U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Bureau of Primary Health Care
Health Center Program

Service Area Competition

Funding Opportunity Number: HRSA-21-008
Funding Opportunity Types: Competing Continuation, Competing Supplement, New
Assistance Listings (CFDA) Number: 93.224

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date in Grants.gov: February 16, 2021
Supplemental Information Due Date in EHBs: March 18, 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: December 17, 2020

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SAC Technical Assistance webpage: https://bphc.hrsa.gov/program-opportunities/funding-opportunities/sac

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Service Area Competition (SAC) under the Health Center Program. The purpose of this grant program is to improve the health of the Nation's underserved communities and vulnerable populations by assuring continued access to comprehensive, culturally competent, quality primary health care services.

Funding Opportunity Title:	Service Area Competition (SAC)
Funding Opportunity Number:	HRSA-21-008
Due Date for Applications – **Grants.gov**:	February 16, 2021 (11:59 p.m. ET)
Due Date for Supplemental Information – **HRSA Electronic Handbooks (EHBs)**:	March 18, 2021 (5 p.m. ET)
Anticipated Total Annual Available Funding:	Approximately $2,436,291
Estimated Number and Type of Awards:	Up to 2 grants
Estimated Award Amount:	Varies and is subject to the availability of funds.
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2021 through August 31, 2024 (up to 3 years)
Eligible Applicants:	Public or nonprofit private entities, including tribal, faith-based, or community-based organizations. 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

Application resources, as well as forms instructions and samples, and a frequently asked questions document are available at the SAC Technical Assistance webpage (https://bphc.hrsa.gov/program-opportunities/funding-opportunities/sac). Refer to "How to Apply for a Grant", available at http://www.hrsa.gov/grants/apply, for general (i.e., not SAC specific) videos and slides on a variety of application and submission components.

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 Health Center Training and Technical Assistance Partners (NTTAPs) are available to assist you in preparing a competitive application. For a listing of HRSA-supported PCAs and NTTAPs, refer to HRSA's Strategic Partnerships webpage at https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac/supportnetworks/index.html.

Other Federal Benefits

Other federal benefits are described in Section VIII.

Summary of Changes since the FY 2020 SAC Funding Opportunity

- The term "project period" has been replaced with "period of performance."
- To provide flexibility to health centers providing essential services necessary to carry out the emergency response related to COVID-19, HRSA extended periods of performance where statutorily permissible, resulting in a small number of service areas being announced for competition this fiscal year.
- There are two new eligibility requirements: 1) patients projected by service type on Form 1A: General Information Worksheet and 2) services proposed on Form 5A: Services Provided.
- Information from the health center's needs assessment will continue to be evaluated in the objective review of the application; however, HRSA will rely on operational site visits and not the SAC application to assess compliance of the needs assessment with Health Center Program requirements.
- There are three new clinical performance measures (Depression Remission at 12 Months, Breast Cancer Screening, and HIV Screening) and one revised clinical performance measure (HIV Linkage to Care).
- Competing continuation applicants will report on achievement of their previous patient target in the RESOURCES/CAPABILITIES section of the Project Narrative.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Health Center Program's Service Area Competition (SAC). The Health Center Program supports public and private nonprofit community-based and patient-directed organizations that provide primary health care services to the Nation's medically underserved populations. The purpose of the SAC notice of funding opportunity (NOFO) is to ensure continued access to comprehensive, culturally competent, quality primary health care services for communities and populations currently served by the Health Center Program.

2. Background

The Health Center Program is authorized by section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b). Through the SAC, organizations compete for Health Center Program operational support to provide comprehensive primary health care services to defined service areas and patient populations already being served by the Health Center Program.

Service areas and target populations listed in the Service Area Announcement Table (SAAT) are currently served by Health Center Program award recipients whose periods of performance end in FY 2021. You must demonstrate how you will make primary health care services accessible in an announced service area, including the provision of services to the SAAT Patient Target and Patient Type(s). Only one award will be given to provide services for each announced service area.

Funding Requirements

Your application must document an understanding of the need for primary health care services in the service area and propose a comprehensive plan that demonstrates compliance with the Health Center Program requirements.[1] The plan must ensure the availability and accessibility of primary health care services to all individuals in the service area and target population, regardless of ability to pay. Your plan must include collaborative and coordinated delivery systems for the provision of health care to the underserved.

If you are a new or competing supplement applicant, you must demonstrate readiness to meet the following requirements:

- Within 120 days of receipt of the Notice of Award (NoA), all proposed sites (as noted on Form 5B: Service Sites and described in the Project Narrative) must have the necessary staff and providers in place to begin operating and delivering

[1] Requirements are stated in 42 U.S.C. 254b (section 330 of the PHS Act) and corresponding program regulations (42 CFR part 51c and 56), and are reflected in the Health Center Program Compliance Manual (Compliance Manual).

services as described on Form 5A: Services Provided and in the Project Narrative and Attachment 12: Operational Plan.[2]

- Within 1 year of receipt of the NoA, all proposed sites on Form 5B: Service Sites must be open for the proposed hours of operation, with services as indicated on Form 5A: Services Provided delivered in a manner that will enable achievement of the patient projections listed on Form 1: General Information Worksheet.

You must provide services to the number of unduplicated patients projected to be served on Form 1A: General Information Worksheet in calendar year 2022. **If you do not serve the number of patients projected to be served in calendar year 2022, announced funding for the service area may be reduced when it is next competed through a SAC.**[3]

HRSA assesses health centers for Health Center Program compliance on a regular basis, including via SAC application reviews. Failure to fulfill applicable SAC funding and Health Center Program requirements may jeopardize Health Center Program grant funding per Uniform Guidance 2 CFR Part 200, as codified by the United States Department of Health and Human Services (HHS) at 45 CFR Part 75. If you fail to resolve conditions through the progressive action process outlined in Chapter 2: Health Center Program Oversight of the Compliance Manual, which includes the option of alternative means, HRSA will withdraw support through termination of the award.

