

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

Bureau of Primary Health Care
Office of Policy and Program Development

Oral Health Infrastructure (OHI)

Funding Opportunity Number: HRSA-19-079
Funding Opportunity Type(s): Competing Supplement
Catalog of Federal Domestic Assistance (CFDA) Number: 93.527

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date in Grants.gov: April 22, 2019
Supplemental Information Due Date in HRSA EHBs: May 21, 2019

Ensure your SAM and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov, Grants.gov, and HRSA EHBs,
may take up to 1 month to complete.

Issuance Date: March 22, 2019

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Authority: Public Health Service Act, Section 330(e), (g), (h), and/or (i), as amended (42 U.S.C. 254b(e), (g), (h), and/or (i))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 Oral Health Infrastructure (OHI) under the Health Center Program. The purpose of this one-time, competitive supplemental funding opportunity is to support infrastructure enhancements to provide new or enhance existing high quality, integrated oral health services.

Funding Opportunity Title:	Oral Health Infrastructure (OHI)
Funding Opportunity Number:	HRSA-19-079
Due Date for Applications – Grants.gov:	April 22, 2019 (11:59 p.m. ET)
Due Date for Supplemental Information – HRSA EHBs	May 21, 2019 (5 p.m. ET)
Anticipated Total Available FY 2019 Funding:	\$76,000,000
Estimated Number and Type of Awards:	Up to 250 grants
Estimated Award Amount:	Up to \$300,000
Cost Sharing/Match Required:	No
Period of Performance:	OHI funding will be awarded as a supplement to your current Health Center Program award, for use from September 1, 2019 through the end of your FY 2021 budget period.
Eligible Applicants:	Existing Health Center Program award recipients that currently receive operational funding under section 330 of the Public Health Service Act (i.e., sections 330(e), (g), (h) and/or (i)). See Section III of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Two-Tier Application Guide*, available online at <https://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. Visit the [OHI technical assistance website](#) for webinar details and helpful resources. In addition, see [BPHC's Oral Health and Primary Care Integration website](#) for resources on improving oral health and primary care integration in health centers.

The HRSA Primary Health Care Digest is a weekly email newsletter containing information and updates pertaining to the Health Center Program, including competitive funding opportunities. Organizations interested in seeking funding under the Health Center Program are encouraged to have several staff subscribe at https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic_id=USHHSHRSA_118.

HRSA-supported Primary Care Associations (PCAs) and/or National Cooperative Agreement recipients (NCAs) are available to assist you in preparing a quality application. For a listing of HRSA-supported PCAs and NCAs, refer to HRSA's [Strategic Partnerships website](#).

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for Fiscal Year (FY) 2019 Oral Health Infrastructure (OHI) funding. The purpose of the OHI supplemental funding is to support infrastructure enhancements to provide new or enhance existing high quality, integrated oral health services in health centers.

For purposes of this NOFO, the phrase “integrated oral health services” means preventive and primary dental health services and additional dental services, as appropriate, delivered through an interdisciplinary team-based approach in collaboration among health center professionals (e.g., medical, behavioral, dental). This funding opportunity will support one-time physical and organizational infrastructure investments, such as minor alteration and renovation (A/R), equipment purchases, health information technology (IT), and training, to enable health centers to establish or enhance integrated oral health services, including those provided using telehealth¹ and virtual dentistry. Virtual dentistry utilizes telehealth technology to provide patients preventive and early intervention therapeutic services in community settings where they live or receive other health services, and gives providers and staff in remote sites access to professional resources.²

2. Background

This program is authorized by Section 330(e), (g), (h) and/or (i) of the Public Health Service Act, as amended (42 U.S.C. 254b(e), (g), (h) and/or (i)).

This funding opportunity builds upon previous HRSA investments to support integrated care in health centers. In 2016, HRSA awarded 420 health centers approximately \$156 million in ongoing funding to increase access to integrated oral health care services and improve oral health outcomes for Health Center Program patients. Health centers used these funds to increase oral health service capacity by hiring approximately 1,660 new dentists and dental hygienists, assistants, and technicians to provide dental services to more than 450,000 new patients. HRSA-funded health centers served more than 6.1 million dental patients and provided nearly 15.7 million dental visits in 2017, an 8 percent increase from 2016.

¹ Telehealth is defined, for purposes of this NOFO, as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. See <https://www.hrsa.gov/rural-health/telehealth/index.html> for telehealth resources.

² Glassman, Harrington, Namakian, and Subar, “The virtual dental home: bringing oral health to vulnerable and underserved populations.” California Dental Association Journal, vol. 40, no. 7, pp. 569-77, July 2012.

Health Center Program award recipients (hereafter referred to as health centers)³ provide comprehensive required primary care services to medically underserved areas and populations, including preventive dental services. These services include basic dental screenings, oral health hygiene instruction and education, oral prophylaxis (commonly known as teeth cleaning), and the application of fluorides, and may include X-rays and the placement of dental sealants. Many health centers also offer additional dental services, such as diagnosis and treatment of tooth ailments, to address the oral health care needs of their patient population.

Health centers may face challenges providing integrated oral health services due to limitations in infrastructure, such as outdated equipment, insufficient space, and limited integration of primary care and oral health electronic health records. As a follow up to previous investments to expand oral health service capacity, OHI one-time funding will provide health centers an opportunity to make or build upon such infrastructure enhancements.

Proposal Requirements

Your application must demonstrate how you will use OHI funding to enhance your infrastructure to increase access to integrated oral health services. You must use funds provided under this NOFO for one-time physical and organizational infrastructure investments (e.g., minor A/R, equipment, health IT, training) to increase access to integrated oral health services, including telehealth and virtual dentistry. OHI funds may not support ongoing personnel or service provision costs. Infrastructure investments may occur at current, in-scope health center sites or new sites that are proposed through the OHI application for the purpose of expanding access to integrated oral health services. These sites (current or proposed) may be permanent or mobile. Proposed new sites must be located within the current service area. See the instructions for completing [Form 5B: Service Sites](#) for details.

Your application may request funding for as many as four minor A/R projects, equipment purchases, and/or other infrastructure investments such as training, telehealth, and health IT that do not fall under the equipment category. Refer to [Appendix A](#) for a list of sample infrastructure-focused funding uses that may support the implementation of integrated oral health services.

