Form. The Budget Narrative must itemize both your federal request and non-federal resources.

The budget narrative must describe how each line-item will support achieving the project objectives. Refer to 45 CFR 75 (2 CFR 200; see <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75#part-75>) for information on allowable costs. Include detailed calculations explaining how each line-item expense within each cost category is derived (e.g., number of visits, cost per unit). Include a description for each item in the “other” category.

Include the following in the Budget Narrative:

Personnel Costs: Explain personnel costs and list each staff member who will be supported by Health Center Program funds, name (if possible), position title, percentage of full-time equivalency, and annual salary.

Reminder: An individual’s base salary, per se, is NOT constrained by the statutory provision for a salary limitation. The rate limitation limits the amount that may be awarded and charged to the HRSA grant. Provide an individual’s actual base salary if it exceeds the cap. Refer to the Sample Budget Narrative on <https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc>.

Fringe Benefits: List the components that make up the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement). The fringe benefits should be directly proportional to the personnel costs allocated for the project.

Travel: List travel costs according to local and long-distance travel. For local travel, outline the mileage rate, number of miles, reason for travel, and staff members/consumers completing the travel. The budget should also reflect the travel expenses (e.g., airfare, lodging, parking, per diem, etc.) for each person and the trip associated with participating in meetings and other proposed training or workshops. Name the traveler(s) if possible, describe the purpose of the travel, and provide the number of trips involved, the destinations, and the number of individuals for whom funds are requested.

Equipment: List equipment costs and justify the need for the equipment to carry out the program’s goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds to purchase items that meet the definition of equipment (a unit cost of \$10,000 or more and a useful life of 1 or more years).

Supplies: List the items that will be used to implement the proposed project. Separate items into three categories: office supplies (e.g., paper, pencils), medical supplies (e.g., syringes, blood tubes, gloves), and educational supplies (e.g., brochures, videos). Items must be listed separately. Equipment items such as laptops, tablets, and desktop computers are classified as a supply if the acquisition cost is under the \$10,000 per unit cost threshold.

Contractual/Subawards/Consultant: Provide a clear justification, including how you estimated the costs and the specific contract/subaward deliverables. Attach a summary of contracts with the Budget Narrative. Make sure that your organization has an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts/subawards. Recipients must notify potential subrecipients that entities receiving subawards must be registered in the system for award management (SAM) and provide the recipient with their Unique Entity Identifier number (see 2 CFR part 25; <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-I/part-25>).

In your budget:

- For consultant services, list the total costs for all consultant services. Identify each consultant, the services they will perform, the total number of days, travel costs, and total estimated costs.

- For subawards to entities that will help carry out the work of the grant, describe how you monitor their work to ensure the funds are being properly used.

- **Note:** You should not provide line-item details on proposed contracts; rather, provide the basis for your cost estimate for the contract.

Per the Suspension and Debarment rules in the Uniform Administrative Requirements, as implemented by HRSA under 2 CFR 200.214, non-federal entities and contractors are subject to the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689, 2 CFR parts 180 and 376. These regulations restrict awards, subawards, and contracts with certain parties debarred, suspended, or otherwise excluded from or ineligible for

participation in federal assistance programs or activities.

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

Indirect Costs: Indirect costs are costs you charge across more than one project that cannot be easily separated by project. To charge 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. If indirect costs are included in the budget, attach a copy of the indirect cost rate agreement in the Budget Narrative attachment.

Method 2—De minimis rate. Per 2 CFR 200.414(f) (see <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E/subject-group-ECFRd93f2a98b1f6455/section-200.414>), if you have never received a 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 15 percent of modified total direct costs. See 2 CFR 200.1 (<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200#p-200.1> (Modified%20Total%20Direct%20Cost%20(MTDC))) for the definition of modified total direct costs. You can use this rate indefinitely.

3. Form 1C—Documents on File

Form 1C—Documents on File (see <https://bphc.hrsa.gov/sites/default/files/bphc/funding/bpr-form-1c.pdf>) collects information about key documents that support the implementation of Health Center Program requirements and other applicable funding requirements. These requirements are outlined in the Health Center Program Compliance Manual (see <https://bphc.hrsa.gov/compliance/compliance-manual>), Notices of Funding Opportunity, Executive Orders, terms and conditions, and other grants policies and regulations. Please note that Form 1C does not require listing all health center documents (e.g., internal policies and procedures, clinical protocols, or legal documents). Detailed instructions for completing Form 1C: Documents on File are available in the BPR User Guide and on <https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc>.