If your SAC application is selected for funding, you must attest on the Summary Page form that if you receive a 1-year period of performance (see details in the Period of Performance Length Criteria section), you will submit a Compliance Achievement Plan for HRSA approval within 120 days of receipt of the SAC NoA. If you do not provide the required attestation, HRSA will not award grant funding. If you do not submit the required Compliance Achievement Plan within 120 days of receipt of the SAC NoA, HRSA will withdraw support through termination of the award unless the recipient has made a demonstration of good cause as to why it has not submitted its Compliance Achievement Plan.[4]

HRSA will not award funding under this NOFO for a third consecutive 1-year period of performance in the presence of continued noncompliance with the Health Center Program requirements (see the Period of Performance Length Criteria section for details).

Service areas where the current award recipient is in a 1-year period of performance are highlighted in the SAAT. The SAAT distinguishes between first and second consecutive 1-year periods of performance because a service area where the current

[2] HRSA may issue Notices of Award up to 60 days prior to the period of performance start date.
[3] HRSA will track progress toward meeting the total unduplicated patient projection in calendar year 2022 (the patient projection from this application, plus other patient projections from funded supplemental applications for which the projections can be monitored in calendar year 2022). For more information, visit the Patient Target FAQs.
[4] Refer to Section 330(e)(1)(B) of the PHS Act.

award recipient is in a second consecutive 1-year period of performance is in jeopardy of having a gap in Health Center Program funding and services if HRSA does not receive an eligible, fundable application. For award recipient-specific period of performance information, see the Health Center Program Awardee Data available at https://bphc.hrsa.gov/uds/datacenter.aspx?q=d.

Failure to verify that all sites are operational within 120 days of the NoA will also result in the placement of a condition of award, with 180 days for resolution. If you fail to successfully resolve this site-related condition within the specified time frame, HRSA may withdraw support through termination of all, or part, of the SAC grant award.

In addition to the Health Center Program requirements, specific requirements for funding under each population type are outlined below.

COMMUNITY HEALTH CENTER (CHC) APPLICANTS:

- Ensure compliance with PHS Act section 330(e) and program regulations, requirements, and policies.
- Provide a plan that ensures the availability and accessibility of required primary health care services to underserved populations in the service area.

MIGRANT HEALTH CENTER (MHC) APPLICANTS:

- Ensure compliance with PHS Act section 330(g); and, as applicable, section 330(e), program regulations, requirements, and policies.
- Provide a plan that ensures the availability and accessibility of required primary health care services to migratory and seasonal agricultural workers and their families in the service area, which includes:
  - Migratory agricultural workers who are individuals whose principal employment is in agriculture, and who have been so employed within the last 24 months, and who establish for the purposes of such employment a temporary abode;
  - Seasonal agricultural workers who are individuals whose principal employment is in agriculture on a seasonal basis and who do not meet the definition of a migratory agricultural worker;
  - Individuals who are no longer employed in migratory or seasonal agriculture because of age or disability who are within such catchment area; and/or
  - Family members of the individuals described above.

NOTE: Agriculture refers to farming in all its branches, as defined by the North American Industry Classification System under codes 111, 112, 1151, and 1152 (48 CFR § 219.303).

HEALTH CARE FOR THE HOMELESS (HCH) APPLICANTS:

- Ensure compliance with PHS Act section 330(h); and, as applicable, section 330(e), program regulations, requirements, and policies.
- Provide a plan that ensures the availability and accessibility of required primary health care services to individuals:
  - Who lack housing (without regard to whether the individual is a member of a family);

- Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations;
- Who reside in transitional housing;
- Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations; and/or
- Who are children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness.

- Provide substance use disorder services.

PUBLIC HOUSING PRIMARY CARE (PHPC) APPLICANTS:

- Ensure compliance with PHS Act section 330(i); and, as applicable, section 330(e), program regulations, requirements, and policies.
- Provide a plan that ensures the availability and accessibility of required primary health care services to residents of public housing and individuals living in areas immediately accessible to public housing. Public housing includes public housing agency-developed, owned, or assisted low-income housing, including mixed finance projects, but excludes housing units with no public housing agency support other than Section 8 housing vouchers.[5]
- Consult with residents of the proposed public housing sites regarding the planning and administration of the program.

II. Award Information

1. Type of Application and Award

Type (s) of applications sought:

- Competing continuation – A current Health Center Program award recipient whose period of performance ends August 31, 2021 and that seeks to continue serving its current service area.

- New – An organization that is not currently funded through the Health Center Program that seeks to serve an announced service area through the proposal of one or more permanent service delivery sites.

- Competing supplement – A current Health Center Program award recipient that seeks to serve an announced service area, in addition to its current service area, through the addition of one or more new permanent service delivery sites.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $2,436,291 to be available annually to fund 2 recipients. You may apply for a ceiling amount of up to the Total Funding listed in the SAAT for the

[5] For the purpose of funding under section 330(i) of the PHS Act, and as presented in the Glossary of the Compliance Manual, "public housing" is defined in 42 U.S.C. § 1437a(b)(1).

proposed service area in total cost (includes both direct and indirect costs) per year. The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation. This program 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. The period of performance is September 1, 2021 through August 31, 2024 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for the Health Center Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

You must propose to serve at least 75 percent of the SAAT Patient Target in calendar year 2022 (January 1 through December 31, 2022). If you propose to serve fewer than the total number of patients indicated in the SAAT, the request for federal funding on the SF-424A and Budget Narrative must reflect the required reductions noted below. If you do not reduce the funding request as noted below, HRSA will reduce the award accordingly. A funding calculator is available at https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac/patientbudgetcalculator.html to help you determine if a funding reduction is required.

