

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

Bureau of Primary Health Care

***Consolidated and Further Continuing Appropriations Act, 2015
Health Infrastructure Investment Program***

Announcement Type: Initial: New
Announcement Number: HRSA-15-129

Catalog of Federal Domestic Assistance (CFDA) No. 93.526

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

**Application Due Date in Grants.gov: April 21, 2015
Supplemental Information Due Date in EHB: May 21, 2015**

*Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.*

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Authority: Section 330(e)(3) of the Public Health Service Act, 42 U.S.C. 254b(e)(3); Section 10503(b) of the Patient Protection and Affordable Care Act of 2010, P.L. 111-148; and Division G, Title II, p. 2466, Consolidated and Further Continuing Appropriations Act, 2015, P.L. 113-235.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care is accepting applications for the fiscal year (FY) 2015 Health Infrastructure Investment Program. The purpose of this grant program is to support existing Health Center Program grantees' efforts to increase their patient capacity and to provide additional comprehensive primary and preventive health services to medically underserved populations through the alteration/renovation, expansion, or construction of a facility.

Funding Opportunity Title:	Health Infrastructure Investment Program
Funding Opportunity Number:	HRSA-15-129
Due Date for Applications:	Phase 1 – Grants.gov Deadline: April 21, 2015 at 11:59 PM ET Phase 2 – EHB Deadline: May 21, 2015 at 5:00 PM ET
Anticipated Total Annual Available Funding:	Up to \$150 million
Estimated Number and Type of Award(s):	150 - 175 grants
Estimated Award Amount:	Up to \$1,000,000
Cost Sharing/Match Required:	No
Project Period:	September 1, 2015 through August 31, 2018
Eligible Applicants:	Applicant is an existing health center receiving Health Center Program operational support (Sections 330(e), (g), (h), and/or (i)) at the time of application and did not receive initial health center funding in FY 2015. See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Two-Tier Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.doc>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance (TA) Web Site: Please visit <http://www.hrsa.gov/grants/apply/assistance/hiip> for HIIP related information and resources. HRSA will hold a pre-application TA call for applicants seeking funding through this opportunity. This TA call will provide an overview and other information regarding this FOA and will include a question and answer session. Visit the web site for the call details, Frequently Asked Questions (FAQs), sample documents, and additional resources.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Health Infrastructure Investment Program (HIIP) for existing Health Center Program grantees to increase their patient capacity and to provide additional comprehensive primary and preventive health services to medically underserved populations through the alteration/renovation, expansion, or construction of a facility.

HIIP funding will support one capital project at a new or existing site within the applicant's approved scope of project for the following project types:

- Alteration/renovation (A/R): This project type can include work required to modernize, improve, and/or reconfigure the interior arrangements of an existing facility; work to improve and/or replace exterior envelope; work to improve accessibility (such as sidewalks and ramps), and/or life safety requirements in an existing facility. This type of project would not increase the total square footage of an existing building and does not require ground disturbance or footings. This type of project may include the purchase of related moveable equipment.¹
- Construction/expansion (C/E): This project type can include the construction of a new stand-alone structure and/or associated work required to expand a structure to increase the total square feet of a facility.² Construction projects may include the installation of a permanently affixed modular or prefabricated building and/or the purchase of related moveable equipment.

Eligible health center applicants may submit only one HIIP application proposing one site-specific, stand-alone facility project. HIIP applicants must demonstrate how the alteration/renovation, and/or construction/expansion project will improve their capacity to provide comprehensive primary and preventive health services to medically underserved populations.

¹ Moveable equipment includes non-expendable items with a useful life of more than one year that are not permanently affixed and can be easily moved. Examples include x-ray equipment, freezers, autoclaves, furniture, administrative equipment, (i.e., computers, servers, telephones, fax machines, copying machines, software), and special purpose equipment used for medical activities (e.g., stethoscopes, blood pressure monitors, scales, electronic thermometers). Office supplies (e.g., paper, pencils, toner, etc.), medical supplies (e.g., syringes, blood tubes, plastic gloves, etc.), and educational supplies (e.g., pamphlets, educational videotapes, etc.) are not defined as moveable equipment and are unallowable.

² If a proposed facility expansion project also includes alteration/renovation to the existing structure, this falls under the construction project type.

2. Background

This program is authorized by Section 330(e)(3) of the Public Health Service Act, 42 U.S.C. 254b(e)(3); Section 10503(b) of the Patient Protection and Affordable Care Act of 2010, P.L. 111-148; and Division G, Title II, p. 2466, Consolidated and Further Continuing Appropriations Act, 2015, P.L. 113-235.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

Funding will be provided in the form of a grant.

2. Summary of Funding

HIIP will provide funding for a three-year project period. Up to \$150 million is expected to be available to fund 150-175 awards. Applicants may apply for a ceiling amount of up to \$1,000,000 to support their proposed project. The awarded project will be fully funded in year one, and there will be no ongoing support of HIIP activities after the end of the three-year project period.

The proposed HIIP project must be reasonable and appropriate based on the parameters outlined in this announcement. Ongoing costs of the completed HIIP project must be supportable within current Health Center Program operational funding levels.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance [2 CFR 200](#) as codified by HHS at [45 CFR 75](#).

III. Eligibility Information

1. Eligible Applicants

Applicants must meet all of the following eligibility and completeness requirements. Applications that do not meet all of the eligibility and completeness requirements will be considered non-responsive and will not be considered for funding under this announcement.

- a) Applicant is an existing health center receiving Health Center Program operational support (under sections 330(e), (g), (h), and/or (i)) at the time of application and did not receive initial health center funding in FY 2015.
- b) Application request for funding as presented on Standard Form (SF)-424C is less than or equal to \$1,000,000.

- c) Application includes all attachments marked as “required for completeness.”
- d) Application does not propose an equipment-only project.
- e) Application does not include alteration/renovation or construction/expansion activity associated with the project or connected activity (e.g., site grading, installation of utilities, demolition) that has started before the award date.
- f) The proposed project will not occur at a sub-recipient or contractor site.
- g) Application does not propose a project that will occur at a site that received construction-related funding (i.e., new construction or alteration/renovation) through the FY 2010 Facility Investment Program (FIP), FY 2011 Capital Development or FY 2012 Capital Development - Building Capacity funding opportunities.
- h) The proposed project will not occur at a site with an active HRSA award that supports construction (i.e., new construction, expansion, or alteration/renovation/repair projects). For the purpose of funding opportunity HRSA-15-129, HRSA is defining an "active HRSA award that supports construction" as a project that:
 - Has not been identified as "Complete" as of the period ending March 31, 2015 Quarterly Progress Report submission; and
 - Has not provided to HRSA all project-specific submissions by the application deadline of May 21, 2015. This includes submission of the final budget information, project completion certification, final photos, other active reporting requirement submissions, and/or conditions of award.

2. Cost Sharing/Matching

Cost sharing and/or matching is not a requirement for this program.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [*SF-424 Two-Tier Application Guide*](#).

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Other

Any application that fails to satisfy the deadline requirements referenced in Section IV.3 will be considered non-responsive and will not be considered for funding.

NOTE: Multiple applications from an organization are not allowable.

Additions to Current Scope of Project

Existing Health Center Program grantees may propose to change their current Federal scope of project to add a new service delivery site as part of the HIIP grant funding opportunity.³ Applicants cannot add administrative-only sites.

Applications proposing a HIIP alteration/renovation or construction/expansion project at a new site not currently in the grantee's approved scope of project must complete Form 5B: Service Delivery Sites and the Add Site Checklist as part of the Electronic Handbook (EHB) application process. Any proposed new site will undergo an evaluation to determine whether the requested change is appropriate given the existing need and/or Federal resources in the proposed community. The results of such an evaluation may impact funding for the HIIP application.

Any new service proposed in a funded HIIP application will not be included in an applicant's scope of project unless approved under a separate change in scope request (see PIN 2008-01, available at <http://bphc.hrsa.gov/policiesregulations/policies/pin200801.html>).

³ Please refer to Policy Information Notice (PIN) 2008-01: Defining Scope of Project and Policy for Requesting Changes available at <http://bphc.hrsa.gov/policy/pin0801/> and Policy Information Notice (PIN) 2007-09: Service Area Overlap: Policy and Process at <http://bphc.hrsa.gov/policiesregulations/policies/pin200709.html>.

IV. Application and Submission Information

1. Address to request application package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov and the HRSA EHBs. Applicants must use a two-tier submission process associated with this funding opportunity and following the directions provided at Grants.gov and the HRSA EHBs.

