

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Bureau of Primary Health Care
Health Center Program

Optimizing Virtual Care (OVC)

Funding Opportunity Number: HRSA-22-097

Funding Opportunity Types: New

Assistance Listings (CFDA) Number: 93.527

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date in Grants.gov: July 16, 2021
Supplemental Information Due Date in EHBs: August 17, 2021

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 EHBs may take up to one month to complete.

Issuance Date: May 17, 2021

Allison Arnone
Public Health Analyst, Bureau of Primary Health Care
Office of Policy and Program Development
Contact: [BPHC Contact Form](#)
Telephone: (301) 594-4300
[OVC Technical Assistance webpage](#)

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Optimizing Virtual Care (OVC) funding opportunity under the Health Center Program. The purpose of this one-time funding is to support health centers to develop, implement, and evaluate innovative, evidence-based strategies that

- Optimize the use of virtual care to increase access and improve clinical quality for underserved communities and vulnerable populations; and
- Can be adapted and scaled across the Health Center Program.

This notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

Funding Opportunity Title:	Optimizing Virtual Care (OVC)
Funding Opportunity Number:	HRSA-22-097
Due Date for Applications – Grants.gov :	July 16, 2021 (11:59 p.m. ET)
Due Date for Supplemental Information – HRSA Electronic Handbooks (EHBs) :	August 17, 2021 (5 p.m. ET)
Anticipated Total Available Funding:	Approximately \$50,000,000
Estimated Number and Type of Awards:	Approximately 25 grants
Estimated Award Amount:	Up to \$2,000,000
Cost Sharing/Match Required:	No
Period of Performance:	March 1, 2022 through February 29, 2024 (2 years)
Eligible Applicants:	Organizations currently receiving Health Center Program operational (H80) grant funding. See Section III.1 of this notice of funding opportunity (NOFO).

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/sites/default/files/hrsa/grants/apply/applicationguide/sf-424-program-specific-app-guide.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. Webinar details and application resources, such as forms instructions and samples, are available at the OVC technical assistance webpage (<https://bphc.hrsa.gov/program-opportunities/optimizing-virtual-care>). 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.

Health center strategic partners are available to assist you in preparing a competitive application, including the Health Center Controlled Networks ([HCCNs](#)), National Training and Technical Assistance Partners ([NTTAPs](#)), and Primary Care Associations ([PCAs](#)). The NTTAP [Health Information Technology, Evaluation, and Quality Center \(HITEQ\)](#) has materials that may advance your work plan and support its successful implementation. For a list of HRSA-supported PCAs, NTTAPs, and HCCNs, refer to HRSA's [Strategic Partnerships webpage](#).

Additional federal programs offer resources and data that may inform your proposal. The HRSA-supported [Telehealth Resource Centers](#), administered through the Federal Office of Rural Health Policy, offer technical assistance and coaching to advance the use of telehealth. The Agency for Healthcare Research and Quality (AHRQ) [National Center for Excellence in Primary Care Research](#) has tools and resources for practice transformation and quality improvement, including health information integration and workflow assessment. AHRQ also includes telehealth in its [Innovation Exchange](#) and has tools to help organizations address [social determinants of health](#) (SDOH). SDOH include factors like education, socioeconomic status, neighborhood and physical environment, community violence, intimate partner violence, employment, and social support networks, as well as access to health care. SDOH affect a wide range of health, functioning, and quality-of-life outcomes and risks.¹ [Healthy People 2030](#) sets data-driven national objectives to improve health and well-being, including SDOH and health information technology. The [Centers for Disease Control and Prevention](#) offers evidence-based tools to address SDOH. The [Office of Disease Prevention and Health Promotion](#) provides health literacy and communication tools.

Additional information on telehealth can be found at <https://telehealth.hhs.gov/>. If you use broadband or telecommunications services for the provision of health care, you may seek discounts through the Federal Communication Commission's Universal Service Program. For information about such discounts, see <https://www.usac.org/rural-health-care/>. Patients may also be eligible for free or low cost mobile or broadband services through the Universal Service Lifeline program at <https://www.lifelinesupport.org/>. For information about selecting appropriate technologies for your telehealth program, see <https://telehealthtechnology.org/>.

¹ Addressing SDOH, such as intimate partner violence, is a HRSA objective to improve health and well-being of individuals and the communities in which they reside.