Table 1: Funding Reduction by Patients Projected to Be Served

Patient Projections Compared to SAAT Patient Target	Funding Request Reduction
95-100% of patients listed in the SAAT	No reduction
90-94.9% of patients listed in the SAAT	0.5% reduction
85-89.9% of patients listed in the SAAT	1% reduction
80-84.9% of patients listed in the SAAT	1.5% reduction
75-79.9% of patients listed in the SAAT	2% reduction
< 75% of patients listed in the SAAT	Not eligible for funding

The amount of funds awarded in any fiscal year may not exceed the costs of health center operations for the budget period less the total of state, local, and other operational funding provided to the center and the fees, premiums, and third-party reimbursements, which the center may reasonably be expected to receive for its operations in the fiscal year. Nongrant funds may be used for purposes that are not specifically prohibited if such use: (1) furthers the objectives of the health center project, and (2) is not specifically prohibited.[6]

[6] Section 330(e)(5)(D) of the PHS Act.

Note: The federal cost principles apply to use of grant funds but do not apply to use of nongrant funds.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR Part 75. See Section IV.2.iii for instructions on the development of the application budget.

III. Eligibility Information

1. Eligible Applicants

1) You must be a domestic public or nonprofit private entity, as demonstrated through the submission of the Evidence of Non-profit/Public Center Status (Attachment 11), outlined in Section IV.2.vi.[7] Domestic faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.[8]

2) You must propose in the RESPONSE section of the Project Narrative to operate a health center that makes all required primary health care services[9] available and accessible in the service area, either directly or through established arrangements, without regard for ability to pay.

   You may **not** propose to provide **ONLY** a single service or any subset of the required primary health care services.

3) You must propose on Form 5A: Services Provided to make General Primary Medical Care (see footnote 9) available directly (Column I) and/or through formal written contractual agreements in which the health center pays for the service (Column II).

4) You must provide continuity of services, ensuring availability and accessibility in the service area, by proposing to serve an announced service area.

   a) **Patients**: The total number of unduplicated patients that you project to serve in calendar year 2022 (January 1 – December 31, 2022) as entered on Form 1A: General Information Worksheet must be at least 75 percent of the SAAT Patient Target.

[7] Only public agency health centers can demonstrate compliance with governance requirements through a co-applicant structure. A co-applicant is the established body that serves as the health center's governing board when the public agency cannot meet the Health Center Program governing board requirements directly (Section 330(r)(2)(A) of the Public Health Service Act). However, status as a co-applicant is limited to this purpose and does not confer awardee rights to the co-applicant organization.
[8] Refer to Chapter 1: Health Center Program Eligibility of the Compliance Manual.
[9] Refer to the Service Descriptors for Form 5A: Services Provided, available at https://bphc.hrsa.gov/about/requirements/scope/form5aservicedescriptors.pdf, for details regarding required primary health care services.

b) **Services**: You must project patients on Form 1A: General Information Worksheet for each Service Type (e.g., Medical, Mental Health, Enabling) listed for the service area in the SAAT.

c) **Service Area**: If you are a **new or competing supplement applicant**, you must enter Service Area Zip Codes on Form 5B: Service Sites for service delivery sites (administrative-only sites will not be considered) that:[10]
   - Include a combination of SAAT Service Area Zip Codes where zip code patient percentages total at least 75 percent of the current patients served; or
   - Include all SAAT Service Area Zip Codes for the proposed service area, if the sum of all zip code patient percentages is less than 75 percent of the current patients served.

d) **Populations**: You must propose to serve all listed population types (i.e., CHC, MHC, HCH, and/or PHPC) and maintain the funding distribution from the SAAT in the federal funding request on the SF-424A. You may not add new population types (those noted in the SAAT with $0 in funding).

5) If you are a **new or competing supplement applicant**, you must propose at least one new full-time (operational 40 hours or more per week) permanent, fixed building site on Form 5B: Service Sites, except that, if you propose to serve only migratory and seasonal agricultural workers, you may propose a full-time seasonal (rather than permanent) service delivery site.[11] You must provide a verifiable street address for each proposed site on Form 5B: Service Sites. You may propose a mobile medical van only if you also propose at least one full-time, fixed site in the application.

6) You must propose to provide access to services for all individuals in the service area and target population, as described in the RESPONSE section of the Project Narrative. In instances where a sub-population is targeted (e.g., homeless youth), you must ensure that health center services will be made available and accessible to others who seek services at the proposed site(s). You may **not** propose to serve **only** a single sub-population.

7) *PUBLIC HOUSING PRIMARY CARE APPLICANTS ONLY*: If you are a **new or competing supplement applicant** applying for 330(i) funding, you must demonstrate that you have consulted with residents of public housing in the preparation of the SAC application. You must also ensure ongoing consultation with the residents regarding the planning and administration of the health center, as documented in the GOVERNANCE section of the Project Narrative.

[10] HRSA considers service area overlap when making funding determinations for new or competing supplement applicants if zip codes are proposed on Form 5B: Service Sites beyond those listed in the SAAT. For more information about service area overlap, refer to Policy Information Notice 2007-09, available at http://bphc.hrsa.gov/programrequirements/policies/pin200709.html.

[11] Policy Information Notice 2008-01: Defining Scope of Project and Policy for Requesting Changes, available at http://bphc.hrsa.gov/programrequirements/scope.html, describes and defines the term "service sites."

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

However, under 42 CFR § 51c.104 and 42 CFR § 51c.303(r), HRSA will take into consideration whether and to what extent you present evidence that:

- You have made efforts to secure financial and professional assistance and support for the project within the proposed service area.
- You will utilize, to the maximum extent feasible, other federal, state, local, and private resources available for support of the project.