- **Phase 1 – Grants.gov** – Required information must be submitted via Grants.gov with a due date of April 21, 2015 at 11:59 P.M. Eastern Time; and
- **Phase 2 – HRSA EHBs** – Supplemental information must be submitted via the HRSA’s EHBs with a due date of May 21, 2015 at 5:00 P.M. Eastern Time.

Only applicants who successfully submit an application in Grants.Gov (Phase 1) by the due date may submit the additional application information in HRSA’s EHBs (Phase 2).

2. Content and Form of Application Submission

Application Format Requirements

Section 5 of HRSA’s [SF-424 Two-Tier Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Two-Tier Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **HRSA strongly urges applicants to print their application to ensure it does not exceed the specified page limit.** See the following tables for information about the application components included in the page limit.

Applications must be complete, within the specified page limit, validated by Grants.gov and submitted under the correct funding opportunity prior to the deadline to be considered under this announcement.

Application Content

The following tables detail the documents required for this funding opportunity application and the order in which they must be submitted. In the Form Type column of Table 1 and 2, the word “Form” refers to a document that must be downloaded, completed in the template provided, and then uploaded. “E-Form” refers to forms that are completed online in EHB and therefore do not require downloading or uploading. “Document” refers to a document to be uploaded for which no template is provided. “Fixed” refers to forms that cannot be altered.

HRSA will use documents and forms marked as “required for completeness” in Tables 1 and 2, to determine if an application is complete. HRSA will not consider applications that fail to include all forms and documents indicated as “required for completeness” for funding under this announcement. Failure to include documents indicated as “required for review” may negatively impact an application’s objective review score.

Table 1: Step 1–Submission through Grants.gov

<http://www.grants.gov>

- It is mandatory to follow the provided instructions to ensure that your application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this FOA.
- Number the electronic attachment pages sequentially, resetting the numbering for each attachment (i.e., start at page 1 for each attachment). Do not attempt to number standard OMB-approved form pages.
- For electronic submissions, no table of contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.
- Limit file attachment names to 50 or fewer characters. Use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, and period (.). Attachments that do not follow this rule will cause the entire application to be rejected by Grants.gov.
- The Other Attachments Form (listed as an Optional Document in Grants.gov) is not required and should NOT be submitted.

Application Section	Form Type	Instruction	Counted in Page Limit (Y/N)
Application for Federal Assistance (SF-424) (required)	Form	Complete pages 1, 2 & 3 of the SF-424 face page. See detailed instructions in the Application Format section.	N
Disclosure of Lobbying Activities (SF-LLL) (as applicable)	Form	Complete this form per the embedded instructions.	N
Project Summary/Abstract (required)	Document	Type the title of the funding opportunity and upload the project abstract on page 2 of SF-424 - Box 15.	Y
Grants.gov Lobbying Form (required)	Form	Complete this form per the embedded instructions.	N

Additional Congressional Districts (as applicable)	Document	If applicable, awardees serving multiple districts can upload a list of all districts served on page 2 of SF-424 - Box 16.	Y
Project Performance Site Location (SF-P/P SL) (required)	Form	Provide administrative site information.	N

Within seven business days following successful submission of the required items in Grants.gov, you will be notified by HRSA confirming the successful receipt of your application and requiring the Project Director and Authorizing Official to submit additional information in HRSA EHB. Your application will not be considered complete unless you review and validate the information submitted through Grants.gov and submit the additional required portions of the application required through HRSA EHB.

Table 2: Step 2–Submission through HRSA Electronic Handbooks (EHB)

<https://grants.hrsa.gov/webexternal>

- It is mandatory to follow the provided instructions to ensure that your application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered for funding.
- Number the electronic attachment pages sequentially, resetting the numbering for each attachment (i.e., start at page 1 for each attachment). Do not attempt to number standard OMB-approved form pages.
- Limit file names for documents to 100 characters or less. Documents will be rejected by EHB if file names exceed 100 characters.
- To ensure that attachments are organized and printed in a consistent manner, follow the order provided in Table 2.
- Merge similar documents (e.g., Letters of Support) into a single document. Add a table of contents page specific to the attachment.
- If the attachments marked “required for completeness” are not uploaded, the application will be considered incomplete and non-responsive, thereby making it ineligible. Ineligible applications will not proceed to Objective Review.
- If the attachments marked “required for review” are not uploaded, the application’s Objective Review score may be negatively impacted.

Application Section	Required for Completeness (C)/Review(R)	Form Type	Instruction	Counted in Page Limit (Y/N)
Proposal Cover Page	C	E- Form	Complete this form electronically online.	N
Project Cover Page	C	E -Form	Complete this form electronically online.	N
Equipment List (complete, as appropriate, within the Project Cover Page)	R	E -Form	Complete this form electronically online.	N
Budget Information for Construction Programs (SF-424C)	C	E -Form	Complete this form electronically online. See APPENDIX A for further information.	N
Funding Sources	R	E -Form	Complete this form electronically online.	N
SF-424D Assurances-Construction Programs (required)	R	Form	Complete page 2 of the document. See detailed instructions in the Application Format section.	N
Form 5B: Service Sites	C	E -Form	Complete this form electronically online.	N
Add Site Checklist (required, as applicable)	R	E -Form	Complete this form electronically online.	N
Other Requirements for Sites	R	E -Form	Complete this form electronically online.	N
Attachment 1: Budget Justification	C	Document	Provide a budget justification. Sample budget justifications are available at: http://www.hrsa.gov/grants/apply/assistance/hiip	Y
Attachment 2: Site Plan	R	Document	Provide a site plan or diagram for the proposed project.	Y
Attachment 3: Floor Plans/Schematic Drawings	C	Document	Provide a floor plan for the proposed project, including proposed exam rooms, waiting area, etc. Dimensions must be indicated, as well as distinguishing existing	Y

			space from improved space.	
Attachment 4: Environmental Information and Documentation (EID) Checklist	R	Document	Provide a completed EID checklist. The EID checklist is available at: http://bphc.hrsa.gov/policiesregulations/capital/application/environmentalchecklist.docx	N
Attachment 5: Property Information (uploaded in the Other Requirements for Sites form)	R	Document	Provide a copy of the title, deed, or lease.	Y
Attachment 6: Landlord Letter of Consent (as applicable; uploaded in the Other Requirements for Sites form)	R	Document	Applicants proposing a project on a leased property must provide a Landlord Letter of Consent as described under section xv.	Y
Attachment 7: Service Area Map and Table.	R	Document	Upload a map of the service area for the proposed project, indicating the organization's site(s) listed in Form 5B. The map must clearly indicate the proposed service area zip codes, any medically underserved areas (MUAs) and/or medically underserved populations (MUPs), and Health Center Program grantees, look-alikes, and other health care providers serving the proposed zip codes. Maps should be created using UDS Mapper (http://www.udsmapper.org). Include a corresponding table that lists each zip code tabulation area (ZCTA) in the service area, the number of Health Center Program grantees serving each ZCTA, the dominant grantee serving the ZCTA and its share of Health Center Program patients, total population, total low-income population,	Y

			<p>total Health Center Program grantee patients, and patient penetration levels for each ZCTA and for the overall proposed service area. This table will be automatically created in UDS Mapper when the map is created.</p> <p>For a tutorial on how to create a map, see How To's: Create a Service Area Map and Data Table at http://www.udsmapper.org/tutorials.cfm.</p>	
Attachment 8: Other Relevant Documents (as applicable)	R	Document	<p>Applicants may include other relevant documents to support the proposed project plan such as charts, organizational brochures, and/or Environmental Assessment. Merge all other relevant documents into a single document.</p>	Y
Attachment 9: Letters of Support (as applicable)	R	Document	<p>Upload current dated letters of support addressed to the appropriate organizational contact (e.g., board, CEO) to document commitment to the project. See the COLLABORATION section of the Proposal Cover Page for details on required letters of support. As necessary, applicants may provide a list of additional letters that are available onsite. Letters of support that are not submitted with the application will not be considered by reviewers.</p>	Y

Application Preparation

The HIIP technical assistance web site (<http://www.hrsa.gov/grants/apply/assistance/hiip>) provides essential resources for application preparation.

Only materials included with an application submitted by the announced deadlines will be considered. Supplemental materials submitted after the application deadlines or sent directly to HHS, HRSA, or BPHC will **not** be added to an application for consideration by the Objective Review Committee.