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION	1
1. Purpose	1
2. Background	1
II. AWARD INFORMATION	3
1. Type of Application and Award.....	3
2. Summary of Funding.....	3
III. ELIGIBILITY INFORMATION	4
1. Eligible Applicants.....	4
2. Cost Sharing/Matching	4
IV. APPLICATION AND SUBMISSION INFORMATION	5
1. Address to Request Application Package.....	5
2. Content and Form of Application Submission.....	5
i. <i>Project Abstract (Submit in Grants.gov)</i>	6
ii. <i>Project Narrative (Submit in EHBs)</i>	7
iii. <i>Budget (Submit in EHBs)</i>	10
iv. <i>Budget Narrative (Submit in EHBs)</i>	11
v. <i>Program-Specific Forms (Submit in EHBs)</i>	12
vi. <i>Attachments (Submit in EHBs)</i>	13
3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM) ...	14
4. Submission Dates and Times	15
5. Intergovernmental Review.....	15
6. Funding Restrictions.....	15
V. APPLICATION REVIEW INFORMATION	17
1. Review Criteria.....	17
2. Review and Selection Process	20
3. Assessment of Risk.....	20
VI. AWARD ADMINISTRATION INFORMATION	21
1. Award Notices.....	21
2. Administrative and National Policy Requirements	21
3. Reporting.....	21
VII. AGENCY CONTACTS	22
VIII. OTHER INFORMATION	23
APPENDIX A: EQUIPMENT AND MINOR A/R REQUIREMENTS	24

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity for current Health Center Program award recipients to apply for funding under the fiscal year (FY) 2022 Optimizing Virtual Care (OVC). The purpose of the OVC funding is to support health centers to develop, implement, and evaluate innovative, evidence-based strategies that

- Optimize the use of virtual care to increase access and improve clinical quality for underserved communities and vulnerable populations; and
- Can be adapted and scaled across the Health Center Program.

2. Background

The Health Center Program is authorized by section 330(d) of the Public Health Service (PHS) Act, as amended ([42 U.S.C. 254b\(d\)](#)).

Health care providers and patients alike want to ensure that patient needs are met through the most effective and efficient means while taking into consideration the unique characteristics of each patient encounter. Virtual care uses technologies, such as telehealth,² remote patient monitoring, and self-management tools driven by artificial intelligence and machine-based learning. Virtual care holds untapped and unexplored potential to increase access to comprehensive primary care and to improve clinical quality for underserved communities and vulnerable populations.

According to the Uniform Data System (UDS) reports, 592 out of 1,385 health centers (43 percent) provided 478,333 virtual visits in 2019. In response to the coronavirus public health emergency in 2020, health centers quickly expanded their use of virtual care to maintain access to essential services for their patients. With the support of greater flexibility in the use of, and reimbursement for, in-scope health center services delivered virtually, over 90 percent of health centers³ indicated they were providing virtual visits, with over 50 percent of health center visits conducted virtually for several weeks during the pandemic.

Health centers with a strong foundation of delivering high quality, patient-centered care via telehealth and that rapidly transitioned care delivery using these technologies during the COVID-19 public health emergency are well-positioned to build on that experience to systematically design, implement, and evaluate ways to optimize the use of virtual care into the future. Award recipients will use OVC one-time funding to develop and

² HRSA defines telehealth as the use of electronic information and telecommunications 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.

³ Based on the Health Center Program award recipient responses to HRSA's weekly COVID-19 surveys during the spring of 2020.

implement innovative,⁴ evidence-based strategies with the potential to be adapted, leveraged, and scaled across the Health Center Program to increase access to care and improve clinical quality by optimizing the use of virtual care with a specific focus on underserved communities and vulnerable populations.

HRSA will award funding through a separate contract to establish a coordination and evaluation center to facilitate peer learning and evaluate the progress and effectiveness of the funded projects to optimize the use of virtual care for underserved communities and vulnerable populations.

Project Requirements

Your application must demonstrate how you will use OVC funds to develop and implement innovative, evidence-based strategies that optimize the use of virtual care to increase access to care and improve clinical quality. If awarded, you must actively participate in collaborative learning and evaluation activities with OVC award recipients and the coordination and evaluation center. In particular, you must collect and share data with the coordination and evaluation center to support participation in OVC evaluation and reporting activities.

You must present a robust plan to optimize the use of virtual care, including continuous quality improvement to identify what is working, learn from failures and build upon successes, and evolve your project accordingly. Throughout the period of performance, you will explore how to best leverage technology to most effectively increase access and improve quality in a financially viable and sustainable manner, including:

- The optimal balance of face-to-face and virtual (both telephonic and video) visits;
- How to advance health information technology interoperability;
- Which patient populations will most benefit from virtual care; and
- Workforce and/or staffing models that enhance virtual care.

Successful integration of virtual care into a health center's patient-centered medical home can further ensure continuity of care. You should propose strategies and measures of success that ensure vulnerable populations are not further marginalized by innovative solutions to health care access and that recognize and are responsive to:

- Patient engagement and digital health literacy;
- Access to and current and potential adoption of technology;
- Social determinants of health (SDOH); and
- Health disparities in access and in clinical quality.

Allowable activities and associated costs to optimize the use of virtual care include, but are not limited to:

- Provision of virtual clinical services;
- Analysis of telehealth utilization data to identify potential access gaps;

⁴ Innovation is the implementation of new or altered products, services, processes, systems, policies, organizational structures, or business models that aim to improve one or more domains of health care quality or reduce health care disparities. See <https://www.innovations.ahrq.gov/about-us>.