Minor A/R (with or without equipment): A minor A/R project is defined as all of the allowable A/R-related activities proposed at a single health center site, with a total site-specific project cost that is less than \$500,000.⁴ You may propose as many as four minor A/R projects, with each occurring at a different site. The total request for OHI funding across all proposed projects may not exceed \$300,000. Projects may include work required to modernize, improve, and/or reconfigure the interior arrangements or

³ For the purposes of this funding opportunity, the term “health center” means organizations funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act, as amended.

⁴ The total project cost (less than \$500,000) includes both the federal funding request and all other funding sources, but excludes moveable equipment costs.

other physical characteristics of a facility and/or installation of equipment in an existing facility. A minor A/R project may not increase the total square footage of an existing building (e.g., by construction of a building addition) and may not be part of a larger construction project.

Equipment: Moveable items, including IT systems, with a per-unit cost of \$5,000 or more are considered equipment (see the [Equipment List Form](#) instructions for the full equipment definition). You may propose to purchase equipment for any number of health center sites, alone or in addition to proposing up to four minor A/R projects. Examples of equipment that you may propose include purchase of a mobile unit, dental chairs and other dental equipment, telehealth equipment, servers, and radiology equipment.

Other Infrastructure Investments: You may request funding for other infrastructure investments that do not fall under the categories of minor A/R and equipment. Examples include training, consulting, supplies, and licenses for health IT that enhance integrated oral health services.

II. Award Information

1. Type of Application and Award

Type of applications sought: Competing Supplement

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately \$76,000,000 in one-time funding to be available to fund 250 recipients. You may apply for a ceiling amount of up to \$300,000 total cost (includes both direct and indirect costs). The period of performance is September 1, 2019 through the end of your FY 2021 budget period. If awarded, your OHI funding supplements your current Health Center Program award and will only be available in your FY 2020 and FY 2021 budget period if you are an active Health Center Program award recipient.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles and Audit Requirements at [45 CFR part 75](#).

III. Eligibility Information

1. Eligible Applicants

Your organization must be an existing Health Center Program award recipient⁵ to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount of \$300,000 on the [SF-424A](#) non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice.

Applications that do not include the [Project Narrative](#), as described in Section IV.2.ii, will be considered non-responsive and will not be considered for funding under this notice.

Applications that propose either of the following unallowable projects will be considered non-responsive and will not be considered for funding under this notice:

- Construction (i.e., a project that will increase physical square footage – either by building on to an existing facility or constructing a new facility from the ground up).
- Major alteration/renovation activities (i.e., an A/R project that is part of a larger construction project or has a total project cost of \$500,000 or more).

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your first validated electronic submission, under the correct funding opportunity number, in Grants.gov. Applications submitted after the first submission will be marked as duplicates and considered ineligible for review. If you wish to change information submitted in a Grants.gov application, you may do so in the HRSA Electronic Handbooks (HRSA EHBs) application phase.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically through Grants.gov and the HRSA EHBs. You must use a two-tier submission process associated with this NOFO and follow the

⁵ Organization currently receiving operation funding under Section 330 of the Public Health Service Act (i.e., sections 330(e), (g), (h), and/or (i)).

directions provided at <http://www.grants.gov/applicants/apply-for-grants.html> and in the HRSA EHBs.

- **Phase 1 – Grants.gov** – Required information must be submitted and validated via Grants.gov with a due date of April 22, 2019 at 11:59 p.m. Eastern Time; and
- **Phase 2 – HRSA EHBs** – Supplemental information must be submitted via HRSA EHBs with a due date of May 21, 2019 at 5 p.m. Eastern Time.

Only applicants who successfully submit the workspace application package associated with this NOFO in Grants.Gov (Phase 1) by the due date may submit the additional required information in HRSA EHBs (Phase 2).

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing this notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or workspace application package. This allows Grants.gov to email organizations in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

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 narrative, 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. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Two-Tier Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 9.5 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 **50 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 workspace application package do not count in the page limit. The Indirect Cost Rate Agreement does not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, validated by Grants.gov and submitted under the correct funding opportunity number prior to the Grants.gov and HRSA EHBs deadlines to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321.)
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in [Attachment 4](#): Other Relevant Documents.

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

Program-Specific Instructions

In addition to application requirements and instructions in Sections 4 and 5 of HRSA's [SF-424 Two-Tier Application Guide](#) (including the budget, budget narrative, assurances, certifications, and abstract), include the following:

i. *Project Abstract*

See Section 5.1.ix. of HRSA's [SF-424 Two-Tier Application Guide](#). In addition, provide your active Health Center Program grant number (H80CSXXXXX), and a brief summary of the proposed infrastructure project(s) and how the project(s) will support access to integrated oral health services.

ii. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, and well organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative: Need, Response, Impact, and Resources/Capabilities.

NEED – Corresponds to [Section V's Review Criterion 1: NEED](#)

- 1) Describe the current and anticipated integrated oral health needs of the patient population and/or underserved population in the service area.
- 2) Describe the infrastructure enhancements necessary to address these oral health needs.

RESPONSE – Corresponds to [Section V's Review Criterion 2: RESPONSE](#)

- 1) Describe your health center's current oral health services, including service delivery methods (i.e., the extent to which services are provided directly (Form 5A: Services Provided, Column I), through contracts or agreements for which the health center pays (Form 5A, Column II), or through formal referral arrangements (Form 5A, Column III)).⁶
- 2) Describe the proposed infrastructure investments necessary for increasing access to integrated oral health services. Specifically describe:
 - a) Any proposed minor alteration/renovation (A/R) activities. Your response should align with and reference the project-related information in the [Project Cover Page\(s\)](#). If the site to be renovated is leased, include the lease agreement or intent to lease documentation in [Attachment 2: Lease Documentation](#).
 - b) Any proposed equipment and supplies purchases, including dental, telehealth, and other equipment and technology to extend the reach of current dental providers through virtual dentistry. Your response should align with the Equipment List and budget information.
 - c) Any other infrastructure investments, such as training, improved workflows, systems consulting, and EHR enhancements.
- 3) If you are proposing to use OHI funds to enhance oral health services through the use of telehealth and/or virtual dentistry, specifically describe how this will be implemented.
- 4) If you are proposing to add a new service delivery site (permanent or mobile unit),⁷ describe the location of the new site(s) within your existing service area⁸ and how the site(s) are essential to addressing the identified oral health infrastructure needs. Provide evidence of support for the new site from other health care providers in the service area through letters of support uploaded as [Attachment 1: Collaboration Documentation](#). If you plan to use funds toward the purchase of a mobile unit, describe how and where the mobile unit will serve your existing service area.