3. Other

HRSA will consider any application that exceeds the ceiling amount (the amount of Total Funding available in the SAAT) on the SF-424A and Budget Narrative non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that does not include all documents indicated as "required for completeness" in Section IV.2.ii and Section IV.2.vi non-responsive and will not consider it for funding under this notice. This includes the Project Narrative, as well as Attachments 6: Co-Applicant Agreement and 11: Evidence of Nonprofit or Public Center Status.

HRSA will consider any application in which the applicant organization (as listed on the SF-424) does not propose to perform a substantive role in the project non-responsive and will not consider it for funding under this notice.[12]

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.

Note: Multiple applications from an organization with the same DUNS number are allowable only if the applications propose to serve different service areas announced under this funding opportunity. If you plan to apply to serve two or more service areas announced under this NOFO, you **must** contact the Office of Policy and Program Development at https://bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form for guidance.

[12] Applications in which the applicant organization proposes to perform a substantive role in the project in addition to conducting a portion of the project through a subrecipient arrangement are allowable. For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers. The acquisition of supplies, material, equipment, or general support services is not considered programmatic work.

HRSA will only accept one validated electronic submission under this funding opportunity number in Grants.gov.[13] 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 (EHBs) application phase.

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 *February 16, 2021* at 11:59 p.m. ET; **and**
- **Phase 2 –EHBs** – Supplemental information must be submitted via EHBs with a due date of *March 18, 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 HRSA EHBs (Phase 2).

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package 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, staffing plan and personnel requirements, 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)).

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

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 160 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and collaboration documentation. 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 the correct funding opportunity number 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 13: 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, staffing plan and personnel requirements, 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*. Additionally, include the proposed service area identification number (ID), city, and state (available in the SAAT); and total number of unduplicated patients that you project to serve in calendar year 2022.

ii. Project Narrative *(Submit in EHBs – required for completeness)*
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 to facilitate reviewer understanding of the proposed project and, where applicable, HRSA assessment of compliance with Health Center Program requirements, consistent with the Compliance Manual.

The application content that HRSA will utilize, in whole or in part, in the SAC-based assessment of compliance are noted with a bolded, underlined asterisk (*****). Refer to the SAC Compliance Assessment Guide at the SAC Technical Assistance webpage for the specific Compliance Manual chapters and elements that relate to items with a bolded, underlined asterisk.

Use the following section headers for the narrative: Need, Response, Collaboration, Evaluative Measures, Resources/Capabilities, Governance, and Support Requested.

If you are a **competing continuation applicant**, ensure that the Project Narrative reflects your approved scope of project. You **must** request changes in scope separately through EHBs.[14]

If you are a **new applicant**, ensure that the Project Narrative reflects your entire proposed project for the proposed service area.

If you are a **competing supplement applicant**, ensure that the Project Narrative reflects only the proposed project for the proposed service area. In addition to the required new full-time site, current sites in scope may also be included for this project if they will provide services to the proposed new patients. You may reference current services, policies, procedures, and capacity (e.g., experience, resources) to the extent that they relate to the proposed service area.

NEED *– Corresponds to Section V.1 Review Criterion 1: NEED*

Information provided in the NEED section must:
- Serve as the basis for, and align with, the activities and goals described throughout the application.
- Be utilized to inform and improve the delivery of health center services.

[14] Refer to the Scope of Project guidance, available at https://bphc.hrsa.gov/programrequirements/scope.html, for details.

1) Describe the proposed service area (consistent with Attachment 1: Service Area Map and Table), including:[15]
   a) The service area boundaries.
   b) If it is located in an Opportunity Zone (if applicable).[16]
   c) If you are a **new or competing supplement applicant**: How you determined your service area based on where the proposed patients reside.

      If you are a **competing continuation applicant**: How you annually review and, if necessary, update your service area based on where patients reside. Such updates should be consistent with the 2019 UDS and SAAT (e.g., service area zip codes listed on Form 5B: Service Sites represent those where 75 percent of current patients reside).

2) Describe your process for assessing proposed service area/target population need, including:
   a) How often you conduct or update the needs assessment.
   b) How you use the results to inform and improve service delivery.
   c) Using and citing current data, including data for each special population (MHC, HCH, PHPC) identified in the SAAT (if applicable), address the following:
      - Factors associated with access to care and health care utilization (e.g., geography, transportation, occupation, transience, unemployment, income level, educational attainment).
      - Any unique health care needs or characteristics that impact health status (e.g., social risk factors, the physical environment, cultural/ethnic factors, language needs, housing status).[17]

RESPONSE *– Corresponds to Section V.1 Review Criterion 2: RESPONSE*

1) Describe how you will provide access to all required and any proposed additional services (consistent with Form 5A: Services Provided), including how you will address health care access and utilization barriers (e.g., geography, transportation, unemployment, income level, educational attainment) and other factors that impact health status (e.g., social factors, the physical environment, cultural/ethnic factors, language needs, housing status).

[15] The Service Area Needs Assessment Methodology (SANAM) and its accompanying Unmet Need Score (UNS) quantify unmet need by individual zip codes within a service area. The UNS Workbook, available at the SAC Technical Assistance webpage, can be used to assist in understanding unmet need.
[16] The list of Qualified Opportunity Zones is available at https://www.cdfifund.gov/Pages/Opportunity-Zones.aspx.
[17] Social determinants of health (SDOH) include factors like socioeconomic status, neighborhood and physical environment, social support networks, community violence, and intimate partner violence. SDOH affect a wide range of health, functioning, and quality-of-life outcomes and risks. 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.

Note: If you are requesting HCH funding, you must provide substance use disorder services (documented on Form 5A: Services Provided) to this population, either directly (Column I) and/or through contractual agreement (Column II).