- Leveraging community partnerships to address SDOH;
- Patient and staff education and training;
- Patient engagement and outreach;
- Patient social risk assessments and follow up workflows;
- Community needs assessments and resource mapping;
- Integration, development, and/or enhancement of digital platforms and tools (e.g., patient portals, remote monitoring, self-care applications, culturally and linguistically appropriate digital tools);
- Virtual reality interventions;
- Patient-centered care coordination;
- Referral tracking and follow up;
- Creation of administrative and governance practices;
- Supplies and equipment purchases; and/or
- Minor alteration and renovation (minor A/R) necessary for implementing virtual care.⁵

II. Award Information

1. Type of Application and Award

Type (s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$50,000,000 in one-time funding to be available to fund up to 25 recipients. You may apply for a ceiling amount of up to \$2,000,000 total, which may be used over 2 years for both direct and indirect costs. The period of performance is March 1, 2022 through February 29, 2024 (2 years).

If funded, HRSA will award one-time OVC funding as new grant awards, separate from your Health Center Program operational (H80) award. As per 45 CFR §75.302, you must document use of OVC funds separately and distinctly from other Health Center Program funds and other federal award funds.

While OVC funding will be issued as a new award, all uses of OVC funds must align with your Health Center Program scope of project. Your scope of project includes the approved service sites, services, providers, service area, and target population which are supported (wholly or in part) under your total approved health center budget. As a

⁵ 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.

condition of this grant, you must comply with all Health Center Program requirements as described in the [Health Center Program Compliance Manual](#) and applicable law.⁶

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 a Health Center Program award recipient⁷ with an active H80 grant award 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 \$2,000,000 non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that does not include the [Project Narrative](#) described in [Section IV.2.ii](#) 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.

HRSA will only accept your first validated electronic submission under this funding opportunity number in Grants.gov.⁸ Applications submitted after the first submission will be marked as duplicates and considered ineligible for review. If you wish to change information submitted in your Grants.gov application, you may do so in the HRSA Electronic Handbooks (EHBs) application phase.

⁶ Requirements are stated in 42 U.S.C. § 254b (section 330 of the PHSA) and in applicable program regulations (42 C.F.R. parts 51c and 56, as appropriate) and grants regulations (45 C.F.R. part 75).

⁷ Organizations funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act, as amended.

⁸ Grants.gov has compatibility issues with Adobe Reader DC. Direct questions pertaining to software compatibility to Grants.gov. See [Section VII](#) for contact information.

If you wish to change information submitted in EHBs, you may reopen and revise your application. You must ensure that the application is resubmitted to HRSA before the EHBs deadline or HRSA will not consider it for funding under this notice.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically through Grants.gov and EHBs. You must use a two-phase submission process associated with this NOFO and follow the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html> and in EHBs.

- **Phase 1 – Grants.gov** – Required information must be submitted and validated via Grants.gov with a due date of *July 16, 2021* at 11:59 p.m. ET; **and**
- **Phase 2 – EHBs** – Supplemental information must be submitted via EHBs with a due date of *August 17, 2021* at 5 p.m. ET.

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 EHBs (Phase 2).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-097 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

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, 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 English and U.S. dollars (45 CFR § 75.111(a)).

The following application components must be submitted in Grants.gov:

- Application for Federal Assistance (SF-424)
- Project Abstract (attached under box 15 of the SF-424)
- Project/Performance Site Locations
- Grants.gov Lobbying Form
- Key Contacts

The following application components must be submitted in EHBs:

- Project Narrative
- Budget Information – Non-Construction Programs (SF-424A)
- Budget Narrative and Table of Personnel Paid with Federal Funds
- Program-Specific Forms
- Attachments

See Section 9.5 of the [SF-424 Two-Tier 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, and attachments. Standard OMB-approved forms do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do 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 HRSA-22-097 prior to the Grants.gov and EHBs deadlines.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are 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) If you are unable to attest to the statements in this certification, you must include an explanation in [Attachment 3: 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, certifications, and abstract), include the following:

i. Project Abstract (Submit in Grants.gov)

See Section 5.1.ix of HRSA's [SF-424 Two-Tier Application Guide](#). In addition, provide your Health Center Program grant number (H80CSXXXXX) and a brief summary of your experience providing virtual care and maximizing telehealth strategies.

ii. Project Narrative (Submit in EHBs)

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and numbering format below so that reviewers can understand the proposed project.

Use the following section headers for the narrative: Need, Response, Resources/Capabilities, Impact, and Support Requested.

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

- 1) Describe the pressing needs in your community that your proposed innovative strategies to optimize the use of virtual care will address, including:
 - a) Access to patient-centered care (including disparities in access), utilization of your health center’s services, and patient engagement;
 - b) Most significant clinical quality, health outcome, and health disparities challenges for your patient population; and
 - c) Social determinants of health affecting your patients (reference related 2019 and 2020 UDS data, as appropriate).
- 2) Describe what has informed your proposal and serves as the basis of your plans to optimize the use of virtual care, including:
 - a) Activities prior to the COVID-19 public health emergency;
 - b) How you leveraged telehealth to support access to comprehensive, patient centered, high quality care during the COVID-19 public health emergency and lessons learned; and
 - c) Evidence-based models, frameworks and/or other applied research.