⁶ Reference the [Supplemental Information Form](#) to view your current oral health services.

⁷ Proposed new site(s) must be indicated on [Form 1B: Funding Request Summary](#) and documented on [Form 5B](#).

⁸ Your service area, as of the NOFO release date, may not be expanded through this application. See instructions for completing [Form 5B](#) for details.

IMPACT – Corresponds to [Section V's Review Criterion 3: IMPACT](#)

- 1) Describe the integrated oral health services that will be added/expanded⁹ as a result of the infrastructure investments outlined in the RESPONSE section above.
- 2) If new dental personnel are required to expand integrated oral health services, describe how those providers will be supported. If new dental personnel are not required, describe how current dental personnel will ensure expanded integrated oral health services.
- 3) Describe how the completed project(s) will support the delivery of quality integrated oral health services.

RESOURCES/CAPABILITIES – Corresponds to [Section V's Review Criterion 4: RESOURCES/CAPABILITIES](#)

- 1) Describe the capabilities and expertise that qualify the organization to carry out the proposed project, including:
 - a) Experience with successfully completing similar infrastructure projects, including how you avoided or minimized time and cost overruns.
 - b) The skills and experience of staff managing the project(s). If proposing minor A/R, your response should align with and reference the project-related information in the [Project Cover Page](#)(s).
 - c) The capability of key management staff to provide operational oversight.
- 2) Describe the health center's acquisition policies and procedures, as well as how the health center will comply with federal procurement requirements, as applicable.
- 3) Describe existing and planned collaboration and coordination of oral health services with other health care providers in the area. Provide evidence of support from such providers, community members, and/or other stakeholders through letters of support uploaded as [Attachment 1: Collaboration Documentation](#).

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

⁹ New and expanded oral health services may require an approved post-award Scope Adjustment or Change in Scope. Refer to the Form 5A Service Descriptors document for clarification on required and additional services:

<https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5aservicedescriptors.pdf>. Refer to the [Scope of Project website](#) for guidance on scope considerations.

<u>Narrative Section</u>	<u>Review Criteria</u>
Need	(1) Need
Response (including Project Description on Project Cover Page (s) for minor A/R projects)	(2) Response
Impact	(3) Impact
Resources/Capabilities (including Project Management on Project Cover Page (s) for minor A/R projects)	(4) Resources/Capabilities
Budget Presentation (Budget Forms, Budget Narrative, and A/R Project Budget Justification(s))	(5) Support Requested

iii. **Budget**

See Section 5.1.iv of HRSA's [SF-424 Two-Tier Application Guide](#). Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan, and by carefully following the approved plan, you can avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient.

In addition, the OHI program requires the following:

You must present the total budget for the project, which includes OHI federal funds (up to \$300,000) and all non-OHI award funds that will support the proposed project. Health centers have discretion regarding how they propose to allocate the total budget between OHI federal funds and other funding that supports the project, provided that the projected budget complies with all applicable HHS policies and other federal requirements.¹⁰

Budget Information Form (SF-424A):

- In Section A and B, enter only the OHI funding requested in the Federal columns. The maximum amount that may be requested cannot exceed \$300,000.
- In Section A – Budget Summary, under New or Revised Budget, enter the federal funding requested in the Federal column for each type of section 330 funding

¹⁰ See [Chapter 17: Budget](#) of the Compliance Manual.

(Community Health Center, Migrant Health Center, Health Care for the Homeless, and/or Public Housing Primary Care). Funding must be requested and will be awarded proportionately for all population types for which you currently receive Health Center Program funding. No new population types may be added. Enter all other project costs in the Non-Federal column. Estimated Unobligated Funds are not applicable for this funding opportunity.

- In Section B – Budget Categories, enter an object class category (line item) budget for the entire 2-year budget period. The amounts for each category in the federal and non-federal columns, as well as the totals, should align with the Budget Narrative. If requesting funds for minor A/R, include that amount on the Construction line.
- In Section C – Non-Federal Resources, enter the amount of all other sources of funding for the proposal, not including the federal funding request. The total in Section C must be consistent with the Non-Federal Total in Section A. When providing Non-Federal Resources by funding source, include other federal funds supporting the proposed project in the “other” category.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 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.” See Section 5.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Two-Tier Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. **Budget Narrative**

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

The OHI program requires a budget narrative that outlines federal and non-federal costs for the entire two-year budget period. Refer to the sample budget narrative available on the [OHI technical assistance website](#).

Your budget narrative must:

- Clearly detail calculations for each line item on the SF-424A Budget Information Form, including cost per unit.
- Explain how each cost relates to your OHI project(s) to enable HRSA to determine if costs are allowed.¹¹
- Align with the separate minor A/R project budget justification(s) and Equipment List Form, as applicable. See descriptions of requirements under Minor A/R Forms and Equipment List below.

¹¹ Refer to the cost principles embedded in 45 CFR part 75, see <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75> for details on allowable costs.

v. *Program-Specific Forms*

Program-Specific Forms must be completed electronically in HRSA EHBs. To preview the forms to be completed in HRSA EHBs, visit the [OHI technical assistance website](#).

FORM 1B: BPHC FUNDING REQUEST SUMMARY (REQUIRED)

Before completing Form 1B, the SF-424A Budget Information Form must be completed. See the [Budget](#) section for instructions on completing the SF-424A.

1. OHI FUNDING REQUEST

- The form displays the OHI funding request, pre-populated from the SF-424A Budget Information Form, Section A.
- The maximum amount of federal funding that can be requested is \$300,000.
- If changes are required, modify the appropriate section of the SF-424A.