2) Describe how the proposed service delivery sites on Form 5B: Service Sites assure the availability and accessibility of services (consistent with Form 5A: Services Provided) within the proposed service area, relative to where the target population lives and works (e.g., areas immediately accessible to public housing for health centers targeting residents of public housing). Specifically address:
   a) Access barriers (e.g., distance or travel time for patients, physical geographic barriers, residential patterns, economic and social groupings).
   b) How the following service delivery site factors facilitate access: total number and type (e.g., fixed, mobile, school-based), hours of operation, and overall location (e.g., proximity to public housing). **Note:** Ensure information aligns with Form 5B: Service Sites.

3) Describe how you will educate patients on insurance, inform them of third-party coverage options available to them, and provide enrollment assistance.

4) Describe how you address continuity of care, including:
   a) Hospital admitting privileges.
   b) Receipt, follow-up, and recording of medical information from referral sources.
   c) Follow-up for patients who are hospitalized or visit a hospital's emergency department.

5) _*_ Describe the following aspects of the sliding fee discount program (SFDP) policies:
   a) How they apply uniformly to all patients.
   b) Definitions of income and family.
   c) Methods for assessing all patients for sliding fee discount eligibility based only on income and family size.
   d) How the structure of the sliding fee discount schedule(s) (SFDS) ensures that patient charges are adjusted based on ability to pay (consistent with Attachment 10: Sliding Fee Discount Schedule).
   e) If you have a nominal charge for patients with incomes at or below 100 percent of the Federal Poverty Guidelines (FPG),[18] whether the nominal charge: (1) is flat, (2) is set at a level that is nominal from the perspective of the patient, and (3) does not reflect the actual cost of the service being provided. State if you do not have nominal charges.

6) Describe how you determined the number of unduplicated patients that you project to serve in calendar year 2022, as documented on Form 1A: General Information Worksheet. Include how that determination took into consideration recent or

[18] FPG are available at available at https://aspe.hhs.gov/poverty-guidelines.

potential changes in the local health care landscape, organizational structure, and/or workforce.

7) **New or competing supplement applicants only:** Describe plans to minimize disruption for patients (as noted in the SAAT) that may result from transition of the award to a new recipient.[19]

COLLABORATION – *Corresponds to Section V.1 Review Criterion 3: COLLABORATION*

1) _*_ Describe efforts to collaborate with other providers or programs in the service area (consistent with Attachment 1: Service Area Map and Table), including local hospitals, specialty providers, and social service organizations (including those that serve special populations) to provide access to services not available through the health center, to support:
   a) Continuity of care across community providers.
   b) Access to other health or community services that impact the patient population.
   c) A reduction in the use of hospital emergency departments for non-urgent health care.

2) _*_ Describe and document in Attachment 9: Collaboration Documentation efforts to coordinate and integrate your activities with other federally-funded entities, as well as state and local health services delivery projects/programs serving similar patient populations in the service area (consistent with Attachment 1: Service Area Map and Table). At a minimum, this includes establishing and maintaining relationships with other health centers (including look-alikes). If you do not provide documentation of collaboration with one or more health centers in Attachment 9: Collaboration Documentation, explain why and provide documentation of your outreach.

3) Describe your efforts to collaborate and ensure that health center services are coordinated with, and complement, services provided by each of the following entities in the area (if not present in the proposed service area, state this):
   a) Critical Access Hospitals.
   b) Rural Health Clinics.
   c) Health Departments.
   d) Home Visiting Programs.
   e) State and Local Tuberculosis Programs.
   f) Clinics supported by the Indian Health Service.

[19] The current award recipient's health center sites do not transfer to the new awardee, unless the two organizations have entered into agreements for this type of transfer. Regulations concerning record-keeping and disposition and transfer of equipment are found at 45 CFR § 75.320(e). If a new or competing supplement applicant is awarded a service area through this SAC NOFO, HRSA may consider a request by the current award recipient for up to a 120-day period of performance extension, with an appropriate level of funding, to support the orderly phase-out of grant activities and transition of patients, as appropriate.

g) Community-Based Organizations (e.g., organizations funded under the Ryan White HIV/AIDS Program)

4) **Applicants requesting PHPC Funding:** Describe how the service delivery plan was developed in consultation with residents of the targeted public housing, and how residents of public housing will be involved in administration of the proposed project.

EVALUATIVE MEASURES *– Corresponds to Section V.1 Review Criterion 4: EVALUATIVE MEASURES*

1) Describe how the health center's Quality Improvement/Quality Assurance (QI/QA) program addresses:
   a) Adherence to current clinical guidelines and standards of care in the provision of services.
   b) Identification and analysis of patient safety and adverse events, including implementation of follow-up actions, as necessary.
   c) Assessment of patient satisfaction.
   d) Use of patient records data to inform modifications to the provision of services.
   e) Oversight of and decision-making regarding the provision of services by key management staff and the governing board.

2) Describe how your electronic health record (EHR) system will:
   a) Protect the confidentiality of patient information and safeguard it, consistent with federal and state requirements.
   b) Facilitate performance monitoring and improvement of patient outcomes.
   c) Track social risk factors that impact patient and population health.

3) Describe how you will focus efforts on the following HRSA and BPHC clinical priorities to improve the health status of the patient population and achieve relevant goals cited in the Clinical Performance Measures Form, as applicable:
   a) Combatting the Opioid Crisis (no current performance measure).
   b) Diabetes.
   c) Mental health (two depression measures).
   d) Childhood obesity.

RESOURCES/CAPABILITIES *– Corresponds to Section V.1 Review Criterion 5: RESOURCES/CAPABILITIES*

1) Describe your organizational structure, including:
   a) How any subrecipients/contractors will assist in carrying out the proposed project (consistent with Attachments 2: Bylaws and 3: Project Organizational Chart, and, as applicable, Attachments 6: Co-Applicant Agreement and 7: Summary of Contracts and Agreements).
   b) Whether your organization is part of a parent, affiliate, or subsidiary organization (consistent with Form 8: Health Center Agreements).