RESPONSE – Corresponds to [Section V.1 Review Criterion 2: RESPONSE](#)

- 1) Describe the evolution of your use of virtual care over the past several years, including:
 - a) Barriers and facilitators to telehealth and how they have changed over time, including patients’ adoption of technology and organizational considerations such as workforce capacity, technology, connectivity, and reimbursement;
 - b) The service type(s) of virtual visits provided (i.e., medical, dental, mental health, substance use disorder, vision, enabling, and other professional services);
 - c) The percentage of virtual visits provided in each year, as a proportion of total visits;
 - d) Other virtual strategies for patient engagement, education, and/or improving health outcomes; and
 - e) How your proposal will build on past experience.
- 2) Provide your proposal’s logic model as [Attachment 1](#). Provide your work plan as [Attachment 2](#). Describe the underlying evidence, assumptions, and hypotheses that

underpin the logic model and your proposed strategies in alignment with the [OVC Project Requirements](#).

- 3) Describe how your proposal to optimize the use of virtual care is innovative, including:
 - a) How your proposed strategies differ from approaches or strategies previously employed (e.g., targeted patient populations, types of services, provider training and support, patient engagement, technology solutions, infrastructure building, administrative and governance procedures, financial sustainability, taking to scale within your practice, adapting approaches from other industries outside of health care); and
 - b) How your proposed strategies offer innovative solutions to the challenges and needs identified in the [NEED](#) section.
- 4) If applicable, describe how proposed minor A/R activities and/or equipment purchases are integral to your proposal. Your response should align with, and not duplicate, the information in the budget, [A/R Project Cover Page\(s\)](#) and/or the [Equipment List Form](#).

RESOURCES/CAPABILITIES – Corresponds to [Section V.1 Review Criterion 3: RESOURCES/CAPABILITIES](#)

- 1) Describe your capacity to implement and evaluate your proposed project, including your:
 - a) Experience using virtual tools to increase access to comprehensive, patient-centered care, improve clinical quality, and support patient engagement, care integration, care management, care coordination, and/or care transitions; and
 - b) Experience with health IT interoperability and using data to understand care gaps, support care coordination, and plan staffing workflows.
- 2) Describe the organizational capabilities and resources you will leverage to implement and evaluate your proposed project, including:
 - a) Key personnel, inclusive of but not limited to proposed project management with demonstrated experience as champions of virtual care, innovation, and evidence-based practice;
 - b) Key partnerships with other organizations to maximize the capacity to implement your proposal and achieve its intended outcomes;
 - c) Recognition for delivering high quality, comprehensive, patient-centered care to underserved communities and vulnerable populations (e.g., recognition for patient centered medical home, ambulatory care accreditation, exceeding clinical quality benchmarks or other relevant patient safety, care delivery, quality or organizational awards);
 - d) Experience in rapid cycle quality improvement and practice transformation, including collecting and applying process and outcome data to evaluate results and inform continuous quality improvement of strategies/interventions to increase access and improve clinical quality; and

- e) Experience collecting and analyzing patient and community level data, including clinical and SDOH data to develop strategies that address health disparities.

IMPACT – Corresponds to [Section V.1 Review Criterion 4: IMPACT](#)

- 1) Describe the key impacts you anticipate the project will have on increasing access to comprehensive, patient-centered care and improving clinical quality, including any projected reductions in health disparities.
- 2) Describe the measures you will use to assess performance, track, and share with the learning collaborative, including, but not limited to:
 - a) UDS, process, and outcome measures;
 - b) The proportion of your total visits that will be virtual and face-to-face visits;
 - c) Demographics of patients engaging in virtual care;
 - d) Types of insurance coverage (e.g., Medicaid, Medicare, private insurance) of patients engaging in virtual care;
 - e) Types of services available virtually;
 - f) Types of virtual care technologies used;
 - g) Patient and provider satisfaction;
 - h) Cost effectiveness and financial sustainability; and
 - i) Relevant clinical outcomes.
- 3) Describe how you will maximize your investment in OVC collaborative learning and evaluation activities, including how you anticipate contributing to other health centers' progress and how you will leverage your engagement to inform and evolve your project, leading to sustainability of successful innovations across the health center community.

SUPPORT REQUESTED – Corresponds to [Section V.1 Review Criterion 5: SUPPORT REQUESTED](#)

- 1) Provide a consistent budget presentation (i.e., SF-424A, Budget Narrative with personnel table, Equipment List if applicable) that aligns with the proposed project (as outlined in the [RESPONSE](#) section, [Attachment 1: Logic Model](#), and [Attachment 2: Work Plan](#)).