2. OHI FUNDING ACTIVITIES

- Indicate if the one-time funds are for:
 - 1) Equipment only;
 - 2) Minor A/R with equipment;
 - 3) Minor A/R without equipment; or
 - 4) Activities other than minor A/R and equipment.
- If you select equipment only, you must enter the amount requested for equipment on the equipment line in Section B of the SF-424A.
- If you select minor A/R with equipment, you must enter the amount requested for minor A/R on the construction line and for equipment on the equipment line in Section B of the SF-424A.
- If you select minor A/R without equipment, you must enter the amount requested for minor A/R on the construction line in Section B of the SF-424A.
- If you select activities other than minor A/R and equipment (e.g., training, health IT consulting), the following forms will not be available in your application: Equipment List, A/R Project Cover Page, and Other Requirements for Sites.

3. ADDITION OF SITES

- Indicate if you are proposing to add a new service delivery site (permanent or mobile and only within your existing service area) to address identified oral health infrastructure needs.

FORM 5B: SERVICE SITES (REQUIRED FOR ADDITION OF NEW SITES)

New service delivery sites may be added through this application if necessary to address identified oral health infrastructure needs. You must provide a street address for the proposed site(s). You may not list “to be determined” or provide a post office box as the site address.

Ensure that any proposed site meets the definition of a service site (see PIN 2008-01: Defining Scope of Project and Policy for Requesting Changes available at <https://bphc.hrsa.gov/programrequirements/policies/pin200801.html>). Providing intermittent services at locations using portable equipment would not be considered a service site.

Because OHI funds are intended to increase access to oral health services in your existing service area, your service area, as of the NOFO release date, may not be expanded through this application. Note the following requirements:

- Site Physical Address – The zip code of the Site Physical Address (where the new permanent site is located or where the new mobile unit will be parked) must be included in your current service area (based on the Service Area zip codes listed across all current sites in scope on Form 5B).
- Service Area Zip Codes – All service area zip codes listed for proposed site(s) must be included in your existing service area (based on the service area zip codes listed for current sites in your scope of project).

MINOR ALTERATION/RENOVATION FORMS

If you are requesting funding for minor A/R (with or without moveable equipment), you must complete the Project Cover Page and Other Requirements for Sites forms for each site where minor A/R is proposed (up to four). **OHI funding cannot be used for new construction activities (e.g., additions or expansions), the installation of trailers/pre-fabricated modular units, or major A/R. For a minor A/R activity, the total federal and non-federal cost of the project cannot exceed \$500,000, excluding the cost of moveable equipment.**

An allowable minor A/R project must be a stand-alone project consisting of work in an existing facility, which may include:

- Installing dental operatories;
- Modernizing or improving dental operatories;
- Reconfiguring the interior arrangements or other physical characteristics of a facility;
- Repairing and/or replacing the exterior envelope;
- Improving accessibility such as curb cuts, ramps, or widening doorways; and/or
- Addressing life safety requirements.

The project may include the costs of permanently affixed items such as windows, signs in or on the existing building, or lighting. Fixed equipment includes items that require modification of the facility for its satisfactory installation or removal and is included in the construction contract. Examples include HVAC units, ductwork, generators, fume hoods, sinks, fixed shelving, built-in sterilizers, built-in refrigerators, and drinking fountains. You **cannot** increase the total square footage of an existing building or require ground disturbance (such as new parking surfaces or expansion of a building footprint).

PROJECT COVER PAGE (REQUIRED FOR MINOR A/R PROJECTS)

You must complete the A/R Project Cover Page and provide the following information for each site where minor A/R activities will occur:

1. Site Information

- Enter the name and physical address of the site where minor A/R will occur.
- In the box for **Improved Project Square Footage**, enter the total square feet of the area to be altered/renovated.

2. Project Description (Maximum 4,000 characters including spaces)

- Provide a detailed description of the scope of work of the minor A/R project. Identify the major clinical and non-clinical spaces to be improved by the project.
- List key improvements, such as permanently affixed equipment to be installed; modifications and repairs to the building exterior (including windows); HVAC modifications (including the installation of climate control and duct work); electrical upgrades; and plumbing work.
- Describe how potential adverse impacts on the environment will be minimized. Indicate whether, and, if so, how the project will implement green/sustainable design practices/principles (e.g., using project materials, design/renovation strategies).

***Example Project Description** – Project will renovate 500 square feet of space previously used for medical records storage that is adjacent to the dental clinic. The renovation work will create two additional dental operatories. Renovation work within the existing interior space will include: demolition of one wall; plumbing and electrical work to accommodate the dental operatories; installation of two dental chairs; and installation of 150 feet of interior ductwork and a condenser unit on the exterior roof.*

3. Project Management (Maximum 4,000 characters including spaces)

- Explain the oversight for the minor A/R project, including the Project Manager and the Project Team, if applicable, responsible for managing the project.
- Describe how the Project Team has the expertise and experience necessary to successfully manage and complete the project within the timeframe and achieve the goals and objectives established for this project.

4. Is the proposed minor A/R project part of a larger scale renovation, construction, or expansion project?

- Select “no” to certify that the proposed project is a stand-alone project and includes only minor A/R costs, or select “yes” if the proposed project is part of a larger scale renovation, construction, or expansion project. NOTE: Projects that are part of larger scale renovation, new construction, or expansion are unallowable and may cause your application to be ineligible.

5. Project Budget Justification

Attach a project budget justification for the minor A/R project. Describe in detail each cost element and explain how the costs contribute to meeting the project's objectives/goals. Clearly identify other funding sources needed to support the minor A/R project and indicate whether these funds are secured or not. See the [OHI technical assistance website](#) for a sample A/R Budget Justification in the One-Time Funding section of the website.