4. Form 3—Income Analysis

Form 3—Income Analysis (see <https://bphc.hrsa.gov/sites/default/files/bphc/funding/bpr-form-3.pdf>) must be uploaded and include the projected income from all sources other than the Health Center Program award for the upcoming budget period. Form 3 is divided into (1) Patient Service Revenue—Program Income and (2) Other Income—Other Federal, State, Local, and Other Income. Instructions for completing Form 3: Income Analysis are included in the BPR User Guide and on <https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc>.

5. Project Narrative Update

Submit a Project Narrative Update attachment. You will address your organizational and patient capacity. For each section, your narrative should include:

- A summary of progress and changes to date,
- Expected progress for the rest of the FY 2025 budget period, and
- Projected changes for the upcoming FY 2026 budget period.

Your response in each section is limited to 2,000 characters (including spaces). This is approximately one page.

1. *Organizational Capacity:* Discuss your progress and any major changes or barriers to organizational capacity since the last application, either SAC or BPR. Describe how changes have impacted or may impact progress. Address the following key areas:

- Staffing, including key management vacancies.
- Operations, including major changes in policies and procedures. You must explain how responses to findings of noncompliance have changed/improved your standards of operation or practice, for example, findings identified in your last SAC or operational site visit, or other conditions on your award (if applicable).

- Financial status, including the most current audit findings.

2. *Patient Capacity:* Discuss any changes to the service area or to your project that have impacted or may impact patient capacity. Describe factors that have contributed to any downward patient trend (greater than a 5 percent decrease) and plans for reaching the projected patient target goal. Plans could include (but are not limited to) changes in scope, successor-in-interest arrangements, or contract or agreement updates. Detailed instructions for completing the Patient Capacity section

are available in Appendix A of the BPR Instructions on the BPR TA web page, <https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc>.

6. Supplemental Award Update

If HRSA's Bureau of Primary Healthcare awarded your organization funding for any supplemental awards since FY 2023, upload an update on your progress toward meeting the objectives of each award. Do not include other HRSA or federal supplemental awards in this section. Include awards rolled into your base funding.

For each supplemental award received, describe how available data demonstrates progress toward achieving the supplemental funding objectives. This may include Uniform Data System data showing increases in patients, visits, or services, as well as scope of project data reflecting expanded service hours or the addition of new services.

Your updates should include, but are not limited to the following supplemental awards within the last three FY (since FY 2023):

- *School-Based Service Expansion*
 - FY 2023
- *Primary Care HIV Prevention*
 - FY 2023
- *Early Childhood Development*
 - FY 2023
- *Behavioral Health Service Expansion*
 - FY 2024
- *Expanded Hours*
 - FY 2025

For each supplemental award update, limit your response to 500 words. If you have questions about supplemental awards, contact us using the BPHC Contact Form, <https://hrsa.my.site.com/support/s/>.

Submission Deadline: Submit the response to this request via HRSA's Electronic Handbook no later than XX:XX PM ET on XX/XX/20XX.

System for Award Management: Recipients must continue to maintain active SAM registration with current information during all times that they have an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

Intergovernmental Review: This funding is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

Review Criteria and Process: HRSA will conduct a review of the submitted response in accordance with HRSA guidelines. HRSA reserves the right to request clarification; a resubmission of the budget, narrative and forms, or additional information if the submission is not fully responsive to any of the requirements, or if ineligible activities are proposed. Following the review of all applicable information, HRSA review and awards management officials will determine if special conditions are required, and what level of funding is appropriate. Award decisions and funding levels are discretionary and are not subject to appeal. Continued funding depends on congressional appropriation of funds, satisfactory performance, and a decision that continued funding would be in the government's best interest.

As part of HRSA's required review of risk posed by applicants for this program, as described in 2 CFR 200.206 (see <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-C/section-200.206>), HRSA will consider additional factors. These factors include, but are not limited to, past performance and the results of HRSA's assessment of the financial stability of your organization. HRSA reserves the right to conduct site visits and/or use the current compliance status to inform final funding decisions.

Award Notice: HRSA anticipates issuing the Notice of Award approximately 30 days prior to your budget period start date.

Thomas J. Engels,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which