Program Specific Requirements

Application for Federal Assistance (SF-424) (Grants.gov)

In Grants.gov, complete Application Form SF-424 provided with the application package. Prepare the form according to instructions provided in the form itself (mouse over fields for specific instructions) and the following guidelines:

- *Box 2: Type of Applicant:* Select New (new applicants).
- *Box 4: Applicant Identifier:* Leave blank.
- *Box 5a: Federal Entity Identifier:* Leave blank.
- *Box 5b: Federal Award Identifier:* 10-digit grant number (H80...) found in box 4b from the most recent Notice of Award (NoA).
- *Box 8c: Organizational DUNS:* Applicant organization's DUNS number (see below).
- *Box 8f: Name and contact information of person to be contacted on matters involving this application:* Provide contact information of Project Director. If for any reason the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required.
- *Box 11: Catalog of Federal Domestic Assistance Number:* 93.526
- *Box 12: Funding Opportunity Number and Title:* HRSA-15-129 and the Health Infrastructure Investment Program, respectively.
- *Box 14: Areas Affected by Project:* leave blank.
- *Box 15: Descriptive Title of Applicant's Project:* Type the title of the FOA Health Infrastructure Investment Program (HIIP) and upload the project abstract. The abstract will count toward the page limit.
- *Box 16: Congressional Districts:* Provide the Congressional District where the administrative office is located in 16a and the Congressional Districts to be served by the proposed project in 16b. If information will not fit in the boxes provided, attach a Word document. This document will count toward the page limit.
- *Box 17: Proposed Project Start and End Date:* The proposed project start date is 9-1-2015 and the proposed project end date is 8-31-2018.
- *Box 18: Estimated Funding:* Complete the required information based on the funding request for the proposed project. The funding request should be entered on line a. Federal (not to exceed \$1,000,000). All other sources of funding, including other sources of Federal funding, should be entered on line e. Other. This information should be consistent with the total provided in the 424C Budget Information-Construction Programs form(s).
- *Box 19: Review by State:* See Section IV.4, Intergovernmental Review, for guidance in determining applicability.

- *Box 21: Authorized Representative:* The electronic signature in Grants.gov (created when the Grants.gov forms are submitted) is the official signature when applying for a HIIP award. The form should NOT be printed, signed, and mailed to HRSA.

i. Project Abstract

See Section 5.1 of HRSA's [SF-424 Two-Tier Application Guide](#).

ii. Project Narrative

Proposal Cover Page (EHB)

The Proposal Cover Page provides a comprehensive, consolidated description of the proposed project. Responses should be succinct, self-explanatory, and well-organized so that reviewers can understand the proposed application. Applicants should ensure that all of the specific elements in the Proposal Cover Page are completely addressed.

a) Need (8,000 characters)

For the proposed project, describe the following:

- The target population(s) to be served;
- Existing primary health care services and service gaps within the existing and/or proposed service area (identify other Health Center Program grantees, look-alikes, rural health clinics, hospitals, and health departments in proposed service area);
- The need for additional primary and preventive health services for the target population, as supported by the Uniform Data System (UDS) Mapper information; and
- The current facility barriers impacting the ability to meet the need and increase patient capacity.

b) Response (8,000 characters)

For the proposed project, describe the following:

- The appropriateness of the project in addressing the needs of the target population(s), including the need for additional facility capacity to improve patient capacity and provide primary and preventive health services;
- The appropriateness of the site location to address the proposed increase in patient capacity as supported by the UDS Mapper information and consistent with the service area identified in the Form 5B; and
- The project's solution to the current facility barriers impacting the ability of the center to increase patient capacity.

c) Collaboration (8,000 characters)

For the proposed project, describe the following:

- The safety-net providers (i.e., other Health Center Program grantees, look-alikes, rural health clinics, hospitals, and health departments) within the proposed service area for the project;

- The health center’s documented⁴ efforts to establish and maintain collaborative and coordinated relationships with other providers and organizations in their service area (i.e., other Health Center Program grantees, look-alikes, rural health clinics, hospitals, and health departments)⁵ in order to:
 - Support access to care and continuity of care for the health center’s patient population.
 - Complement existing services available through the health center while minimizing the potential for duplication of resources and/or overlap in services, sites, or programs for its target population; and
 - Support the project’s ability to increase patient capacity.
- The health center’s documented efforts (specific to the proposal for which support was requested) to obtain the letters or documentation from organizations in the service area.

d) Impact (8,000 characters)

Describe how the proposed project will:

- Increase the number of additional, unduplicated patients to be served;
- Enhance the quality of care and patient outcomes; and
- Incorporate sustainable/green design, construction practices, and products.

e) Resources/Capabilities (8,000 characters)

For the proposed project, describe the following:

- The appropriateness of the administrative structure and oversight for the proposal, including:
 - The health center’s governing board commitment to the proposed project, including how it ties into the organizational strategic plan, if appropriate;
 - The expertise and experience of key staff who will be responsible for managing the project and the individuals (name and title) who comprise the Project Team; and
 - The acquisition strategies, policies, and procedures that comply with federal procurement requirements.
- The status of securing the proposed project site. If the site is leased, reference documented consent from the landlord to implement the project, including acknowledgement of Federal Interest, included in Attachment 6. Describe how the length of lease is appropriate for the amount of funding requested, included in Attachment 5.
- Any additional organizational costs (including operating costs, increases in utilities, daily maintenance and repair, and long term capital reinvestment for the project) that

⁴ Specifically, the health center either obtains letters of support or other appropriate documents specific to the application (e.g., contracts, MOAs, MOUs, etc.), that describe the areas where coordination or collaboration will occur between the health center and the other providers and organizations, if present, in the service area, including through demonstrated participation in community-wide planning efforts (e.g., a city-wide community health planning council).

⁵ Health centers should research and identify other providers or organizations that would be appropriate collaborative partners to support their patient population (e.g., medical schools, research institutions, social service organizations, schools, foundations).

will result from the proposed project and how those costs will be met within the existing health center operational budget.

Project Cover Page (EHB)

The Project Cover Page should be succinct, self-explanatory, and well-organized so that reviewers can clearly understand the proposed HIIP project.

a) Project Title

Identify the title for the HIIP project.

b) Project Type

- Alteration/Renovation; or
- Construction/Expansion

c) Project Description (4,000 characters)

Provide a detailed description of the scope of all alteration/renovation and/or construction/expansion activities proposed for the project that is clear and consistent with the schematic drawings attached to the application. Include the following:

- Indicate whether the project involves the construction of a new facility, construction of a building addition, and/or alterations/renovations within an existing building;
- Indicate the square footage of the specific area(s) to be improved, and the total square footage of the project;
- Describe the number and type of clinical spaces, staff spaces and support spaces to be added or improved;
- List major facility improvements, such as modifications and repairs to the building exterior (including windows), interior finishes and permanently fixed equipment. Include information on improvements to building systems such as heating, ventilation and air conditioning (HVAC), electrical, lighting, plumbing, and communications (if applicable, list exterior site work activity such as improvements to building access, parking lots, etc.);
- Describe any unique features of the project;
- Describe how the project will address compliance with local permitting and building code requirements; and
- Describe how the proposed movable equipment will support and enhance the project.

d) Project Timeline (2,000 characters)

Provide a project timeline that includes the person or entity accountable and the number of months for each of the following critical milestones within the three-year (36 months) project period:

- Planning;
- Design;
- Obtaining required permits and/or variances;
- Meeting Federal environmental and historic preservation requirements;
- Solicitation of bids and awarding of contracts, alteration/renovation or construction period; and
- The expected project completion date.

Describe the current status of the project including any steps that may have been accomplished to date. NOTE: Proposed alteration/renovation and construction/expansion physical activities associated with the project or connected activities (e.g., site grading, installation of utilities, demolition) may not have started before the award date. Conditions of the grant award must be met and lifted through a Notice of Award prior to physical activities commencing.

e) Equipment List

List all moveable equipment (see definition on page 1) to be used at the site. Categorize equipment type as clinical or non-clinical.

NOTE: Equipment obtained under a HIIP award must be maintained, tracked, and disposed of in accordance with 45 CFR Part 75. While title to the equipment vests with the awardee, the Federal government retains interest in the equipment purchased with Federal funds in accordance with 45 CFR Part 75.

Budget Information for Construction - Standard Form SF-424C (EHB)

Complete the SF-424C as presented for the proposed project. See instructions in Appendix A for further details on completing the SF-424C.