The following chart lists sample allowable and unallowable minor A/R project costs.¹²

COST CATEGORIES	ALLOWABLE	UNALLOWABLE
Administrative and legal expenses	<ul style="list-style-type: none"> • Salary and consultant fees that are directly related to the administration of the technical aspects of the proposed project. Administrative and legal expenses should be less than 10% of total project 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 • Bid advertising 	<ul style="list-style-type: none"> • Costs of groundbreaking and dedication ceremonies and items such as plaques • Costs related to other sources of project financing • Costs for preparing grant applications
Relocation	<ul style="list-style-type: none"> • Costs to move and store furnishings temporarily during renovations 	<ul style="list-style-type: none"> • The cost of moving furnishings back into the renovated areas
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 • Associated expenses for preparation of specifications and reproduction of design documents • Costs incurred no more than 90 days before award for architect's 	<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/spaces

¹² Refer to the cost principles embedded in 45 CFR part 75 at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75> for details on allowable costs.

COST CATEGORIES	ALLOWABLE	UNALLOWABLE
	<p>fees and consultant's fees necessary to the planning and design of the project, if the project is approved and funded and the costs comply with federal procurement requirements (when applicable)</p> <ul style="list-style-type: none"> • Sustainable design services, such as LEED, including commissioning • Costs associated with the preparation of the Environmental Assessment and SHPO consultation 	<ul style="list-style-type: none"> • Costs of abandoned designs (i.e., costs associated with a design that will not be used) • Costs for work not directly related to the project
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 applicant's staff 	<ul style="list-style-type: none"> • Fees not directly related to the project
Site Work	<ul style="list-style-type: none"> • Minor alteration at entrances and adjacent sidewalks as required for ADA compliance 	<ul style="list-style-type: none"> • Fees not directly related to the project • Exterior building work such as paving, retaining walls, foundations, etc. • Landscaping costs
Demolition and removal	<ul style="list-style-type: none"> • Costs of demolition or removal of structures for improvements such as wall finishings and fixtures. 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 to the project • Hazardous materials remediation/abatement • Demolition and removal of debris that will not result in a usable structure
Alteration/ Renovation	<ul style="list-style-type: none"> • Costs of acquisition and installation of fixed equipment necessary for the functioning of the facility • Costs for remodeling and alteration of an existing building that will be used for the project • Special features for seismic code requirements. Use nationally recognized codes adopted by authorities having jurisdiction. 	<ul style="list-style-type: none"> • Abandoned projects • Relocation of utilities that are off site and off-site improvements • Prorated cost of existing central utility plant and distribution systems, which serve the proposed facility

COST CATEGORIES	ALLOWABLE	UNALLOWABLE
	<ul style="list-style-type: none"> • 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"> • Interior and exterior decorating fees and purchases (e.g., artwork, sculpture) • Elaborate or extravagant materials that are above the known local costs for comparable buildings/spaces • Fixed equipment if it is not part of the construction contract • Bonus payments to contractors
Equipment	<ul style="list-style-type: none"> • Moveable equipment that is pertinent to the project (include details on Equipment List from) • Mobile dental unit 	<ul style="list-style-type: none"> • Donated equipment • Leased equipment • Luxury furniture • Vehicles for transportation
Contingencies	<ul style="list-style-type: none"> • Contingencies are limited to 5% of the A/R and Demolition/Removal Lines. The contingency does not include moveable equipment costs. 	<ul style="list-style-type: none"> • Contingency costs above the allowable percentage

6. Environmental Information and Documentation (EID) Checklist

Attach an EID Checklist for each site where minor A/R activities will occur. A template is available in HRSA EHBs for you to download, complete, and upload to the A/R Project Cover Page. You must explain each response of "yes" on the EID Checklist.

The National Environmental Policy Act of 1969 (NEPA) (P.L. 91-190; 42 U.S.C. 4321 et seq.), the National Historic Preservation Act (NHPA) (P.L. 89-665; 16 U.S.C. 470 et seq.), and other associated laws require, among other things, that HRSA consider the environmental impacts and potential effects on historical and archeological resources of any federal action, including minor A/R projects supported with federal funds. The EID Checklist will initiate reviews under NEPA and NHPA.

If funded, you must receive HRSA approval prior to beginning any projects involving minor A/R. Such approval may be contingent on the provision of additional documentation such as a hazardous materials survey, abatement plans, or initiation of NHPA Section 106 consultation. If you do not have in-house expertise in environmental

and historic preservation compliance, you are advised to secure the services of a consultant with the appropriate background.

Until any required environmental and historic preservation reviews are completed and any associated conditions are lifted from the Notice of Award, award recipients are not authorized to acquire fixed equipment or initiate work beyond the design and permitting stage of the project. For additional information on environmental and historic preservation compliance, see <https://bphc.hrsa.gov/about/nepa-nhpa/capital-development.html>.

7. Floor Plans/Schematic Drawings/Site Plan

Attach line drawings for each site where minor A/R activities will occur. These drawings should:

- Be legible on an 8.5" x 11" sheet of paper.
- Include a scale and the linear dimensions for each room.
- Clearly show the work described in the project description and budget justification.
- Indicate the location of the proposed renovation area in the existing building.
- Distinguish improved space from unaffected space.
- Note the total net and gross square footage of space to be renovated, and any changes or additions to existing mechanical and electrical systems.
- Provide an overall site plan (or key plan) that shows the location of the project within the overall facility and, if applicable, shows any allowable exterior improvements included for the project.

These drawings are not required to be completed by an architect.

OTHER REQUIREMENTS FOR SITES (REQUIRED FOR MINOR A/R PROJECTS)

You must complete the Other Requirements for Sites form for each site where minor A/R activities will occur. This form addresses site control, federal interest, cultural resources, and historic preservation considerations related to the project.

1. Site Control and Federal Interest

Identify if you own the site. If you do not own the site, regardless of whether you currently or will pay a recurring fee to use the property, select "leased."

If the site is leased, certify that:

- The existing lease will provide you reasonable control of the project site for at least a period of 5 years after the renovation is completed.
- The existing lease is consistent with the proposed scope of project.
- You understand and accept the terms and conditions regarding federal interest in the property.

The federal government retains a reversionary interest in property 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.

For minor A/R projects, federal interest exists for the useful life attributable to the A/R funded under this award. Since new construction and major A/R projects are not allowable under this award, you are not required to file a Notice of Federal Interest (NFI). However, if funded, by accepting the Notice of Award and drawing down funds, you are acknowledging that federal interest exists. You must maintain documentation 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.