2) Describe the following related to the staffing plan (consistent with Form 2: Staffing Profile):
   a) How it ensures that clinical staff, contracts, and/or formal referral arrangements with other providers/provider organizations will carry out all required and any proposed additional services (consistent with Form 5A: Services Provided and Attachment 12: Operational Plan).
   b) How the size, demographics, and health care needs of the service area/patient population were considered when determining the number and mix of clinical staff.
   c) How you maintain documentation of licensure, credentialing verification, and applicable privileges for clinical staff (e.g., employees, individual contractors, volunteers).

3) Describe the key management team (e.g., project director (PD)/chief executive officer (CEO), clinical director (CD), chief financial officer (CFO), chief information officer (CIO), chief operating officer (COO)), including:
   a) How the makeup and distribution of functions among key management staff, and their qualifications (consistent with Attachments 4: Position Descriptions for Key Management Staff and 5: Biographical Sketches for Key Management Staff), support the operation and oversight of the proposed project, consistent with scope and complexity.[20]
   b) ***** Responsibilities of the CEO for reporting to the governing board and overseeing other key management staff in carrying out the day-to-day activities of the proposed project (consistent with Attachment 4: Position Descriptions for Key Management Staff).

4) Describe your financial accounting and internal control systems and how they will:
   a) Account for all federal award(s) in order to identify the source (receipt) and application (expenditure) of funds for federally-funded activities in whole or in part, including maintaining related source documentation pertaining to authorizations, obligations, unobligated balances, assets, expenditures, income, and interest under the federal award(s).
   b) Assure that expenditures of the federal funds will be allowable in accordance with the terms and conditions of the Federal award and Federal Cost Principles (e.g., 45 CFR Part 75 Subpart E: Cost Principles).

5) ***** Describe how you conduct billing and collections, including:
   a) How policies and operating procedures ensure that fees will be waived or reduced based on circumstances related to a patient's inability to pay.
   b) Participating in Medicare, Medicaid, Children's Health Insurance Program (CHIP), and, as appropriate, other public and private assistance programs or insurance, as applicable (consistent with Form 3: Income Analysis).

[20] The PD/CEO must be a direct employee of the health center.

6) Describe how you use or plan to use telehealth[21] to:
   a) Provide in-scope services[22] (list all services that are or will be provided via telehealth).
   b) Communicate with providers and staff at other clinical locations.
   c) Receive or perform clinical consultations.
   d) Send and receive health care information from mobile devices to remotely monitor patients.[23]

7) Describe your current capability and/or plans for maintaining continuity of services and responding to urgent primary health care needs during disasters and emergencies,[24, 25] including:
   a) Response and recovery plans.
   b) Backup systems to facilitate communications.
   c) Patient records access.
   d) Integration into state and local preparedness plans.
   e) Provision of status updates to HRSA-supported Primary Care Associations (PCAs).

8) If you do not have plans to seek Federal Tort Claims Act (FTCA) coverage (see Section VIII for details), describe plans for maintaining or obtaining private malpractice insurance.

9) Describe how recent supplemental resources as noted for the service area in the SAAT have been or will be utilized to provide access to expanded services, enhance quality of care, and/or facilitate infrastructure improvements.

10) **Competing continuation applicants:** Citing the number of unduplicated patients you served in 2019 (aligned with your 2019 UDS report) and your previous patient target, describe factors that restricted and contributed to patient target achievement.

    The previous patient target may be different than the patient target in the SAAT.[26]

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[21] Telehealth is defined as the use of electronic information and telecommunication technologies to support 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.
[22] For information about telehealth and the health center scope of project, see Program Assistance Letter (PAL) 2020-01 at https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/telehealth-pal.pdf.
[23] For more information, see http://www.telehealthtechnology.org/toolkits/mhealth.
[24] Including natural or manmade disasters, as well as emergent or established public health emergencies.
[25] Consistent with the Center for Medicare & Medicaid Services (CMS) national emergency preparedness requirements. See details at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.
[26] To obtain the previous patient target, submit a request using the BPHC Contact Form.

GOVERNANCE *– Corresponds to Section V.1 Review Criterion 6: GOVERNANCE*

Health centers operated by Indian tribes or tribal, Indian, or urban Indian groups are ONLY required to respond to Item 4 below.

1) _*_ Describe where in Attachment 2: Bylaws (and, if applicable, Attachment 6: Co-Applicant Agreement) you document the following board composition requirements:
   a) Board size is at least 9 and no more than 25 members, with either a specific number or range of board members prescribed.[27]
   b) At least 51 percent of voting board members are patients served by the health center.[28, 29, 30]
   c) Patient members of the board, as a group, represent the individuals served by the health center in terms of demographic factors (e.g., gender, race, ethnicity).[31]
   d) Non-patient members are representative of the community served by the health center or the health center's service area.
   e) Non-patient members are selected to provide relevant expertise and skills (e.g., community affairs, local government, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, social services).
   f) No more than one-half of non-patient board members may earn more than 10 percent of their annual income from the health care industry.
   g) Health center employees and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be health center board members.[32, 33]

2) _*_ Describe where in Attachment 2: Bylaws (and, if applicable, Attachment 6: Co-Applicant Agreement) you document the following board authority requirements:
   a) Holding monthly meetings.
   b) Approving the selection (and dismissal or termination) of the project director/CEO.
   c) Approving the annual Health Center Program budget and applications.
   d) Approving proposed services, sites, and hours of operation.
   e) Evaluating the performance of the health center.
   f) Establishing or adopting policies related to the operations of the health center.