Funding Sources (EHB)

Identify the total cost associated with the HIIP project and describe all public, private or other sources of funding, including governmental agencies, or other grant funds or proposed debt. Identify the status of obtaining the full funding needed to undertake the project (e.g., whether the funds are secured, expected, or forthcoming including the date, the source, and amount). Within the Budget Justification (Attachment 1), describe the proposed plan for securing the balance of the funds as indicated on this form that are neither secured nor committed. Include letters of commitment from potential funding sources, including those that are contingent upon receipt of a HIIP grant in the Budget Justification (Attachment 1).

Assurances

Complete Application Form SF-424D Assurances –Construction Programs provided with the application package.

Form 5B: Service Sites (EHB)

Applicants may propose one HIIP project either at an existing site in the current Health Center Program scope of project OR at a new site not currently included in the Health Center Program scope of project.

Add Site Check List (EHB)

Applicants proposing a project that adds a site not currently included in the Health Center Program scope of project must complete the Add Site Checklist.

Other Requirements for Sites (EHB)

a) Site Control and Federal Interest

Identify whether the property is owned or leased.

- If the applicant has a title to the property, the applicant must:
 - Attach the plot plan survey;
 - Attach the title or attach an opinion from counsel describing the interest that the applicant has in the site and certifying that the estate or interest is legal and valid; and
 - Identify potential issues with the site control, e.g., procurement issues, property ownership not at arm's length.
- If the applicant is leasing the project space, the applicant must document in writing that the property owner:
 - Agrees to the renovation of the property and consent to the language outlined within the Leasehold Improvements section, whether as a provision of a new lease or an amendment to an existing lease, agreed to by both the recipient and lessor/property owner;
 - Acknowledges Federal Interest in the property; and
 - Agrees to file a Notice of Federal Interest (NFI) in the land records of the local jurisdiction before the project begins (if applicable).

(See the Leasehold Improvements section in [VI. Award Administration Information](#) for more information on the expectations associated with lease agreements)

b) Cultural Resource Assessment and Historic Preservation Considerations

For alteration/renovation projects, applicants must respond to each the following questions:

- Is the project facility 50 years or older?
- Does the overall proposed project include a) any renovation/modification to the exterior of the facility (including the installation of new signage), or b) ground disturbance activities (including installation of permanent access ramps, utility work, installation of curb cuts, fencing, and parking)?
- Does the project involve alteration/renovation to a project facility that is architecturally, historically, or culturally significant?
- Is the site located on Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant lands?

Attachments (EHB)

Unless otherwise noted, the following attachments count toward the application page limit. Each attachment must be clearly labeled.

- **Attachment 1 – Budget Justification:** Provide a budget justification for the proposed project that provides a concise cost estimate, showing quantities, unit prices and total cost for each line item/costs classification in the budget, as well as a breakout of Federal and Non-Federal costs for each line item. Detail information provided in the Funding Sources Form. Identify the specific sources of other funding and the status of obtaining funding (e.g., whether the funds are secured, expected, or forthcoming, including the date, source, and amount) and describe the plan for securing the balance of the funds that are neither secured nor committed.

The Consolidated and Further Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) states, “None 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 in excess of Executive Level II.”

Please see Section 5.1 Budget – Salary Limitation of HRSA’s [SF-424 Two-Tier Application Guide](#) for additional information.

- **Attachment 2 – Site Plan:** Provide a site plan for the proposed project showing the general layout and location of the existing site conditions. The plan should clearly diagram the location of the project, using a north arrow, and indicate the uses and structures proposed for a parcel of land. As applicable, it should include lot lines, streets, building sites, preserved open space, buildings, major landscape features, and locations of proposed utility lines. For interior renovation projects, the site plan should show the space(s) to be renovated and the interior surrounding spaces and functions-enough to show the functional relationship and the physical context with the larger building and area. Documents must include rough dimensions for major project components that should be shown and labeled on the drawings.
- **Attachment 3 – Floor Plans/Schematic Drawings:** Provide a floor plan drawn to scale for the proposed project, including proposed exam rooms, waiting area, etc. Documents must include rough dimensions for major project components. Drawings should clearly identify the project components that are being proposed, as well as distinguishing improved space from unaffected space.
- **Attachment 4 – Environmental Information Document (EID) Checklist:** Provide a completed EID checklist for the project. See: <http://bphc.hrsa.gov/policiesregulations/capital/application/environmentalchecklist.docx>.
- **Attachment 5 – Property Information (uploaded in the Other Requirements for Sites form):** Provide a copy of the title, deed, or lease for the project.
- **Attachment 6 – Landlord Letter of Consent (as applicable; uploaded in the Other Requirements for Sites form):** Applicants proposing a project on a leased property must provide a Landlord Letter of Consent (see the Leasehold Improvements section in [VI. Award Administration Information](#) for additional information on the expectations associated with lease agreements.)
- **Attachment 7 – Service Area Map and Table:** Applicants will provide a map of the service area for the proposed project, indicating the organization’s site listed in Form 5B. The map must clearly indicate the proposed service area zip codes, any medically underserved areas (MUAs) and/or medically underserved populations (MUPs), and Health Center Program grantees, look-alikes, and other health care providers serving the proposed zip codes. Maps should be created using UDS Mapper (<http://www.udsmapper.org>). Include a corresponding table that lists each zip code tabulation area (ZCTA) in the service area, the number of Health Center Program grantees serving each ZCTA, the dominant grantee

serving the ZCTA and its share of Health Center Program patients, total population, total low-income population, total Health Center Program grantee patients, and patient penetration levels for each ZCTA and for the overall proposed service area. This table will be automatically created in UDS Mapper when the map is created.

- **Attachment 8 – Other Relevant Documents (as applicable):** Applicants may include other relevant documents to support the proposed project plan such as charts, organizational brochures, and/or Environmental Assessment. Merge all other relevant documents into a single document.
- **Attachment 9 – Letters of Support:** Upload current dated letters of support addressed to the appropriate organizational contact (e.g., board, CEO) to document commitment to the project. See the COLLABORATION section of the Proposal Cover Page for details on required letters of support. As necessary, applicants may provide a list of additional letters that are available onsite. Letters of support that are not submitted with the application will not be considered by reviewers.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement in **Grants.gov (Phase 1)** is **April 21, 2015** at 11:59 p.m. ET. The due date to complete all other required information in **HRSA's EHBs (Phase 2)** is **May 21, 2015** at 5:00 p.m. ET.

See Section 9.2.5 – Summary of e-mails from Grants.gov of HRSA's [SF-424 Two-Tier Application Guide](#) for additional information.

4. Intergovernmental Review

Health Infrastructure Investment Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR Part 100.

See Section 5.1 of HRSA's [SF-424 Two-Tier Application Guide](#) for additional information.

5. Funding Restrictions

Funds awarded through HIIP awards must be fully obligated by the end of the 3-year project period.

Specific costs that are NOT allowable under HIIP awards can be found in Appendix A of this funding opportunity.

Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all awards under this announcement and is consistent with past practice and long-standing requirements applicable to awards to health centers.

HRSA reserves the right to review fundable applicants for compliance with HRSA program requirements, including program performance, through reviews of site visits, audit data, Uniform Data System (UDS) or similar reports, Medicare/Medicaid cost reports, external accreditation, and other performance reports, as applicable. The results of this review may impact final funding decisions.

The applicant is an existing health center receiving Health Center Program operational support (sections 330(e), (g), (h), and/or (i)) at the time of application and at the time of award, is not subject to the following under its Health Center Program award:

- Five or more active 60 day progressive action conditions on current award; or
- One or more 30 day progressive action condition(s) on current award.

The General Provisions in Division G, of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), apply to this program. Please see Section 5.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov (Phase One) and the HRSA EHBs (Phase Two).

Tracking your application: It is incumbent on the applicant to track application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found in Section 3.2.5 of the [SF-424 Two-Tier Application Guide](#). Be sure your application is validated by Grants.gov prior to the Phase One application deadline.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The HIIP has six (6) review criteria:

Criterion 1: Need (25 points)

- 1) The extent to which the applicant clearly defines the target population expected to be served from the proposed project.
- 2) The extent to which the applicant identifies existing health care services and services gaps in the service area (other Health Center Program grantees, look-alikes, rural health clinics, hospitals, and health departments in proposed service area).
- 3) The extent to which the applicant describes the need to increase capacity to provide primary and preventive health services for the target population, as supported by the UDS Mapper documentation.
- 4) The extent to which the applicant demonstrates the current facility barriers impacting the ability to meet the need and increase patient capacity.