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. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section, Forms, and Attachments	Review Criteria
Narrative Section: Need Form: Project Overview Form	(1) Need
Narrative Section: Response Forms: Project Overview Form, A/R Project Cover Page(s) (if applicable), Equipment List (if applicable) Attachment 1: Logic Model Attachment 2: Work Plan	(2) Response
Narrative Section: Resources/Capabilities	(3) Resources/Capabilities
Narrative Section: Impact	(4) Impact
Narrative Section: Support Requested Forms: SF-424A: Budget Information, Equipment List (if applicable) Attachments: Budget Narrative, A/R Project Budget Justification (if applicable)	(5) Support Requested

iii. Budget (Submit in EHBs)

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

Reminder: The Total Project or Program Costs are the total allowable costs⁹ (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you.

In addition, OVC requires the following.

You must present the total budget for the project, which includes OVC funds and all non-federal funds that will support the proposed project (if any). You have discretion about how you propose to allocate the total budget between OVC 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

⁹ For details on allowable costs, see 45 C.F.R. part 75, available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>.

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

Budget Information Form (SF-424A):

- In Section A – Budget Summary, under New or Revised Budget, in the Federal column, enter the OVC federal funding requested for **the entire 2-year period of performance** (up to \$2,000,000). Enter the federal funding requested in the same proportions for all population types for which you currently receive Health Center Program section 330 funding (Community Health Center – 330(e), Migrant Health Center – 330(g), Health Care for the Homeless – 330(h), and/or Public Housing Primary Care – 330(i)). 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 period of performance. The amounts for each category in the Federal and Non-Federal columns, should align with the totals across the 2-year period of performance on the Budget Narrative. Up to \$500,000 may be requested for equipment and/or minor A/R. 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 entire 2-year period of performance (if any), not including the OVC 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 Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 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 will apply in the following fiscal years, as required by law.

iv. Budget Narrative (Submit in EHBs)

OVC requires a detailed budget narrative that outlines federal and non-federal costs by object class category for each year of the two year period of performance. The sum of line item costs for each category must align with those presented on the SF-424A: Budget Information Form. See Section 5.1.v of HRSA’s [SF-424 Two-Tier Application Guide](#). In addition, provide a table of personnel to be paid with federal funds, as shown in the example provided in HRSA’s [SF-424 Two-Tier Application Guide](#). See the [OVC technical assistance webpage](#) for a sample Budget Narrative.

Your budget narrative must:

- Demonstrate that you will use OVC funds for costs to develop, implement, and evaluate innovative, evidence-based strategies that optimize the use of virtual care to increase access and improve clinical quality for underserved communities and vulnerable populations.

- Clearly detail proposed costs for each line item on the SF-424A: Budget Information Form, with calculations for how you derive each cost.
- Align with the minor A/R project budget justification and Equipment List form, as applicable. See [Appendix A: Equipment and Minor A/R Requirements](#) for details.
- Provide HRSA with sufficient information to determine if you will use OVC funds separately and distinctly from other Health Center Program support (e.g., H80 awards).

Note: Format the budget narrative to have all columns fit on an 8.5 x 11 page in portrait orientation when printed.

v. Program-Specific Forms (Submit in EHBs)

You will submit the required SF-424 information through Grants.gov. This refers to Phase 2 of your application, supplemental information to be submitted through EHBs. To preview the forms to be completed in EHBs, visit the [OVC technical assistance webpage](#).

Form 1B: Funding Request Summary (Required)

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

OVC Funding Request

The form displays the OVC funding request, pre-populated from the SF-424A Budget Information Form, Section A.

- The maximum amount of federal funding that can be requested is \$2,000,000.
- If changes are required, modify the appropriate section of the SF-424A.

Equipment and Minor A/R Funding

- Indicate if you are requesting OVC funds for:
 - Equipment purchases (no minor A/R),
 - Minor A/R with equipment,
 - Minor A/R without equipment, or
 - Not applicable (funding for equipment and minor A/R not requested).
- If you select equipment, you must enter the amount requested for equipment on the equipment line in Section B of the SF-424A. This will make the Equipment List Form available for you to complete.
- If you select minor A/R, you must enter the amount requested for minor A/R on the construction line in Section B of the SF-424A. This will make the A/R Project Cover Page and Other Requirements for Sites Forms available for you to complete.
- See [Appendix A: Equipment and Minor A/R Requirements](#) for further information.

Project Overview Form (Required)

There are two sections in the Project Overview Form: visits and scope of project.

Visits

As a complement to your narrative response about the evolution of your virtual services, provide the number of face-to-face clinic visits and virtual visits for the following services for 2020 (aligned with your UDS report). Your 2019 data will be pre-populated based on your H80 grant number. Percentages will auto-calculate in EHBs.

- Medical
- Dental
- Mental Health
- Substance Use Disorder
- Vision
- Other Professional
- Enabling

Scope of Project

Evaluate your current scope of project in light of your proposed project.¹¹ If your scope requires changes based on your proposed project, indicate if changes will be required to your Form 5A: Services Provided, Form 5B: Service Sites, and/or Form 5C: Other Activities/Locations. Provide an overview of the change(s) along with a timeline for making the necessary request(s). Access the technical assistance materials on the [Scope of Project webpage](#) and contact your H80 project officer for guidance in determining if a scope adjustment or change in scope will be necessary.