2. Cultural Resource Assessment and Historic Preservation Considerations

Respond to the following questions:

- Was the project facility constructed prior to 1975?
- Is the project facility 50 years or older?
- Does any element of the overall work at the project site include:
 - Any renovation/modification to the exterior of the facility (e.g., roof, HVAC, windows, siding, signage, exterior painting, generators); or
 - Ground disturbance activity (e.g., expansion of building footprint, parking lot, sidewalks, utilities)?
- Does the project involve renovation to a facility that is, or near a facility that is, architecturally, historically, or culturally significant?
- Is the site located on or near Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant lands?

A/R projects will be reviewed under the terms of section 106 of the National Historic Preservation Act (NHPA). Prior to the expenditure of funds, an assessment must be made of the potential effects of undertakings on historic properties (including 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). 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 the purpose of OHI funding, interior renovations to be made to a building that is over 50 years old or is historically, architecturally, or culturally significant will constitute an undertaking under the NHPA. 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
- Historic, with the project causing no potential adverse effects; or
- Historic and the project may cause adverse effects, including a resolution to the adverse effects through a fully executed MOA finalized by all parties.

Section 106 and any related historic preservation reviews must be completed and conditions of award must be lifted 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. For additional information regarding compliance with section 106, see <https://bphc.hrsa.gov/about/nepa-nhpa/capital-development.html>.

3. Landlord Letter of Consent

If you are proposing a minor A/R project at a leased site, you must provide a Landlord Letter of Consent, signed by both you and the owner. This document must include:

- The property owner's agreement to the proposed minor A/R;
- An appropriate length of the lease relative to the scope of project (generally, the lease must extend for a minimum of 5 years from the project end date); and
- Recognition of the federal interest. Both you and the owner must sign it.

This attachment is also required if you propose a minor A/R project at a site provided "in-kind" (i.e., at no charge). A sample Landlord Letter of Consent is available at the [OHI technical assistance website](#).

While leasehold improvements are allowed, please note:

- The lease agreement must provide you reasonable control.¹³
- Funds may not be used to pay lease costs.
- Funds may not address needs that are part of the terms of the lease (i.e., the responsibility of the lessor/property owner).
- If funds address improvements that would impact terms of the lease (e.g., double paned windows), you must have written evidence on file of negotiated offset in the rent.

EQUIPMENT LIST FORM (IF APPLICABLE)

If you are requesting funding for equipment purchases, with or without minor A/R, list the equipment items on the Equipment List Form. Equipment includes moveable items that are non-expendable, tangible personal property (including information technology systems¹⁴) having a useful life of more than 1 year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the applicant for its financial statement purposes, or \$5,000. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space. Dental chairs and radiographic equipment are considered moveable equipment.

¹³ For the purpose of the Health Center Program, "reasonable control" 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.

¹⁴ Licenses for electronic health records or health information technology should be reported in "Other Costs" in your budget, not as equipment.

Permanently affixed equipment (e.g., heating, ventilation, and air conditioning (HVAC), generators, and lighting) is considered fixed equipment and is categorized as minor A/R (not equipment).

Equipment that does not meet the \$5,000 per unit cost threshold could be considered Supplies and should not be entered on the Equipment List Form. The total on the Equipment List Form must equal the total amount of funding requested on the Equipment line item on the [SF-424A](#) Budget Information Form.

For each equipment item listed, complete the following fields:

- **Type** – Select clinical or non-clinical.
- **Item Description** – Provide a description of each item.
- **Unit Price** – Enter the price of each item.
- **Quantity** – Enter the number of each item to be purchased.
- **Total Price** – The system will calculate the total price by multiplying the unit price by the quantity.

Any equipment purchased with award funds must be:

- Pertinent to the OHI project,
- Procured through a competitive process, and
- Maintained, tracked, and disposed of in accordance with 45 CFR part 75.

The selection of equipment should be based on a preference for recycled content, non-hazardous substances, non-ozone depleting substances, energy and water efficiency, and consideration of final disposal (disposed in a manner that is safe, protective of the environment, and compliant with all applicable regulations), unless there are conflicting health, safety, and/or performance considerations. You are strongly encouraged to employ the standards established by either the Electronic Product Environmental Assessment Tool (EPEAT) or Energy Star, where practicable, in the procurement of equipment. Additional information for these standards can be found at <http://www.epeat.net> and <http://www.energystar.gov>.

SUPPLEMENTAL INFORMATION FORM (REQUIRED)

1. SCOPE OF SERVICES

- The form displays your currently approved scope of project for Preventive Dental and Additional Dental services (Form 5A: Services Provided).
- Indicate whether you will need a post-award Scope Adjustment or Change in Scope to ensure that all planned oral health services are accurately reflected in the appropriate columns on Form 5A.

To maximize the impact of OHI funding, oral health care must be provided directly (Form 5A, Column I) or through contract/agreement for which the health center pays (Form 5A, Column II). If you are not already providing Preventive Dental services via Form 5A Column I or II, you must request a Scope Adjustment prior to providing services.

You may also need to adjust your scope for other reasons. Refer to the [Scope of Project website](#) for more information regarding health center scope of project.

2. TELEHEALTH/VIRTUAL DENTISTRY

- Indicate if you are proposing to use OHI funding to initiate or enhance telehealth and/or virtual dentistry.

vi. **Attachments**

Provide the following items in the order specified below. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements (if applicable) will not count toward the page limit. **You must clearly label each attachment.**

Attachment 1: Collaboration Documentation

Upload dated letters of support to demonstrate support for the proposed OHI project(s) by other health care providers in the service area, community members, and/or other stakeholders.

Attachment 2: Lease Documentation, as applicable

If you are proposing a minor A/R project at a site that is leased, upload the lease agreement or intent to lease documentation. The length of the lease should extend for a minimum of 5 years after the project is completed. For minor A/R projects proposed in leased facilities, you must ensure that the lease/occupancy agreement includes language required by HRSA. For details, see the Leasehold Improvements document on the [OHI technical assistance website](#).

Attachment 3: Indirect Cost Rate Agreement, as applicable

If indirect costs are requested, upload your Indirect Cost Rate Agreement.