Criterion 2: Response (20 points)

- 1) The extent to which the proposed project responds to the needs of the target population.
- 2) The extent to which the application demonstrates that the proposed project will increase patient capacity as supported by the UDS Mapper information and consistent with the service area identified in the Form 5B.
- 3) The extent to which the applicant demonstrates that the proposed project provides solutions to the current facility barriers that are impacting the ability to increase patient capacity.
- 4) The appropriateness and quality of the proposed project to meet the stated purpose of the HIIP.

Criterion 3: Collaboration (10 points)

- 1) The extent to which the application identifies the safety-net providers (i.e., other Health Center Program grantees, look-alikes, rural health clinics, hospitals, and health departments) within the proposed service area for the project.
- 2) The extent to which the application documents⁶ reasonable efforts to establish and maintain collaborative and coordinated relationships with other providers and organizations (i.e., other Health Center Program grantees, look-alikes, rural health clinics, hospitals, and health departments)⁷ in the service area for the proposed project in order to:
 - a. Support access to care and continuity of care for the health center's patient population;
 - b. Complement existing services available through the health center while minimizing the potential for duplication of resources and/or overlap in services, sites, or programs for its target population; and
 - c. Support the project's ability to increase patient capacity.
- 3) If letters or documents are unavailable, the extent to which the application documents efforts to obtain the letters which at a minimum include details about the specific proposal for which support was requested.

⁶ Specifically, the health center either obtains letters or other appropriate documents specific to the application (e.g., MOAs, MOUs, etc.), that describe the areas where coordination or collaboration will occur between the health center and the other providers and organizations, if present, in the service area, including through demonstrated participation in community-wide planning efforts (e.g., a city-wide community health planning council).

⁷ Health centers should research and identify other providers or organizations that would be appropriate collaborative partners to support their patient population (e.g., medical schools, research institutions, social service organizations, schools, national foundations).

Criterion 4: Impact (10 points)

- 1) The extent to which the proposal demonstrates how the proposed project will increase the number of additional, unduplicated patients to be served.
- 2) The extent to which the application demonstrates how the project will enhance the quality of care and patient outcomes.
- 3) The extent to which the proposed project clearly outlines how it will incorporate sustainable/green design, construction practices, and products.

Criterion 5: Resources/Capabilities (20 points)

- 1) The extent to which the applicant identifies an appropriate administrative structure and qualified oversight for the proposal, including:
 - a. Commitment from the health center's governing board;
 - b. The expertise and experience of key staff who will be responsible for managing the project and the individuals (name and title) who comprise the Project Team; and
 - c. The appropriateness of acquisition strategies, policies, and procedures that comply with federal procurement requirements.
- 2) The extent to which the applicant demonstrates and appropriate and reasonable timeline to support completing the project within the 3-year project period and within budget.
- 3) The extent to which the applicant can demonstrate control of the site for the proposed project. If the site is leased, the applicant demonstrates consent from the landlord to implement the project and acknowledges Federal Interest. For leased sites, the extent to which the applicant demonstrates the length of lease is appropriate for the funding requested [e.g., the length of the lease extends for a minimum of five (5) years from the project period end date (current period, including option year(s), if needed)].
- 4) The extent to which the application demonstrates that the additional organizational costs (including operating costs, increases in utilities, daily maintenance and repair, and long term capital reinvestment for the project) resulting from the project will be supported within the existing operational budget for the health center.

Criterion 6: Support Requested (15 points)

- 1) The extent to which the Project Description and the budget justification are consistent with the construction work shown on the schematic drawing and site plan documentation provided for the proposed project.
- 2) The extent to which the attached budget justification provides a clear, detailed description for each cost classification (as outlined in Appendix A).
- 3) The extent to which the drawings clearly depict the spaces to be added and/or improved as well as other proposed actions for the project.
- 4) The extent to which the application provides a complete and reasonable equipment list that aligns with the goals and objectives of the proposed project.
- 5) If the total project cost exceeds the amount of award funding requested in the application, the extent to which the applicant demonstrates and documents in the attached budget justification(s) that additional capital funding sources have been secured to support the proposed project.

2. Review and Selection Process

Please see section 6.3 of HRSA's [SF-424 Two-Tier Application Guide](#).

This program does not have any funding priorities, preferences or special considerations.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced on or around the project period start date of September 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2015. See Section 6.4 of HRSA's [SF-424 Two-Tier Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 Two-Tier Application Guide](#).

Accessible Design Requirements

On September 15, 2010, the United States Department of Justice (DOJ) published revised Americans with Disabilities Act (ADA) regulations in the Federal Register that update and amend some of the provisions in the original 1991 ADA regulations. These changes include revised accessibility standards, called the 2010 Standards for Accessible Design, which establish minimum criteria for accessibility in design and construction. The final rules went into effect on March 15, 2011 and were published in the 2011 Code of Federal Regulation.

The Architectural Barriers Act of 1968, as amended, the Federal Property Management Regulations 101-19.6 (41 CFR 101-19.6), and the Uniform Federal Accessibility Standards issued by the General Services Administration (41 CFR 101-19.6, Appendix C) set forth requirements to make facilities designed, built, altered, or leased with Federal funds accessible to, and usable by, the physically handicapped and include minimum design standards. In addition, The Americans with Disabilities Act, 42 U.S.C. 12101 et seq., (<http://www.ada.gov/pubs/ada.htm>) and Architectural Barriers Act Accessibility Requirements are available online at (<http://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-ada-standards/background/ada-aba-accessibility-guidelines-2004>).

Federal Interest

Real Property

The Federal Government retains a reversionary interest in real property constructed, acquired, or improved with Federal funds. The Federal interest is based on the total allowable project costs (Federal), excluding movable equipment, as a percent of the value of the property after completion of the project. In addition:

- For alteration/renovation projects, Federal interest exists for the useful life attributable to the alteration/renovation funded under this award. HIIP alteration/renovation projects having a total allowable project cost (Federal and non-Federal) of \$500,000 or greater, excluding movable equipment with a unit cost of \$5,000 or more and other items with a useful life of more than one year and a unit cost less than \$5,000, are required to file a Notice of Federal Interest (NFI) against the property title. The level of Federal interest may decline with physical depreciation or replacement of the alteration/renovation made to the asset. The level of Federal interest is calculated by a certified appraisal of the property at the time of project completion.
- For all HIIP construction/expansion projects, regardless of award amount, applicants are required to file a Notice of Federal Interest (NFI).

The NFI requires HRSA's Associate Administrator of the Office of Federal Assistance Management to provide prior written approval in order for the property owner to mortgage, sell, transfer, or use the property for a purpose inconsistent with the award. A notarized NFI must be filed against the property deed prior to construction in the appropriate public records office of the jurisdiction in which the property is located and once filed, a copy must be provided to the appropriate HRSA Grants Management Specialist.

Applicants not required to file a NFI (i.e., alteration/renovation projects less than \$500,000) will acknowledge with the receipt of the Notice of Award that the Federal interest exists irrespective of the filing of a NFI. Such acknowledgment must be submitted to HRSA and maintained by the award recipient to track and protect the Federal interest. Such documentation includes communications between the lessor and the lessee related to protecting such interest, in accordance with the standard award terms and conditions. This documentation must be available for subsequent review by HRSA.

A sample NFI is available at:

<http://bphc.hrsa.gov/policiesregulations/capital/postaward/samplenoticeoffederalinterest.docx>

NFI FAQs are available at:

<http://bphc.hrsa.gov/policiesregulations/capital/nfifilingguide.pdf>

Equipment

Applicants must provide, when applicable, a detailed equipment list for the proposed project that includes non-expendable items with a useful life of more than one year.

Leasehold Improvements

While leasehold improvements are allowed under the HIIP funding opportunity, please note:

- a) Lessors/Property Owners must provide a Landlord Letter of Consent in Attachment 6, and agree in writing to the following:
 - Permit the grantee to undertake the proposed alteration/renovation project;

- The length of the lease must be appropriate to the scope of project, e.g., the length of the lease extends for a minimum of five (5) years from the project period end date;
 - Acknowledge Federal interest in the project, and file a Notice of Federal Interest against the property title in the local jurisdiction before the project begins (as applicable);
 - Agree to modify the lease with additional terms that indicate the continued rights of the recipient/Federal Government in the event that the lessor of record changes.
- b) HRSA will determine if the term of the lease is long enough for the full value of the award-supported improvements to benefit the award activity. HRSA will take into account the purpose and duration of the award, the expected life of the facility, and the use of the facility for award-supported purposes.
 - c) The lease agreement must provide the applicant reasonable control⁸.
 - d) Funds may not be used to pay lease costs.
 - e) Funds for a leased property cannot address needs that are part of the terms of the lease (i.e., the responsibility of the lessor/property owner).
 - f) If funds address improvements that would impact terms of the lease (e.g., double paned windows) applicants must have written evidence of negotiated offset in the rent.