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[27] List board members on Form 6A: Board Member Characteristics.
[28] For the purposes of board composition, a patient is an individual who has received at least one service in the past 24 months that generated a health center visit, where both the service and the site where the service was received are within the proposed scope of project.
[29] Include representative(s) from or for each of the target special population(s) on Form 6A: Board Member Characteristics.
[30] You may request a waiver of this requirement on Form 6B: Request for Waiver of Board Member Requirements if you are requesting funding to serve only special populations (e.g., if you are not requesting CHC funding). If this request is granted, it will only be valid for the duration of the period of performance.
[31] Board representation is demonstrated on Form 6A: Board Member Characteristics.
[32] Refer to Chapter 20: Board Composition of the Compliance Manual.
[33] In the case of public agencies with co-applicant boards, this includes employees or immediate family members of either the co-applicant organization or of the public agency component in which the health center project is located (e.g., employees within the same department, division, or agency).

g) Assuring the health center operates in compliance with applicable federal, state, and local laws and regulations.

3) _*_ Referencing specific sections in Attachments 2: Bylaws, 6: Co-Applicant Agreement, 8: Articles of Incorporation (new applicants only), and Form 8: Health Center Agreements, describe how your governing board maintains authority and oversight over the proposed project. Specifically address the following:
   a) No individual, entity, or committee (including, but not limited to, an executive committee authorized by the board and consistent with Attachment 3: Project Organizational Chart) reserves or has approval/veto power over the board with regard to the required authorities and functions.
   b) Collaboration or agreements with other entities do not restrict or infringe upon the board's required authorities and functions.
   c) **Public agency applicants with a co-applicant board:** Delegates the required authorities and functions to the co-applicant board and delineates the respective roles and responsibilities of the public agency and the co-applicant in carrying out the project (consistent with Attachment 6: Co-Applicant Agreement).

4) **INDIAN TRIBES OR TRIBAL, INDIAN, OR URBAN INDIAN APPLICANTS ONLY:** Describe your governance structure and process for assuring adequate:
   a) Input from the community/target population on health center priorities.
   b) Fiscal and programmatic oversight of the proposed project.

SUPPORT REQUESTED *– Corresponds to Section V.1 Review Criterion 7: SUPPORT REQUESTED*

1) Describe how you have planned for mitigating the adverse impacts of financial or workforce-related challenges (e.g., payer mix changes, workforce recruitment or retention challenges).

2) If the patient projection on Form 1A: General Information Worksheet reflects an increase compared to the SAAT patient target, describe how you will accomplish this increase with the funding amount announced in the SAAT.

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[34]	Review Criteria
Need section of the Project Narrative	(1) Need
Response section of the Project Narrative Attachment 10: Sliding Fee Discount Schedule Attachment 12: Operational Plan	(2) Response
Collaboration section of the Project Narrative	(3) Collaboration
Evaluative Measures section of the Project Narrative Clinical Performance Measures Form Financial Performance Measures Form	(4) Evaluative Measures
Resources/Capabilities section of the Project Narrative Form 8: Health Center Agreements	(5) Resources/Capabilities
Governance section of the Project Narrative Form 6A: Board Member Characteristics Form 6B: Request for Waiver of Board Member Requirements	(6) Governance
Support Requested section of the Project Narrative SF-424A Budget Narrative	(7) 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 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) 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.

The total budget represents all proposed expenditures that directly relate to and support in-scope activities. Therefore, the total budget must reflect projections from **all** anticipated revenue sources. In addition, the Health Center Program requires the

[34] Forms and attachments referenced in the Project Narrative are not repeated in this table but should be considered during review.

following for formulation of the budget presentation, per section 330(e)(5)(A) of the PHS Act, as amended.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 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)*
The Service Area Competition NOFO requires a detailed budget narrative for **each requested 12-month period** (budget year) of the period of performance. See Section 5.1.v of HRSA's *SF-424 Two-Tier Application Guide*. In addition, classify Year 1 of the budget narrative into federal and non-federal resources, and provide a table of personnel to be paid with federal funds, per the example provided in HRSA's *SF-424 Two-Tier Application Guide*. For subsequent budget years, if applicable, the narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive changes during the period of performance. See the SAC Technical Assistance webpage for a sample Budget Narrative.

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 have already submitted the required SF-424 information through Grants.gov. This refers to Phase 2 of your application, supplemental information to be submitted through EHBs.

All of the following forms, with the exception of Form 5C: Other Activities/Locations, are required. You must complete these OMB-approved forms directly in EHBs. The forms that HRSA will utilize in its assessment of compliance, as detailed in the Compliance Manual, are noted with a bolded, underlined asterisk (**_*_**).

Refer to the SAC Technical Assistance webpage for Program-Specific Forms instructions and Appendix A for Performance Measure details. Samples are also available at the SAC Technical Assistance webpage.

Form 1A: General Information Worksheet
Form 1C: Documents on File
_*_ Form 2: Staffing Profile
_*_ Form 3: Income Analysis
_*_ Form 4: Community Characteristics
Form 5A: Services Provided
Form 5B: Service Sites
Form 5C: Other Activities/Locations (if applicable)
_*_ Form 6A: Current Board Member Characteristics

__*__ Form 6B: Request for Waiver of Board Member Requirements
__*__ Form 8: Health Center Agreements
Form 12: Organization Contacts
Clinical Performance Measures
Financial Performance Measures
Summary Page

vi. Attachments *(Submit in EHBs)*

Provide the following items in the order specified below. The attachments that HRSA will utilize in its assessment of compliance, as detailed in the Compliance Manual, are noted with a bolded, underlined asterisk (__*__).