Attachment 4: Other Relevant Documents

Include other relevant documents to support the proposed project, such as photos showing the existing building conditions. Reminder: These attachments count against the total page limit.

3. **Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You 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 you have an active federal award or an application or plan under consideration by an agency (unless the applicant is a 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 you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration 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://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov/SAM/>)
- Grants.gov (<http://www.grants.gov/>)

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

UPDATED [SAM.GOV](#) ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the [updated FAQs](#) to learn more.

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO in Grants.gov (Phase 1) is *April 22, 2019 at 11:59 p.m. Eastern Time*. The due date to complete all other required information in HRSA EHBs (Phase 2) is *May 21, 2019 at 5 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

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

5. Intergovernmental Review

The Health Center Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 2 years, at no more than \$300,000 total per application.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Please see Section 5.1 of HRSA's [SF-424 Two-Tier Application Guide](#) for additional information. Note that these or other provisions will apply in the following FY, as required by law.

[45 CFR part 75](#) and the [HHS Grants Policy Statement](#) (HHS GPS) include information about allowable expenses. Please note that funds under this notice may not be used for:

- Incentives (e.g., gift cards, food)
- Fundraising
- Lobbying
- Construction activities, including additions or expansions
- Major alteration/renovation, defined as A/R in excess of \$500,000 in total federal and non-federal costs (excluding the cost of allowable moveable equipment)
- Installation of trailers and pre-fabricated modular units
- Facility or land purchases
- Vehicle purchases (a mobile unit is not considered a vehicle in this case)
- Pre-award A/R activities (e.g., site grading, installation of utilities, demolition), with the exception of architect's fees and consultant's fees necessary to the planning and design of the project incurred no more than 90 days before award
- Operating costs (e.g., funding for direct services, rent/mortgage payments)
- Creation of shell space for future use
- Concrete or asphalt paving of new areas outside of a building

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 funds awarded under this notice and is consistent with past practice and long-standing requirements applicable to awards to health centers.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated because of awarded funds must be used for approved project-related activities. Post-award requirements for program income can be found at [45 CFR part 75.307](#). In accordance with Sections 330(e)(5)(D) and 330(k)(3)(D) the health center must use any non-grant funds as permitted under section 330, and may use such funds for such other purposes as are not specifically prohibited under section 330, if such use furthers the objectives of the health center project.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be reviewed. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific details and scoring points.

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

Review criteria are used to review and rank applications. The OHI supplement has five review criteria:

Criterion 1: NEED (15 points) – *Corresponds to [Section IV.2.ii NEED](#)*

- 1) The extent of the current and anticipated integrated oral health needs of the patient population and/or underserved population in the service area.
- 2) The extent of the need for infrastructure enhancements to address current and anticipated integrated oral health services.

Criterion 2: RESPONSE (30 points) – *Corresponds to [Section IV.2.ii RESPONSE](#)*

- 1) The extent to which the applicant describes current oral health services provided and service delivery methods.
- 2) The extent to which the applicant clearly describes the proposed infrastructure investments, including:
 - a) Any proposed minor alteration/renovation (A/R) activities, including project-related information in the [Project Cover Page\(s\)](#) and [Attachment 2: Lease Documentation](#), as applicable.
 - b) Any proposed equipment and supplies purchases.

- c) Any other infrastructure investments.
- 3) If the applicant proposes to use OHI funds to enhance oral health services through the use of telehealth and/or virtual dentistry, the extent to which the applicant describes steps for successful implementation.
- 4) If the applicant proposes to add a new service delivery site, the extent to which:
 - a) The applicant describes the location of the new permanent site(s) within the existing service area and/or how and where the new mobile unit site(s) will serve the existing service area.
 - b) The site(s) are essential to addressing the identified oral health infrastructure needs.
 - c) The applicant provides evidence of support for the new site(s) from other health care providers in the service area through letters of support uploaded as [Attachment 1: Collaboration Documentation](#).

Criterion 3: IMPACT (15 points) – Corresponds to [Section IV.2.ii IMPACT](#)

- 1) The extent to which the proposed infrastructure investments will increase access to integrated oral health services.
- 2) The extent to which the applicant demonstrates that any required new dental personnel will be secured, and/or existing dental personnel will be leveraged to expand integrated oral health services.
- 3) The extent to which the completed project(s) will support the delivery of quality integrated oral health services.

Criterion 4: RESOURCES/CAPABILITIES (25 points) – Corresponds to [Section IV.2.ii RESOURCES/CAPABILITIES](#)

- 1) The capabilities and expertise of staff managing the project(s) and key management staff to successfully implement the proposed project(s), including experience with similar projects and related information in the [Project Cover Page](#)(s), if proposing minor A/R.
- 2) The extent to which the applicant demonstrates appropriate acquisition policies and procedures, in compliance with federal procurement requirements, as applicable.
- 3) The extent of demonstrated collaboration and coordination of oral health services with other health care providers in the area, to include evidence of support from health care providers, community members, and/or other stakeholders through letters of support documented in [Attachment 1: Collaboration Documentation](#).

Criterion 5: SUPPORT REQUESTED (15 points)

- 1) The extent to which the budget presentation (Budget Forms and Budget Narrative; A/R Project Budget Justification(s) and equipment list, as applicable) are consistent, clear, complete, and reasonable to complete the project(s).

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See section 6.3 of HRSA's [SF-424 Two-Tier Application Guide](#) for more details.

Compliance Status¹⁵

You will not receive OHI funding if you have an active 60-day or 30-day Health Center Program requirement-related condition on your award at the time HRSA makes final OHI funding decisions.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

¹⁵ See [Chapter 2: Health Center Program Oversight](#) of the Compliance Manual.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2019. See Section 6.4 of HRSA's [SF-424 Two-Tier Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Two-Tier Application Guide](#).

Requirements of Subawards

The terms and conditions in the Notice of Award (NoA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NoA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See [45 CFR § 75.101 Applicability](#) for more details.

Accessible Design Requirements

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 minimum design standards for making facilities designed, built, altered, or leased with federal funds accessible to, and usable by, the physically handicapped. In addition, the Americans with Disabilities Act (ADA; 42 USC 12101 et

seq.), as revised in 2010, included accessibility standards, called the 2010 Standards for Accessible Design (2010 Standards), which establish minimum criteria for accessibility in design and construction. More information about the ADA and Architectural Barriers Act Accessibility Requirements are available online at <https://www.access-board.gov/guidelines-and-standards/buildings-and-sites>.

