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NOTICE OF FUNDING OPPORTUNITY (NOFO)
PFQHC-2026-Q1A

**Proactive Health Screening Incentive Program for
Non-Mydriatic Automated Diabetic Retinopathy
Screening and Detection**

Application Due Date:

February 23, 2026, 11:59 pm Pacific Standard Time

Issuance Date: January 13, 2025

Program Application

This is a single-round application process submitted as one complete package.

Contacts:

Richard Parenteau

Thea Enache

Hilal Aouam

Grant Program Development

Proactive FQHC Inc

Email: grants@proactivefqhc.org

Call: 650-260-3358

WHO WE ARE

Proactive FQHC is a dedicated 501(c)(3) non-profit organization that advocates for and supports Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, and Urban or Tribal Indian Health Centers nationwide. Our mission is to enhance community health through proactive health screenings, ensuring early detection and better patient outcomes.

Our primary objectives are advocating to Congressional legislators and other funding sources for financial incentives that encourage FQHCs to improve proactive health screening. These incentives support FQHCs in expanding proactive patient screenings, with current programmatic focus areas including maternal and perinatal care, diabetic retinopathy, diabetes-related complications, and other high-impact conditions affecting underserved populations.

Read more at: [About - Proactive FQHC Inc](#)

GRANT SUMMARY

Funding Opportunity Title:	Non-Mydriatic, Automated Diabetic Retinopathy Screening and Detection
Funding Opportunity Number:	PFQHC-2026-Q1A
Due Date for Applications:	February 23, 2026, 11:59 pm Pacific Standard Time
Purpose:	To provide eligible Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, and Urban or Tribal Indian Health Centers with a grant to support a six-month trial rental of one enhanced non-mydriatic, automated diabetic retinopathy screening camera, accelerating access to high- quality retinopathy screening in the communities they serve
Program Objective(s):	<ul style="list-style-type: none">a) Encourage FQHC and Urban or Tribal Indian Health Centers to adopt the use of enhanced non-mydriatic, automated diabetic retinopathy screening technology to quickly screen diabetic or hypertensive patients and identify patients with findings indicative of diabetic retinopathy.b) Improve the health of underserved populations by measurably increasing the percentage screened.c) Provide services regardless of the patient's ability to pay as determined by the organization's current practice.d) Collect patient service statistics from the FQHC, Urban or Tribal Indian Health Center, or its technology provider to report screening accomplishments.e) Within one year, document a significant increase in the health system's number eligible diabetic and hypertension population screened for retinopathy.

Eligible Applicants:	<p>Your organization must be a Federally Qualified Health Center (FQHC), FQHC Look-Alikes, or Urban or Tribal Indian Health Center</p> <p>a) Your organization provides services regardless of patients' ability to pay, consistent with its current policies and practices</p> <p>See Section I of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
Anticipated Available Funding and Estimated Number of Awards:	<p>Approximately \$24,000</p> <p>Up to five (5) awards, one per eligible organization, of up to \$4,500 per award will be made</p> <p>Proactive FQHC reserves the right, prior to issuance of any Notice of Award, to modify the number of awards, individual award amounts, and/or total funding available under this NOFO, including in response to additional matching funds, changes in available resources, or programmatic considerations.</p>
Cost Responsibility	<p>Applicants are responsible for any project-related costs not covered by this grant award. There is no fixed minimum cost-share requirement. Applicants must demonstrate the capacity to support and sustain project activities for the duration of the award period, including covering any additional or unforeseen costs necessary to implement the proposed screening services.</p> <p>a) Each award provides funds for you to pay toward up to 6 months of the retinopathy camera rental fee for one camera plus a travel case if required for your usage profile.</p> <p>b) Awardees are responsible for any per-patient screening fees charged by the camera service provider, if applicable.</p>

Period of Performance:	<p>February 23, 2026 through February 22, 2027 Award funds may be used to support a minimum of six (6) months of eligible project costs within this period.</p> <p>Awardees are required to implement and actively use the automated diabetic retinopathy screening camera for a minimum of six (6) consecutive months during the period of performance. The six-month utilization period shall begin upon completion of camera installation and staff training. Award funds may be used to support eligible project costs incurred during this required six-month utilization period. Continued use beyond six months is encouraged but not required under this NOFO.</p>
Proactive FQHC Contacts:	<p>Administrative, fiscal, or program questions: Richard Parenteau Thea Enache Hilal Aouam Call: 650-260-3358 Email: grants@proactivefqhc.org</p>

APPLICATION PACKAGE

Applicants are responsible for reviewing and complying with all instructions included in this NOFO application package.