All other improvements that comply with the requirements of this funding opportunity are allowable.

For alteration/renovation projects proposed in leased facilities, the applicant must provide evidence that the lease includes the following language, whether as a provision of a new lease or an amendment to an existing lease, agreed to by both the recipient (occupant) and lessor (owner):

- a) The recipient agrees not to sublease, assign, or otherwise transfer the leased property, or use the property for a non-award-related purpose(s) without the written approval from HRSA (at any time during the term of the lease, whether or not award support has ended);
- b) The lessor will inform HRSA of any default by the recipient under the lease;
- c) HRSA shall have 60 days from the date of receipt of the lessor's notice of default in which to attempt to eliminate the default, and that the lessor will delay exercising remedies until the end of the 60-day period;
- d) HRSA may intervene to ensure that the default is eliminated by the recipient or another recipient named by HRSA;
- e) The lessor shall accept payment of money or performance of any other obligation by the HRSA's designee, for the recipient, as if such payment of money or performance had been made by the recipient; and
- f) In the event that the recipient defaults, the award is terminated, or the recipient vacates the leasehold before the end of the lease term, HRSA shall have the right to designate a replacement for the recipient for the balance of the lease term, subject to approval by the lessor, which will not be withheld except for good reason.

⁸ "Reasonable control" for the purpose of the HIIP program is considered the ability to implement the project and realize the benefits of the project without unnecessary demands, such as unreasonably restrictive access and limited control, at the site.

In addition, the lessor/property owner must agree to file a Notice of Federal Interest (NFI) against the property title in the local jurisdiction before the project begins (if the proposed net project cost, less movable equipment, is \$500,000 or greater).

Environmental Review

The National Environmental Policy Act of 1969 (NEPA), 42 U.S.C 4321 (P.L. 91-190, Sec. 2, Jan. 1, 1970, 83 Stat., 852), including Public Disclosure, Section 102 of NEPA, and EO 11514, requires Federal agencies to assess the environment impacts of major Federal actions, including construction projects supported in whole or in part through Federal contracts, grants, subsidies, loans, or other forms of funding assistance.

HRSA requires that applicants provide information on anticipated environmental impact as part of their applications. APPLICANTS MUST SUBMIT WITH THEIR APPLICATION an Environmental Information and Documentation (EID) Checklist in Attachment 4. The EID Checklist is available at:

<http://bphc.hrsa.gov/policiesregulations/capital/application/environmentalchecklist.docx>.

If after reviewing the project description and the EID, HRSA determines that the funded project may have a significant impact on the environment, HRSA will request that the awardee initiate and prepare an Environmental Assessment (EA). Based on the review of the draft EA, HRSA will determine if there is a Finding of No Significant Impact (FONSI) or additional review is required.

NEPA related reviews must be completed and conditions of award must be released prior to commencing work outside of purchasing moveable equipment, engaging architectural and engineering services, or acquiring necessary licenses, permits and other approvals for the project.

For additional information regarding compliance with NEPA, please visit:

<http://bphc.hrsa.gov/policiesregulations/capital/environmentandhistoric/capitaldevelopment.html>

Cultural Resource and Historic Preservation (HP) Section 106 Reviews

Successful projects for HIIP funds will be reviewed under the terms of section 106 of the National Historic Preservation Act (NHPA). Under section 106, prior to the expenditure of funds, an assessment must be made of the potential effects of undertakings on historic properties (which include any prehistoric or historic district, site, building, structure, or object), that are eligible for listing or are listed on the National Register of Historic Places (NRHP).

HRSA has determined that the following activities constitute an undertaking under the NHPA:

- 1) all new construction and expansion projects (including demolition of existing buildings);
- 2) alteration/renovation/repair projects where exterior changes to the building façade or surroundings (such as grading, fencing, or additional parking) may be made (including roof, windows and parking lots); and
- 3) where interior renovations may be made to a building that is over fifty (50) years old, or is historically, architecturally, or culturally significant.

Under section 106, prior commencing work outside of purchasing moveable equipment, engaging architectural and engineering services, or acquiring necessary licenses, permits and other approvals for the project, an assessment must be made of the potential effects of undertakings on historic properties, and a notification/consultation must take place with all interested parties. Pursuant to the regulations at 36 CFR Part 800, HRSA determines the project's effect on historic properties in consultation with the State Historic Preservation Officer (SHPO), Tribal Historic Preservation Officers (THPO), representatives of the local government, and other affected Indian tribes and interested parties.

For projects that require section 106 review, funds may not be drawn down until HRSA receives documentation from the SHPO/THPO concurring whether the property:

- Is not historic; or
- Is historic, with the project causing no potential adverse effects; or
- Is historic and the project may cause adverse effects and provide a resolution to the adverse effects through a fully executed MOA finalized by all parties.

For additional information regarding compliance with section 106, please visit

<http://bphc.hrsa.gov/policiesregulations/capital/environmentandhistoric/capitaldevelopment.html>.

Section 106 and any related historic preservation reviews must be completed and conditions of award must be released prior to commencing work outside of purchasing moveable equipment, engaging architectural and engineering services, or acquiring necessary licenses, permits and other approvals for the project. Section 106 reviews are project specific; therefore, previous consultations for a particular site are not valid for the purposes of this project.

Sustainable Design

The U.S. Department of Health and Human Services (HHS) 2013 Strategic Sustainability Performance Plan (<http://www.hhs.gov/about/sustainability/2013-sustainability-plan.pdf>) commits the Department to leading the way on implementation of sustainable practices and provision of climate-resilient health and human services. In support of this policy, HRSA places a priority on incorporation of sustainable design principles in the design, construction, and operations of facilities that we support through federal funds. HHS' FY2010-2015 Strategic Plan highlights sustainability in Goal 4 (See Objective D). In particular, HHS seeks to improve HHS environmental, energy, and economic performance to promote sustainability. HHS seeks awardees that envision and work toward sustainable facilities and provides a number of strategies to do so in the HHS Sustainable Buildings Plan: (http://www.hhs.gov/asa/ofmp/about/sustainable_buildings_plan_2011a.pdf).

As applicable, include information concerning U.S. Green Building Council recommendations, American Society of Heating Refrigerating and Air Conditioning Engineers (ASHRAE) 90.1 Building Standards for energy efficiency for commercial buildings or other sustainable standards and how these may improve the project and benefit the community, patients and staff.

To the greatest extent practicable for this project, applicants must demonstrate incorporation of appropriate sustainability principles and federal green building requirements in the following federal statutes:

- Executive Order (EO) 13514: <http://www.epa.gov/oaintrnt/projects/requirements.htm>
- The Guiding Principles for Federal Leadership in High Performance and Sustainable Buildings (Guiding Principles):
<http://www.epa.gov/oaintrnt/projects/requirements.htm#gps>
- EO 13423: <http://www.epa.gov/oaintrnt/projects/requirements.htm>
- Energy Independence and Security Act of 2007 (EISA):
<http://www.epa.gov/oaintrnt/projects/requirements.htm>
- Energy Policy Act of 2005 (EPAAct 2005):
<http://www.epa.gov/oaintrnt/projects/requirements.htm>

For further guidance, applicants may reference:

- EPA Federal Green Building Requirements:
<http://www.epa.gov/oaintrnt/projects/requirements.htm>
- Green Guide for Health Care™: <http://www.gghc.org/>
- The Healthier Hospitals Initiative: <http://healthierhospitals.org/>
- U.S. Green Buildings Council: <http://www.usgbc.org/leed/rating-systems/healthcare>
Facility Guidelines Institute: <http://www.fgiguideines.org>
- Sustainable Design Guidelines for Hospitals and Outpatient Facilities:
http://fgiguideines.org/pdfs/FGI_SustainabilityWhitePaper_130812_for_comment.pdf

Equipment

Following these standards will mitigate many of the negative effects on human health and the environment from the proliferation, rapid obsolescence, low recycling rate, high energy consumption, and potential to contain hazardous materials and increased liability from improper disposal are strongly encouraged, where practicable, to Electronic Product Environmental Assessment Tool (EPEAT) - Silver Rated products: <http://www.epeat.net> .