You must submit scope adjustment and change in scope requests outside of the OVC application, and obtain approval before implementing change(s). You should allow 60 days for HRSA to review your request.

Equipment List and Minor A/R Forms (if applicable)

Up to \$500,000 may be requested for equipment and/or minor A/R if necessary to optimize the use of virtual care. If you are requesting funding for equipment purchases or for minor A/R activities, see [Appendix A: Equipment and Minor A/R Requirements](#).

vi. Attachments (Submit in EHBs)

Provide the following items in the order specified below. Unless otherwise noted, attachments count toward the application page limit. Your indirect cost rate agreement (if applicable) will not count toward the page limit. **You must clearly label each attachment.** Merge similar documents (e.g., letters of support) into a single file.

¹¹ You can view your scope of project in the Approved Scope section of your H80 grant folder in EHBs. Review [PAL 2020-01: Telehealth and Health Center Scope of Project](#) for more information.

Attachment 1: Logic Model (Required)

Upload a logic model that presents the conceptual framework for your proposed project, including Resources/Inputs, Activities, Outputs, Outcomes, and Impact. See the [OVC technical assistance webpage](#) for guidance on the required logic model components.

Attachment 2: Work Plan (Required)

Upload a work plan that demonstrates how you will use OVC funds to develop, implement, and evaluate innovative, evidence-based strategies that optimize the use of virtual care to increase access to comprehensive, patient-centered care and improve clinical quality for underserved communities and vulnerable populations. For each activity identified in your logic model, your work plan must include key action steps, person(s) responsible, and time frame. See the [OVC technical assistance webpage](#) for guidance on the required work plan components.

Attachment 3: Other Relevant Documents (as applicable)

Upload an indirect cost rate agreement, if applicable. Include other relevant documents to support the proposed project such as letters of support from other organizations that are integral to the implementation of your proposal or needs assessment, as desired.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, and provide that number in the application. At a future, to-be-determined date, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must also register with SAM.gov 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 you are exempted from those requirements under 2 CFR § 25.110(b) or (c), or have an exception approved by the agency under 2 CFR § 25.110(d)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may 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.

Currently 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/portal/SAM/##11>)
- Grants.gov (<http://www.grants.gov/>)

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

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.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](#).

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 *July 16, 2021 at 11:59 p.m. ET*. The due date to complete all other required information in EHBs (Phase 2) is *August 17, 2021 at 5 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadlines** to allow for any unforeseen circumstances. See Section 9.2.5 – Summary of emails from Grants.gov in HRSA's [SF-424 Two-Tier Application Guide](#) for additional information.

5. Intergovernmental Review

The Health Center Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 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 \$2,000,000 total per application.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) are in effect at the time this NOFO is posted. See Section 5.1 of HRSA's [SF-](#)

[424 Two-Tier Application Guide](#) for additional information. Note that these or other restrictions will apply in the following fiscal year, as required by law.

[45 CFR part 75](#) and the [HHS Grants Policy Statement](#) (HHS GPS) include information about allowable expenses. You cannot use funds under this notice for the following costs:

- Costs already paid for by other Health Center Program funds;
- Purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology (ONC);¹²
- 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 moveable equipment);
- Purchase and/or installation of trailers and pre-fabricated modular units;
- Facility or land purchases; or
- 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.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. You can find post-award requirements for program income at [45 CFR § 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.

¹² The Centers for Medicare and Medicaid Services and the ONC have established standards and other criteria for structured data. For additional information, refer to <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html>.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has 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.

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

Five review criteria are used to review and rank OVC applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 Points) – Corresponds to [Section IV.2.ii NEED](#)

- 1) The extent to which the applicant provides a compelling description of the needs that the proposed innovative strategies to optimize the use of virtual care could help address, including:
 - a) Access to patient-centered care (including disparities in access), utilization of the health center's services, and patient engagement;
 - b) Most significant clinical quality, health outcome, and health disparities challenges for the patient population; and
 - c) Social determinants of health affecting patients.
- 2) The extent to which the applicant's experiences in the following areas lay a solid groundwork for successful implementation of the plans to optimize the use of virtual care:
 - a) Activities prior to the COVID-19 public health emergency;
 - b) Leveraging telehealth to support access to comprehensive, patient centered, high quality care during the COVID-19 public health emergency and lessons learned; and
 - c) Evidence-based models, frameworks, and/or other applied research.

