



## FYXX Native Hawaiian Health Care Improvement Act (NHHCIA) Non-Competing Continuation (NCC) Progress Report

### Sample FYXX Project Work Plan Update

(Required for POL)

The table below is for reference only. Start with the Project Work Plan submitted with your FYXX Progress Report (or the most recently approved version). Add a column titled *FYXX Progress* (as shown in **red\*** in the sample tables) to create an FYXX Project Work Plan Update.

Use the new FYXX Progress column to provide information regarding progress made toward planned activities and goals since last year's progress report. Do not edit any other fields. Use this table template as a reporting format in your submission.

OMB No.: 0915-0285. Expiration Date: XX/XX/XXXX

Goal 1:						
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Collaborative Partners	FY 20XX Progress
<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Add this column and use it to record progress since last year's progress report on each key action step and expected outcome.</i>

Goal 2:						
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Collaborative Partners	FY 20XX Progress
<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Add this column and use it to record progress since last year's</i>

			<i>column.</i>			<i>progress report on each key action step and expected outcome.</i>
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<b>Goal 3:</b>						
<b>Key Action Steps</b>	<b>Timeline</b>	<b>Expected Outcome</b>	<b>Data Source and Evaluation Methodology</b>	<b>Person/Area Responsible</b>	<b>Collaborative Partners</b>	<b>FY 20XX Progress</b>
<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Add this column and use it to record progress since last year's progress report on each key action step and expected outcome.</i>

<b>Goal 4:</b>						
<b>Key Action Steps</b>	<b>Timeline</b>	<b>Expected Outcome</b>	<b>Data Source and Evaluation Methodology</b>	<b>Person/Area Responsible</b>	<b>Collaborative Partners</b>	<b>FY 2025 Progress</b>
<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Add this column and use it to record progress since last year's progress report on each key action step and expected outcome.</i>

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) are patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients and adjust fees based on income and family size. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/202X. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data

sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov). Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.