When EPEAT-registered products are not available, the following environmental features should be given priority:

- Energy Star features, (www.energystar.gov)
- Computer Power Management – Enable CPU's to go into power save mode after an appropriate time period (e.g., 15-60 minutes)
- Monitor Power Management – Enable monitors to go into power save mode after an appropriate time period (e.g., 15-60 minutes)
- Establishment of a four year or higher replacement cycle (refresh Rate) for desktop computers and laptops
- Establishment of default setting to double sided printing for printers and print driver software.
- Recycled content, reduced packaging
- Reduced toxic constituents in the product and in the manufacturing process
- Designed for recycle/reuse including upgradeability considerations

- Vendor provided take-back service
- Vendor demonstration of corporate environmental responsibility

Procurement

An awardee may acquire a variety of commercially available goods or services in connection with an award-supported project or program. Awardees can use their own procurement procedures that reflect applicable State and local laws and regulations, as long as those procedures conform to the applicable U.S. Department of Health and Human Services (HHS) regulations, and the HHS Grants Policy Statement. For more information regarding procurement requirements, including awardee responsibilities, competitive bidding requirements, bonding, and conflicts of interest, please review the procurement resource at:

<http://bphc.hrsa.gov/policiesregulations/capital/postaward/faqprocurement.pdf>

Force Account Labor

If an applicant chooses to use its in-house personnel for in-house design work and/or in-house construction work in lieu of selecting a private firm, the awardee must obtain approval from BPHC prior to beginning the design phase. The awardee must show that it is more cost effective in comparison to outsourcing the work. The total cost for in-house personnel plus the fee for the architect and engineer must not exceed the prevailing architectural and engineering fee costs (usually 5 to 15 percent of the construction bid cost).

Detailed information regarding the format and content of the justification needed for an assessment of the proposal are available online at:

<http://bphc.hrsa.gov/policiesregulations/forcefaq.pdf>

Community Development Financial Institutions (CDFI) Fund

The mission of the U.S. Department of the Treasury's CDFI Fund is to expand the capacity of financial institutions to provide credit, capital, and financial services to underserved populations and communities in the United States. Through its various programs, the CDFI Fund enables locally-based organizations to further goals such as: economic development (job creation, business development, and commercial real estate development); affordable housing (housing development and homeownership); and community development financial services (provision of basic banking services to underserved communities and financial literacy training).

HRSA recommends that applicants consider utilizing programs offered by participating CDFIs operating nationally or within your State. For further information on the CDFI Fund, the programs it administers, and a listing of organizations in your community that have been certified as CDFIs, please visit <http://www.cdfifund.gov/>.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 7 of HRSA's [SF-424 Two-Tier Application Guide](#) and the following reporting and review activities:

a) Status Reports

- 1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required within 90 days of the end of each year of the three-year project period. The report is an accounting of expenditures for the specified year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

- 2) **Progress Report(s).** The awardee must submit a Quarterly Progress Report (QPR) to HRSA through the EHB, which may include the following:
 - Project completion status (percent complete)
 - Actual versus projected budget information – uses of HIIP award funds
 - Construction Schedule
 - Earned Value ManagementFurther information regarding the QPR will be provided in the Notice of Award.

- 3) **Reporting Requirements.** The awardee must submit the following documentation for the awarded project to HRSA through the EHB:
 - Project Implementation Certification
 - Final Design Certification
 - Bonding Coverage Certification
 - Construction Contract InformationFurther information will be provided in the award notice.

- 4) **Final Report.** A final report is required for the awarded project within 90 days of the completion of the project period. The report will include the following items:
 - Photos of the completed project, including “before” photos
 - A certificate of substantial completion
 - A certificate of occupancy
 - A letter stating that the project was completed in accordance with previously certified contract documents and in accordance with all applicable Federal statutes and regulations.Further information will be provided in the Notice of Award.

- 5) **Submit the SF-428 Tangible Personal Property Report.** Due within 90 days of the project period end date. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. It does not include copyrights, patents or securities. More specific information will be provided in the Notice of Award.

- 6) **Ad Hoc Submissions:** Throughout the project period, HRSA may determine that a project requires additional information for each awarded project to be submitted beyond the standard deliverables. This information may include, but is not limited to, the following:
 - Purchase orders
 - Contract documentation
 - Project implementation photos

VII. Agency Contacts

Applicants may obtain additional information related to the overall program issues and/or technical assistance regarding this funding announcement by contacting:

William Hemmingson
Bureau of Primary Health Care, HRSA
5600 Fishers Lane, 17C-26
Rockville, MD 20857
301-594-4300
BPHCCapital@hrsa.gov

Keith D. Kizzie
Bureau of Primary Health Care, HRSA
5600 Fishers Lane, 17C-26
Rockville, MD 20857
301-594-4300
BPHCCapital@hrsa.gov

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Neal Meyerson
Division of Grants Management Operations, HRSA
5600 Fishers Lane
Rockville, MD 20857-0001
301-443-5906
nmeyerson@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726, (International Callers, please dial 606-545-5035)
Email: support@grants.gov
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Note: Applicants should always obtain a case number when calling Grants.gov for support.

For assistance with submitting the remaining information in HRSA EHB, contact HRSA's Bureau of Primary Health Care, Monday through Friday, 8:30 a.m. to 5:30 p.m. ET, excluding Federal holidays:

BPHC Helpline
1-877-974-2742
BPHCHelpline@hrsa.gov

Note: The BPHC Helpline will remain open until 5:00 p.m. ET on the EHB application due date.

VIII. Other Information

Technical Assistance Page

A technical assistance Website has been established to provide applicants with copies of forms, FAQs, and other resources that will help organizations submit competitive applications. To review available resources, visit <http://www.hrsa.gov/grants/apply/assistance/hiip>.

IX. Tips for Writing a Strong Application

See Section 5.7 of HRSA's [*SF-424 Two-Tier Application Guide*](#).

Appendix A: Instructions for Completing the Budget Information – Construction Programs (SF 424C)

Complete the Budget Information – Construction Programs (SF-424C) for either project type (alteration/renovation and/or construction/expansion). Do NOT use the non-construction forms, SF-424A or SF-424B.

Column A – Total Cost: Indicate the total cost of the project in this column.

Column B – Costs Not Allowable for Participation: Only costs defined as unallowable in the chart below should be entered in Column B. Funds may not be used to cover these costs. Do not include costs in Column B merely to reduce Column C to the award amount.

Column C – Total Allowable Costs: Subtract Column B from Column A. Column C should contain all allowable costs, whether or not these costs will be paid with award funds.

Award funds cannot exceed the amount in Line 16 (columns A and C). The entry in Line 17 (A/B) is a calculated field based on the Federal share percentage. The percentage is restricted to whole numbers (no decimals).

A sample format for the Budget Justification can be found at:

<http://www.hrsa.gov/grants/apply/assistance/hiip>

Allowable and Unallowable Costs

In addition to those indicated in the chart below, the following uses of HIIP award funds are unallowable:

- 1) Health center operating costs (e.g., funding direct services, clinical full-time equivalents, costs for staff not directly related to the implementation of the proposed project within the project scope of work) rent, mortgage payments, refinanced credit facilities.
- 2) Costs related to Electronic Health Records (EHR) ongoing operations, and maintenance.
- 3) Pre-construction (architectural and engineering) costs incurred prior to 90 days before the award date.
- 4) Creation of shell space for future use.
- 5) Creation or improvement of space for use that is not consistent with the Health Center Program (section 330 of the Public Health Service Act, as amended).

NOTE: As previously indicated, applications that include alteration/renovation and/or construction/expansion activity associated with the project or connected activity (e.g., site grading, installation of utilities, demolition) that has started before the award date will be ineligible for consideration under HRSA-15-129 (see Eligible Applicants).