Criterion 2: RESPONSE (35 Points) – Corresponds to [Section IV.2.ii RESPONSE](#)

- 1) **Evolution of Virtual Care (10 of 35 points)** The extent to which the described evolution of the applicant's use of virtual care demonstrates sufficient growth over time to enable the applicant to successfully innovate in this area, including:
 - a) Barriers and facilitators to telehealth and how they have changed over time, including patients' adoption of technology and organizational considerations such as workforce capacity, technology, connectivity, and reimbursement;
 - b) The diverse types of virtual visits provided (see 2019 and 2020 UDS data in the [Project Overview Form](#));

- c) The percentage of virtual visits provided in each year, as a proportion of total visits (see 2019 and 2020 UDS data in the [Project Overview Form](#));
 - d) Other virtual strategies for patient engagement, education, and/or improving health outcomes; and
 - e) How your proposal will build on past experience.
- 2) **Logic Model and Work Plan (15 of 35 points)** The extent to which [Attachment 1: Logic Model](#) presents a cohesive conceptual framework for the proposed project that aligns with the [OVC Project Requirements](#), and is based on strong and well described evidence and hypotheses. The extent to which [Attachment 2: Work Plan](#) aligns with the [OVC Project Requirements](#) and will successfully increase access to care and improve clinical quality by optimizing the use of virtual care over the 2-year period of performance.

Remaining RESPONSE Items (10 of 35 points)

- 3) The extent to which the applicant’s proposal to optimize the use of virtual care is innovative, given:
- a) How proposed strategies differ from approaches or strategies previously employed (e.g., targeted patient populations, types of services, provider training and support, patient engagement, technology solutions, infrastructure building, administrative and governance procedures, financial sustainability, taking to scale within your practice, adapting approaches from other industries outside of health care); and
 - b) How proposed strategies offer innovative solutions to the challenges and needs identified in the [NEED](#) section.
- 4) If applicable, the extent to which any proposed minor A/R activities and/or equipment purchases will optimize the use of virtual care.

Criterion 3: RESOURCES/CAPABILITIES (30 points) – Corresponds to [Section IV.2.ii RESOURCES/CAPABILITIES](#)

- 1) The applicant’s capacity to implement and evaluate the proposed project, including:
- a) Experience using virtual tools to increase access to comprehensive, patient-centered care, improve clinical quality, and support patient engagement, care integration, care management, care coordination, and/or care transitions; and
 - b) Experience with health IT interoperability and using data to understand care gaps, support care coordination, and plan staffing workflows.
- 2) The extent to which the applicant will leverage organizational capabilities and resources to implement and evaluate the proposed project, including:
- a) Key personnel with demonstrated experience as champions of virtual care, innovation, and evidence-based practice;
 - b) Key partnerships with other organizations to maximize the capacity to implement your proposal and achieve its intended outcomes;

- c) Recognition for delivering high quality, comprehensive, patient-centered care to underserved communities and vulnerable populations (e.g., recognition for patient centered medical home, ambulatory care accreditation, exceeding clinical quality benchmarks or other relevant patient safety, care delivery, quality or organizational awards);
- d) Experience in rapid cycle quality improvement and practice transformation, including collecting and applying process and outcome data to evaluate results and inform continuous quality improvement to increase access and improve clinical quality; and
- e) Experience collecting and analyzing patient and community level data, including clinical and SDOH data to develop strategies that address health disparities.

Criterion 4: IMPACT (15 points) – Corresponds to [Section IV.2.ii IMPACT](#)

- 1) The strength and feasibility of attainment of the projected key impacts in the areas of increasing access to comprehensive, patient-centered care, improving clinical quality, and reducing health disparities.
- 2) The extent to which the applicant describes appropriate measures to be used to assess performance, track, and share with the learning collaborative, including:
 - a) UDS, process, and outcome measures;
 - b) The proportion of total visits that will be virtual and face-to-face visits;
 - c) Demographics of patients engaging in virtual care;
 - d) Types of insurance coverage (e.g., Medicaid, Medicare, private insurance) of patients engaging in virtual care;
 - e) Types of services available virtually;
 - f) Types of virtual care technologies used;
 - g) Patient and provider satisfaction;
 - h) Cost effectiveness and financial sustainability; and
 - i) Relevant clinical outcomes.
- 3) The extent to which the applicant plans to maximize investment in OVC collaborative learning and evaluation activities, including how the applicant will contribute to other health centers' progress and leverage their engagement to inform and evolve the project, leading to sustainability of successful innovations across the health center community.

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to [Section IV.2.ii SUPPORT REQUESTED](#)

- 1) The extent to which the budget presentation is reasonable and aligns with the proposed plan to develop and implement innovative strategies that optimize the use of virtual care (as outlined in the [RESPONSE](#) section, [Attachment 1: Logic Model](#), and the [Work Plan](#)).

2. Review and Selection Process

The objective review process provides an objective evaluation of applications 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 Status¹³

You will not receive OVC funding if you meet any of the following exclusion criteria at the time HRSA makes funding decisions:

- You are no longer an active Health Center Program (H80) award recipient under sections 330(e), (g), (h), and/or (i), or
- You have an active 60-day or 30-day condition on your H80 award related to Health Center Program requirement area(s).

3. Assessment of Risk

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.

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 your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity,

¹³ See [Chapter 2: Health Center Program Oversight](#) of the Compliance Manual.

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](#)).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NoA) on or around the start date of March 1, 2022. 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](#).

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other applicable regulations such as 2 CFR 200 and policies in effect at the time of the award or implemented during the period of the award, and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion [website](#).