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IV. ATTACHMENTS (separate documents)

ATTACHMENTS (separate documents)

Attachment #1: A1 HRSA Health-Centers Location identifying your health center service location and geographic service area

Attachment #2: Your health center's Sliding Fee Schedule for this project's services

Attachment #3: The project organizational chart, patient physical flow, and patient information flow

Attachment #4: 3rd party service providers' support activities description

Attachment #5: Summary list of Contracts and Agreements with 3rd parties

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION, APPLICATION, AND SUBMISSION INFORMATION

1) Funding Opportunity Title

Non-Mydriatic, Automated Diabetic Retinopathy Screening and Detection

2) Funding Opportunity Identifier

PFQHC-2026-Q1A

3) Due Date for Applications

You must submit your application by

February 23, 2026, at 11:59 p.m. Pacific Standard Time (PST).

4) Purpose

This Notice of Funding Opportunity (NOFO) announces the opportunity to apply for funding under the Proactive Health Screening Incentive Program. The purpose of this program is to provide grants to Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, and Urban or Tribal Indian Health Centers in the United States to support a six-month trial rental of one automated, non-mydriatic diabetic retinopathy screening camera. The program aims to expand access to high-quality retinopathy screening for eligible patients served by participating health centers.

5) Program Objectives and Expected Outcomes

A. Technology Adoption

- Implement non-mydriatic automated retinopathy screening cameras at participating FQHC health centers.
- Integrate screening into routine diabetic and hypertensive patient care workflows.

B. Screening Volume and Access

- Increase the percentage of eligible diabetic patients receiving annual retinopathy screening within 12 months of implementation.
- Increase access to retinopathy screening among hypertensive patients where clinically appropriate.
- Provide screening services regardless of ability to pay at permanent and/or mobile service delivery sites
- Target populations consistent with those identified in the [2024 National Diabetes Statistics Report](#) (Centers for Disease Control and Prevention).

C. Health Equity Outcomes

- Target reductions in disparities in screening rates across racial and ethnic groups, with particular focus on populations experiencing the highest diabetes burden.
- Increase the proportion of retinopathy identified at earlier (mild/moderate) stages,

relative to advanced disease at the time of screening.

D . Data Collection and Reporting Requirements

Participating health centers (or their technology providers) will submit de-identified patient-level data on the 1st and 15th of each month, including:

Service Utilization Metrics:

- a . Total number of patients screened
- b . Service location (for geographic trend analysis)
- c . Screening dates

Patient demographics (de-identified):

- d . Age group (by decade)
- e . Race/ethnicity
- f . Gender (as reported)
- g . Primary diagnosis (Diabetes type 1 or 2, hypertension, both)
- h . Co-existing chronic conditions

Clinical Screening Data:

- i . Retinopathy screening history (first-time screening vs. established monitoring)
- j . Screening result (no findings indicative of retinopathy; findings indicative of retinopathy, where available: mild, moderate, severe, proliferative)
- k . Change in retinopathy status from previous screening (if applicable: improvement/stable/progression)
- l . Referral to ophthalmology (yes/no; if yes, urgency level)
- m . Referral completion status (to be tracked at subsequent data submissions)

E . Primary Outcome Measure

Within 12 months of camera installation, demonstrate an increase in the proportion of the health center's eligible diabetic and hypertensive patient population screened for retinopathy, relative to a baseline established using the 12-month period prior to implementation.

F . Secondary Outcome Measures:

- Increase in the proportion of retinopathy findings identified at early or moderate stages
- Reduction in time from diabetes or hypertension diagnosis to first retinopathy screening
- Ophthalmology referral completion rates among patients identified with actionable screening findings

6) Eligible Applicants

- a) Your organization must be a Federally Qualified Health Center (FQHC), FQHC Look-Alike, or Urban or Tribal Indian Health Center in the United States. Priority consideration for these initial grants will be to organizations based in California. Geographic priority does not guarantee selection and will be considered as part of the overall review process. Submit evidence describing your organization's type of entity plus **one** of the following as evidence of your organization's tax-exempt or qualifying status:
 - i. A copy of your organization's currently valid Internal Revenue Service (IRS) tax exemption letter/certificate or IRS website EIN search reference.
See: [Tax Exempt Organization Search | Internal Revenue Service \(irs.gov\)](#)
 - ii. A statement from a state taxing body, state attorney general, or other appropriate state official certifying your organization has a nonprofit status.
- b) Your organization must provide the proposed screening services available and accessible to all eligible patients in the service area without regard for the patient's ability to pay. The health center has a board-approved policy for its Sliding Fee Discount Schedule that applies to all required and additional health services within the scope of the project for which there are distinct fees. Affirm that it is compliant with the HRSA Sliding Fee Discount Program. For reference you may refer to:
<https://bphc.hrsa.gov/compliance/compliance-manual/chapter9#demonstrating-9>
- c) Applicants must comply with all applicable federal, state, and local laws and regulations.