The following chart lists the allowable and unallowable costs for the proposed HIIP project⁹:

	ALLOWABLE	UNALLOWABLE
Line 1 - Administrative and legal expenses	<ul style="list-style-type: none"> • Salary of applicant’s staff and consultant fees that are directly related to the administration of the technical aspects of the proposed project. Administrative and legal expenses cannot exceed 10% of line 16c (total costs) • Costs associated with the evaluation of the environmental and historic preservation effects of the proposed project, obtaining public input, producing the necessary studies, analysis, and resultant reports, as well as compliance with other environmental and historic preservation laws • Costs of title insurance, physical-destruction insurance, builder’s risk insurance and liability insurance • Bid advertising 	<ul style="list-style-type: none"> • Salary of applicant’s staff and consultant fees that are not related to the administration of the technical aspects of the proposed project • Bonus payments to construction contractors • Costs of groundbreaking and dedication ceremonies and items such as plaques • Expendable office, medical, and laboratory supplies • Fund-raising expenses • Damage judgment suit • Consultant fees not related to actual construction • Costs related to other sources of project financing
Line 2 - Land, structures, right-of-way, appraisals, etc.	<ul style="list-style-type: none"> • Filing fees for recording the NFI 	<ul style="list-style-type: none"> ▪ Land or the cost of purchasing a building (including title search, closing costs, etc.)
Line 3 - Relocation expenses and payments	<ul style="list-style-type: none"> • Relocation payments to be made to displaced persons, business concerns and nonprofit organizations for moving expenses and replacement housing • Relocation advisory assistance and the net amounts for replacement (last resort) housing. This line is limited to approved applicants whose project involves the displacement of persons and businesses that must comply with 	<ul style="list-style-type: none"> • The cost of permanently relocating the health center

⁹ For additional information for allowable and unallowable costs related to grants, please reference 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards, as appropriate, as well as HHS Grants Policy Statement (GPS). The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary.

	ALLOWABLE	UNALLOWABLE
	<p>the provisions of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 ((42 U.S.C. 4601 et seq.) 84 Stat.1894) and 49 CFR Part 24</p> <ul style="list-style-type: none"> • Costs to lease a temporary space while the main space is being constructed or altered/renovated/repaired 	
Line 4 - Architectural and engineering fees	<ul style="list-style-type: none"> • Fees associated with architectural and engineering professional services including, but not limited to, preparation of bid documents and inspections during construction • Associated expenses for preparation of specifications and reproduction of design documents • Costs incurred before an award for architect's fees and consultant's fees necessary to the planning and design of the project, if the project are approved and funded and the costs comply with Federal procurement requirements (when applicable) 	<ul style="list-style-type: none"> • Architectural and engineering fees for work that is not within the scope of the approved project • Elaborate or extravagant designs or projects that are above the known local costs for comparable buildings
Line 5 - Other architectural and engineering fees	<ul style="list-style-type: none"> • Other architectural and engineering services, such as surveys, tests, and borings • Preliminary expenses associated with the approved award • Sustainable design services, such as LEED, including commissioning • Costs associated with the preparation of the Environmental Assessment and SHPO consultation • Project/Construction management Fees 	<ul style="list-style-type: none"> • Costs of abandoned designs or (costs associated with a design that will not be used to construct the building) • Costs for work not directly related to the project; • Costs for preparing grant applications.
Line 6 - Project inspection fees	<ul style="list-style-type: none"> • Clerk-of-the-works, inspection fees, structural certification, etc., to be provided by architectural engineering firm or the applicant's staff. 	<ul style="list-style-type: none"> • Fees not directly related with the requested project.
Line 7 - Site work	<ul style="list-style-type: none"> • Site clearance, grading, land improvement costs, including reasonable costs for landscaping to 	<ul style="list-style-type: none"> • Fees not directly related with the requested project; • Landscaping outside of

	ALLOWABLE	UNALLOWABLE
	<p>stabilize the site, sidewalks, drives, and parking areas which are located on the site and are essential for the use and operation of the approved project;</p> <ul style="list-style-type: none"> • Sanitary sewer, storm sewer, and portable water connections, providing that existing municipal utilities are located in streets, roads, and alleys contiguous to the site; • Sidewalks, drives, and parking areas which are located on the site and are essential for the use and operation of the approved project; and • Reasonable landscaping costs for seeding and sodding required for soil/slope stabilization. 	<p>vegetation needed for site stabilization.</p>
Line 8 - Demolition and removal	<ul style="list-style-type: none"> • Costs of demolition or removal of structures or improvements. Reduce the costs on this line by the amount of expected proceeds from the sale of salvage. 	<ul style="list-style-type: none"> • Costs not directly related with the requested award; • Funds may not be used for demolition and removal of debris that will not result in a usable structure; and, • Hazardous materials remediation/abatement.
Line 9 - Construction	<ul style="list-style-type: none"> • Costs of acquisition and installation of fixed equipment¹⁰ necessary for the functioning of the facility. • Costs of constructing new building(s) to be used for the program. This includes costs of materials and labor within the local range of comparable buildings; • Construction costs for expansion, remodeling, and alteration of existing buildings, which will be used for the program; • Costs of connecting to existing central utility distribution systems contiguous 	<ul style="list-style-type: none"> • Abandoned projects • Relocation of utilities that are off site and off-site improvements • Landscaping to improve the appearance of the facility • Prorated cost of existing central utility plant and distribution systems, which serve the proposed facility • Interior and exterior decorating fees (e.g. purchase of artwork, sculpture, etc.)

¹⁰ Fixed equipment are items that requires modification of the facility for its satisfactory installation or removal and is included in the construction contract. Examples include: HVAC Units, duct work, generators, fume hoods, sinks, fixed shelving, built-in sterilizers, built-in refrigerators, and drinking fountains.

	ALLOWABLE	UNALLOWABLE
	<p>to the site, such as steam and chilled water that service a campus from centrally located boiler and refrigeration plants. Prorated costs for new boilers and chillers to serve the proposed facility are acceptable.</p> <ul style="list-style-type: none"> • Special features for seismic code requirements. Use nationally recognized codes adopted by authorities having jurisdiction; • Costs of eliminating architectural barriers to the handicapped • Bid guarantees and performance and payment bonds • Costs of pollution-control equipment for the facility's boilers, incinerators, waste water treatment, etc., which may be required by local, State, or Federal regulations. The facility must meet requirements of both current and future pollution abatement regulations as described in currently approved pollution plans 	<ul style="list-style-type: none"> • Elaborate or extravagant materials that are above the known local costs for comparable buildings • Fixed equipment if it is not part of the construction contract • Bonus payments to contractors
Line 10 - Equipment	<ul style="list-style-type: none"> • Equipment that is pertinent to the project • Tangible personal property (i.e., moveable equipment- a non-expendable item with a useful life of more than one year and a unit cost of \$5,000 or more (or equal to the applicant's capitalization threshold) that is not permanently affixed and can be easily moved (e.g., medical exam tables, dental chairs, x-ray equipment, computers, modular workstations, autoclaves, and freezers) • Clinical and administrative equipment (i.e., furniture, computers, servers, telephones, fax machines, copying machines, software) with a useful life of one year or greater and a unit cost of less than \$5,000 	<ul style="list-style-type: none"> • Donated equipment • Luxury furniture • Vehicles and/or Mobile Medical vans • Fixed equipment that is permanently attached to the building (it should be listed under line item 9)

	ALLOWABLE	UNALLOWABLE
Line 11 - Miscellaneous	<ul style="list-style-type: none"> • Provide an itemized list for items not specifically mentioned above that are directly related to the project. Such costs should generally be no more than 10% of line 16c (total cost) • The cost of alternate bid work up to the amount of the original bid submitted 	<ul style="list-style-type: none"> • Additional expense resulting from the rejection of an alternate bid at the start of construction and later reinstating the bid at an increased cost due to escalation • Sales taxes, Federal excise taxes, and other taxes when the applicant is exempt from such taxes or is entitled to a refund by the State or Federal Government after payment • Costs or charges associated with routine maintenance, or operation of the facility
Line 12 – SUBTOTAL	Enter the sum of Lines 1 through 11	
Line 13 - Contingencies	<ul style="list-style-type: none"> • The contingency of this program is limited to 5% of Lines 7c, 8c, and 9c. However, the contingency must be reduced to 2% of Lines 7c, 8c, and 9c after the contract is awarded. The contingency does not include moveable equipment costs 	<ul style="list-style-type: none"> • Contingency costs above the allowable percentage.
Line 14 – SUBTOTAL	Enter the sum of Lines 12 and 13	
Line 15 – Project (program) income		
Line 16 – TOTAL PROJECT COSTS	Enter the amount in line 14	
Line 17	Enter the portion of the HIIP award that is allocated to the project (Note: round to the nearest whole dollar amount)	