Requirements of Subawards

The terms and conditions in the 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, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

3. Reporting

Award recipients must comply with Section 7 of HRSA's [SF-424 Two-Tier Application Guide](#), continue other required Health Center Program reporting, and complete the following reporting and review activities:

- 1) **Progress Reports** – You will complete biannual progress reports to describe key activities, accomplishments, and barriers toward implementing the proposed

project. You will also be required to provide at least monthly data and progress updates to the evaluation and coordination center.

- 2) **Final Report** – You will submit a final progress report, along with a final expenditure report, within 90 days of the end of the period of performance.
- 3) **Financial Report** – You will submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the period of performance.
- 4) **Integrity and Performance Reporting** – The NoA will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [2 CFR Part 200 Appendix XII](#).

Please note the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

VII. AGENCY CONTACTS

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

Joi Grymes-Johnson and Patrick Johnson
Grants Management Specialists
Division of Grants Management Operations
Office of Federal Assistance Management (OFAM)
Health Resources and Services Administration
5600 Fishers Lane, Mailstop10SWH03
Rockville, MD 20857
Telephone: 301-443-2632 and 301-443-0157
Email: JGrymes@hrsa.gov and PJohnson3@hrsa.gov

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

Allison Arnone
Public Health Analyst
Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration
5600 Fishers Lane, Room 16N09
Rockville, MD 20857
Telephone: 301-594-4300
Contact: [BPHC Contact Form](#)
Web: [OVC technical assistance webpage](#)

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, dial 606-545-5035)

Email: support@grants.gov

Self-Service Knowledge Base: https://cscnpsprod.service-now.com/hhs_grants

You may need assistance when working online to submit the remainder of your information electronically through EHBs. Always obtain a case number when calling for support. For assistance with submitting the remaining information in EHBs, contact the support team, Monday-Friday, 7:00 a.m. to 8:00 p.m. ET, excluding federal holidays at:

Health Center Program Support

Telephone: 1-877-464-4772

Web: [BPHC Contact Form](#)

VIII. Other Information

Technical Assistance

To review application resources, such as a webinar, forms instructions, and samples, visit the [OVC technical assistance webpage](#).

HRSA Primary Health Care Digest

The HRSA [Primary Health Care Digest](#) is a weekly email newsletter containing information and updates pertaining to the Health Center Program, including release of all competitive funding opportunities. You are encouraged to subscribe several staff.

Federal Tort Claims Act Coverage/Medical Malpractice Insurance

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. You should also note that FTCA coverage, under section 224(g)(5) of the PHS Act, 42 USC 233(g)(5), is not available for some “part-time” individual contractors. 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](#).

Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff above in [Section VII. Agency Contacts](#).

Appendix A: Equipment and Minor A/R Requirements

Within the maximum award amount of \$2,000,000, you may request to use up to \$500,000 for minor alteration/renovation (A/R) and/or equipment purchases if necessary to optimize the use of virtual care.

If you are requesting funding for equipment purchases, with or without minor A/R, you must enter the amount on the [SF-424A: Budget Information Form](#) on the equipment line and list the equipment items on the Equipment List Form.

Equipment includes moveable items that are non-expendable, tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of (a) the capitalization level established by the applicant for its financial statement purposes, or (b) \$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.

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 on the [SF-424A: Budget Information Form](#).

Any equipment purchased with award funds must be:

- Pertinent to the OVC project,
- Procured through a competitive process, and
- Maintained, tracked, and disposed of in accordance with [45 C.F.R. part 75](#).

For each equipment item listed, complete the following fields in the Equipment List Form:

- **Type** – Select clinical or non-clinical.
- **Item Description** – Provide a description of each item.
- **Unit Price** – Enter the price of each item.
- **Quantity** – Enter of 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.

The selection of all 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 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. Following these standards will mitigate the negative effects on human health and the environment. Additional information for these standards can be found at <http://www.epeat.net> and <http://www.energystar.gov>.

To request funding for minor A/R, you must enter the amount on the [SF-424A: Budget Information Form](#) on the construction line.

OVC funding cannot be used for new construction activities (e.g., additions or expansions, work that requires ground disturbance such as new parking surfaces or expansion of a building footprint), the purchase or 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.

Permanently affixed equipment (e.g., heating, ventilation, and air conditioning (HVAC), generators, signs in or on the existing building, wiring or cabling inside walls, and lighting) is considered fixed equipment and is categorized as minor A/R (not equipment).

An allowable minor A/R project must be a stand-alone project consisting of work in an existing facility required to:

- Install fixed equipment;
- Modernize, improve, and/or reconfigure the interior arrangements or other physical characteristics of a facility;
- Repair and/or replace the exterior envelope;
- Improve accessibility such as curb cuts, ramps, or widening doorways; and/or
- Address life safety requirements.

If you are requesting funding for minor A/R activities, you must complete the A/R Project Cover Page and Other Requirements for Sites forms as well as attach additional documentation for each site-specific minor A/R project. See the [OVC technical assistance webpage](#) for detailed instructions for the required forms and attachments.