As part of the application, applicants must provide the following information:

- d) Applicant Health Center EIN, city, state, zip code and Target Population information.
- e) Proposed Retinopathy service details, and location (primary service location, city, state, zip code). If it is part of a mobile clinic, describe that approach.
- f) Total current diabetic patient population, categorized by age group (e.g. youth, adults, seniors)
- g) Annual percentage of the eligible diabetic patient population currently receiving retinopathy screening.
- h) Target percentage of the eligible diabetic patient population the applicant plans to screen annually within one year of implementation.

7) Anticipated Available Funding and Estimated Number of Awards

- a) The total funding available under this NOFO is approximately \$24,000, subject to availability of funds.
- b) Proactive FQHC anticipates making up to five (5) awards, one per eligible organization, of up to \$4,500 per award.
- c) Proactive FQHC reserves the right, **prior to issuance of any Notice of Award**, to modify the number of awards, individual award amounts, and/or total funding available under this

NOFO, including in response to changes in available resources or programmatic considerations.

- d) All applicants will be notified of their application status in writing.

All application materials must be submitted electronically by email to:

Proactive FQHC Inc.
Richard Parenteau,
Thea Enache,
Hilal Aouam
grants@proactivefqhc.org

Applicants will receive email confirmation of receipt within two (2) business days. Applicants are responsible for ensuring their submission is received by the stated deadline. If you do not receive email receipt confirmation, then you must contact us for confirmation. If you wish to change the information you submitted, you may request permission to do so via email to grants@proactivefqhc.org. Requests to modify submissions may be approved at the program's discretion.

Note: Provide your email address to grants@proactivefqhc.org to receive emails about changes, clarifications, or instances where we republish the NOFO.

You're responsible for reviewing all information that relates to this NOFO.

- e) The grants, when issued by the program, are new grants to a health center organization **not** currently funded through this program.

8) Cost Responsibility

- a) Each award provides funds for you to pay a minimum of 6 months toward the retinopathy camera rental fee for one camera plus a travel case if required for your usage profile.
- b) You will pay the per-patient screening fee to the camera service provider, if required.
- c) You will pay other project-related expenses not covered by this grant or recovered by patient service fee billing and reimbursement.

9) Period of Performance

The period of performance for this award is February 23, 2026 through February 22, 2027.

Awardees are required to implement and actively use the screening system for a minimum of six (6) consecutive months during this period. Continued use beyond six months is encouraged but not required under this NOFO.

Other Requirements:

- a) Program Specific Funding Restrictions:
 - i. You can only use funds received under this grant award for the program's purpose. You must have policies, procedures, and financial controls in place to limit specific uses of awarded funding to use in this program.

- ii. If you generate income (example: bill for patient service reimbursement) with awarded funds, that income must be used for further project-related activities (example: pay staff time).
- b) Write your application in **English and use U.S. dollars** where appropriate.
- c) When you submit your application, you certify that you and your principals (e.g., program director) can participate in receiving award funds to carry out a proposed project. If awarded a grant, you will need to provide wire transfer information to receive the funds. You must confirm receipt of funds to the Proactive FQHC Contact email address.
- d) We may consider your application *ineligible* for review if it:
 - a. Requests more than the single grant funding award.
 - b. Does not include the Project Operational Plan Narrative.
 - c. Fails to satisfy the deadline requirements, noted in **Section I.3**

10) Proactive FQHC Contacts

Administrative, fiscal, or program inquiries:

Proactive FQHC Inc
Richard Parenteau
Thea Enache
Hilal Aouam
Call: 650-260-3358
Email: grants@proactivefqhc.org

II. GRANT AWARD ADMINISTRATION INFORMATION

1) Award Notices

The Notice of Award (NOA) is issued on or around the [start date](#) listed in the NOFO.

2) Administrative Requirements

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with your program plan as submitted and accepted by the program:

3) Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws.

4) Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other related duties.

In general, subrecipients and subcontractors must comply with the award requirements (including public policy requirements) that apply to you.

5) Grant Application Submission Signature

Submitting Officer Name:

Submitting Officer Signature

Date:

Email:

Telephone + ext:

III. PROJECT OPERATIONAL PLAN NARRATIVE

1) Service Requirements

Your application should demonstrate an understanding of the need for proactive healthcare screening services in the service area. Your proposed plan should discuss how to ensure the availability and accessibility of your proposed diabetic retinopathy screening program services to all patients in the service area included in the target population (as previously described), regardless of their ability to pay.