Sustainable Design

Applicants should demonstrate incorporation of appropriate sustainability principles and federal green building requirements detailed in the following federal statutes to the extent practical for each project:

- Executive Order (EO) 13693: <https://www.federalregister.gov/documents/2015/03/25/2015-07016/planning-for-federal-sustainability-in-the-next-decade>
- The Guiding Principles for Federal Leadership in High Performance and Sustainable Buildings (Guiding Principles): <https://www.epa.gov/greeningepa/guiding-principles-federal-leadership-high-performance-and-sustainable-buildings>

For further guidance, 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: <https://new.usgbc.org/>
- Facility Guidelines Institute: <http://www.fgiguidelines.org/>

Procurement

You may acquire a variety of commercially available goods or services in connection with an award-supported project. You can use your 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 your responsibilities, competitive bidding requirements, bonding, and conflicts of interest, review the procurement resource at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/pdf/fagprocurement.pdf>.

Force Account Labor

If you choose to use your in-house personnel for in-house design work and/or in-house renovation work in lieu of selecting a private firm, you must obtain approval from HRSA prior to beginning the design phase. 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 use of force account labor is available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/pdf/forcefaq.pdf>.

3. Reporting

Award recipients must comply with Section 7 of HRSA's [SF-424 Two-Tier Application Guide](#) and the following reporting and review activities:

- 1) **Progress Reports** – The recipient must submit to HRSA a narrative description of progress via the Budget Period Progress Report (BPR) beginning in FY 2021.
- 2) **Ad Hoc Submissions** – Throughout the period of performance, HRSA may determine that a project requires additional information 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
- 3) **Integrity and Performance Reporting** – The NoA will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [45 CFR part 75 Appendix XII](#).

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Travis J. Wright
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, MSC 10SWH03
Rockville, MD 20857
Telephone: 301-443-0676
Email: TWright@hrsa.gov

Joi M. Grymes-Johnson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, MSC 10SWH03
Rockville, MD 20857
Telephone: 301-443-2632
Email: JGrymes@hrsa.gov

You may request additional information regarding the overall program and/or technical assistance related to this NOFO by contacting:

Renetta Boyd or Robyn Bess
Public Health Analysts
Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration
5600 Fishers Lane, 16N34B
Rockville, MD 20857
Telephone: 301-594-4300
Contact: <https://www.hrsa.gov/about/contact/bphc.aspx>

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov/>

You may need assistance when working online to submit the remainder of your information electronically through HRSA EHBs. Always obtain a case number when calling for support. For assistance with submitting the application in HRSA EHBs, contact Health Center Program Support, Monday-Friday, 8:30 a.m. to 5:30 p.m. ET:

Health Center Program Support
Telephone: 1-877-464-4772
Web: <https://www.hrsa.gov/about/contact/bphc.aspx>

VIII. Other Information

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. Visit the [OHI technical assistance website](#) for webinar details, frequently asked questions, sample documents, and additional resources.

Federal Tort Claims Act (FTCA) Coverage

FTCA coverage for new services and sites is dependent, in part and where applicable, on HRSA approval of a post-award change in the scope of the project. Applicants should also note that FTCA coverage, under section 224(g)(5) of the PHS Act, 42 USC

233(g)(5), is not available for “part-time” individual contractors in the field of dentistry.¹⁶ Additional requirements apply to eligibility for FTCA coverage. For more information, review the FTCA Health Center Policy Manual, available at <https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/ftcahcpolicymanualpdf.pdf>.

Tips for Writing a Strong Application

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

¹⁶ Under 42 USC 233(g)(5), to be eligible for coverage, an individual contractor not in the fields of family practice, general internal medicine, general pediatrics, or obstetrics/gynecology “normally performs on average at least 32½ hours of service per week for the entity for the period of the contract.”

Appendix A: Sample Activities for Infrastructure Enhancements for Oral Health Services

Minor alteration and renovation

- Enhance and install dental operatories
- Reconfigure office space to support integrated, team-based oral health and primary care services

Equipment and Supplies

- Purchase new or enhance an existing mobile unit
- Purchase equipment to support the provision of oral health services
- Purchase portable dental equipment to provide preventive dental services (e.g., screenings, fluoride varnish) in other settings accessible to the patient population (e.g., schools, community organizations, homeless shelters)
- Purchase supplies related to oral health services

Training

- Collaborate with educational institutions to serve as a rotation site for dental students or community site for residency program¹⁷
- Engage in interdisciplinary training and integration of oral health services with other priority areas (e.g., obesity, mental health, substance use disorder/opioid use, diabetes)
- Enhance integration of oral health and primary care practice by improving the oral health core clinical competencies of primary care providers (e.g., training to maximize the accessibility of preventive oral health care such as dental screenings, oral health education, and application of fluoride varnish)
- Provide training on infection control and prevention/risk management, and develop procedures based on evidence-based guidelines

Telehealth

- Purchase telehealth equipment
- Redesign workflows to support the use of telehealth and virtual dentistry to increase access to oral health services

Health information technology

- Improve interoperability of oral health and medical electronic health record (EHR) systems

¹⁷ Teaching activities, including, for example, the teaching of medical students, medical residents, and nursing students within facilities operated by a covered entity, qualify for FTCA coverage if the services provided or the medical or dental services being taught by the preceptor, including monitoring and oversight of services provided by the student, are within the scope of project of the covered entity and the scope of employment of the covered individual with the covered entity. The covered entity and the employed teaching provider (i.e., the covered individual) are covered by FTCA in this instance. The student or resident is not covered by FTCA unless he also is a covered individual in his own right. Except as described above, covered entity providers are not covered when supervising care provided by students and residents to non-health center patients in non-health center facilities.

- Enhance population data management of oral health data (e.g., development and use of data analytic tools) for quality improvement
- Enhance technological infrastructure to support and facilitate health information exchange and optimize care coordination (e.g., referral and follow up with clinicians to improve oral health outcomes)