Awardee must open all proposed sites for the proposed hours of operation within 45 days of the Notice of Award (NOA) and receipt/installation of the retinopathy camera. Staff and systems must be in place to deliver Non-mydriatic Automated Retinopathy Screening and Detection services to the target population. Sites and services must be consistent with the project.

We expect award recipients to make every reasonable effort to provide services to the number of unduplicated patients you identify to serve in your plan. We will track progress toward meeting the total unduplicated patient projection using the information you report to us.

2) Collaborative Requirements

It is strongly encouraged that your plan include collaborative and coordinated delivery activities with community organizations to help promote your provision of your proposed diabetic retinopathy screening program services to the underserved in your target population.

NARRATIVE GUIDANCE

This section must describe all aspects of the proposed project. Responses should be brief and clear.

Provide information in the order described in the sections below. Use these section headers to ensure that reviewers can understand your proposed project. The Project Narrative must reflect your entire proposed project for the announced service area.

A. **NEED**

1. **Describe the Proposed Service Area** (attach a description of the service area)

- a. The service area boundaries.

2. **Determining the Number of Patients to be Served**

- a. Describe how you determined the number of unduplicated retinopathy patients you project to serve in the project timeframe proposed for the service area.
- b. Describe how you will conduct and update the needs assessment and your Scope of Project to reflect potential needs for additional retinopathy related services. Include how you will use patient and community input to inform and improve service delivery. Is your Health Center screening for retinopathy services currently below the desired screening level for the target patient population? If below, by how much?

B. ***RESPONSE***

1. **Equitable Availability and Accessibility**

Describe how the proposed service delivery sites assure equitable availability and accessibility of services and minimize barriers within the proposed service area, including:

- a. Your plans for service delivery sites in relation to where the target population lives and works.
 - i) Note the type for each site: Permanent, Seasonal, Mobile, or Intermittent.
 - ii) Note the site operator and their EIN: Health Center (you), subcontractor (written contract), or independent collaborator (contract, informal written agreement, or no contract/agreement)
- b. How will you address geographic barriers, location of sites, hours of operation, transportation, and translation?

2. **Outreach and Communication Methods**

- a. Your approach for outreach to candidates for screening to encourage participation.
- b. With access to the Non-Mydriatic Automated Retinopathy Screening and Detection Program, describe whether all patients with an identified need for diabetic retinopathy screening qualify for immediate vision screening services? How is this communicated?
- c. Describe how you will inform the public that you offer services on a sliding fee discount schedule and without regard to the ability to pay.
- d. Describe your ability to receive Medicare or Medicaid reimbursement for the services delivered at each site.

C. ***COLLABORATION***

1. **Collaborative Relationships**

- a. Describe your collaboration with diverse partners to increase awareness of the community's health screening needs and social risk factors.
- b. Describe how you coordinate services with other providers in your service area.
 - i) Other community health centers and [Native Indian Health Services](#) health facilities
 - ii) Providers of specialty services and other services not available through your health center.
 - iii) Others that serve similar populations (such as senior living centers, community organizations, environmental organizations, homeless shelters,).

D. **RESOURCES AND CAPABILITIES**

1. **Project Team Resources**

- a. Describe the project team, including the project director (PD)
- b. Provide a Project Organizational Chart (including collaborators and sub-contractors)

2. **Project Team Operations**

- a. Describe how your organization will play a substantive role in implementing the retinopathy screening project.
- b. Describe physical patient flows
- c. Describe information flows (identify PHI as appropriate)
- d. How do any collaborators or contractors assist in carrying out the proposed project activities?
- e. Provide a summary list of Contracts and Agreements

E. **IMPACT**

1. **Patient Health Improvements**

Describe numerically (example: non-duplicated patients, the current and improvement percentages and numbers) that your new automated retinopathy screening project is expected to improve health outcomes and reduce health disparities within your patient population, including within the following specified areas:

- a. **Hypertension** (e.g. of non-duplicated patients, current and improvement percentages and numbers controlling high blood pressure).
- b. **Diabetes** (e.g., hemoglobin A1c (HbA1c) poor control (e.g. of non-duplicated patients, the current and improvement percentages and numbers improving poor control.)
- c. **Note:** We are able to assist you with advice about data analysis considerations to document changes in conditions resulting from addition of proactive screening.

2. **Other Community Impacts**

Describe what additional community impact you and your collaborators expect will occur. How will you document the number of affected people this is expected to impact and include it with the project results? For example: Document increased community participation with increased screening numbers from community awareness efforts.