Unless otherwise noted, attachments count toward the application page limit. Indirect cost rate agreements (provided in Attachment 13: Other Relevant Documents), proof of non-profit status (Attachment 11: Evidence of Nonprofit or Public Center Status), and the co-applicant agreement (Attachment 6: Co-Applicant Agreement) will not count toward the page limit. **You must clearly label each attachment** according to the number and title below (e.g., Attachment 2: Bylaws). Merge similar documents (e.g., collaboration documentation) into a single file.

Applications that do not include attachments marked "C" (required for completeness) will be considered incomplete or non-responsive, and will not be considered for funding under this notice. Failure to include attachments marked "R" (required for review) may negatively affect the objective review score or result in conditions on your award.

Attachment 1: Service Area Map and Table (R)

Upload a map of the service area for the proposed project, indicating the:

- Proposed health center site(s) listed on Form 5B: Service Sites.
- Proposed service area zip codes.
- Any medically underserved areas (MUAs) and/or medically underserved populations (MUPs).
- Health Center Program award recipients and look-alikes.
- Other health care providers serving the proposed zip codes, as described in the COLLABORATION section of the Project Narrative.

Create the map and table using UDS Mapper, available at http://www.udsmapper.org/. You may need to manually place markers for the locations of major private provider groups serving low income/uninsured patients. Note that the table will display Zip Code Tabulation Areas (ZCTAs) and not zip codes.

See the SAC Technical Assistance webpage for samples and instructions on creating maps and tables using UDS Mapper. For a tutorial, see Specific Use Cases: Create a Service Area Map and Data Table, available at http://www.udsmapper.org/tutorials.cfm.

__*__ *Attachment 2: Bylaws (R)*

Upload a complete copy of your organization's most recent bylaws. Bylaws must be signed and dated, indicating review and approval by the governing board. Public

centers that have a co-applicant must submit the co-applicant governing board bylaws. See the GOVERNANCE section of the Project Narrative for details.

_*_ *Attachment 3: Project Organizational Chart (R)*
Upload a one-page document that depicts your current organizational structure, including the governing board, key personnel, staffing, and any subrecipients or affiliated organizations.

_*_ *Attachment 4: Position Descriptions for Key Management Staff (R)*
Upload current position descriptions for key management staff: PD/CEO, CD, CFO, CIO, and COO. Indicate on the position descriptions if key management positions are combined and/or part time (consistent with Form 2: Staffing Profile). Limit each position description to **one page** and include, at a minimum, training and experience qualifications, duties, and functions. The Project Director/CEO position descriptions must address the following duties and responsibilities:

- Direct employment by the health center.
- Reports directly to the health center's governing board.
- Oversees other key management staff in carrying out the day-to-day activities necessary to carry out the proposed project.

Attachment 5: Biographical Sketches for Key Management Staff (R)
Upload current biographical sketches for key management staff: PD/CEO, CD, CFO, CIO, and COO. Identify if the individual will fill more than one key management position. Biographical sketches should not exceed **two pages** each. Biographical sketches must include training, language fluency, and experience working with the cultural and linguistically diverse populations to be served, as applicable.

_*_ *Attachment 6: Co-Applicant Agreement (as applicable) (new applicants: C) (competing continuation and competing supplement applicants: R)*
All public center applicants that have a co-applicant board **must** submit the most recent copy of the formal co-applicant agreement, in its entirety, signed by both the co-applicant governing board and the public center.[35] See the RESOURCES/CAPABILITIES and GOVERNANCE sections of the Project Narrative for more details. This attachment does not count toward the page limit.

Attachment 7: Summary of Contracts and Agreements (as applicable) (R)
Upload a brief summary describing all current or proposed patient service-related contracts and agreements, consistent with Form 5A: Services Provided, Columns II and III, respectively. The summary must address the following items for each contract or agreement:

- Name of contract/referral organization.
- Type of contract or agreement (e.g., contract, referral agreement, Memorandum of Understanding or Agreement).
- Brief description of the type of services provided and how and where services are provided.

[35] See the definition of a co-applicant in the Eligible Applicants footnotes for details.

- Timeframe for each contract or agreement (e.g., ongoing contractual relationship, specific duration).

If a contract or agreement will be attached to Form 8: Health Center Agreements, denote this with an asterisk (*). Contracts for substantive programmatic work and subrecipient agreements[36] must be included in Form 8.

_*_ *Attachment 8: Articles of Incorporation (as applicable) (new applicants: R) (competing continuation and competing supplement applicants: N/A)*
New applicants: Upload the official signatory page (seal page) of your Articles of Incorporation.

- A public center with a co-applicant must upload the co-applicant's Articles of Incorporation signatory page, if incorporated.
- A Tribal organization must reference its designation in the Federally Recognized Indian Tribe List maintained by the Bureau of Indian Affairs.

_*_ *Attachment 9: Collaboration Documentation (R)*
Upload current dated documentation of collaboration activities to provide evidence of commitment to the project. See the COLLABORATION section of the Project Narrative for details on required documentation. Letters of support should be addressed to the organization's board, CEO, or other appropriate key management staff member.

Note: While reviewers will only consider letters of support and other documentation of collaboration submitted with the application, you are encouraged to consider the impact on your application's page length when providing non-required documentation of collaboration.

_*_ *Attachment 10: Sliding Fee Discount Schedule(s) (R)*
Upload the current sliding fee discount schedule (SFDS) for services provided directly (consistent with Services Provided, Column I). The SFDS structure must be consistent with the policy (as described in the RESPONSE section of the Project Narrative) and provide discounts as follows:

- A full discount is provided for individuals and families with annual incomes at or below 100 percent of the current FPG, unless a health center elects to have a nominal charge, which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100 percent of the FPG.
- Partial discounts are provided for individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG, and those discounts adjust based on gradations in income levels and include at least three discount pay classes.
- No discounts are provided to individuals and families with annual incomes above 200 percent of the current FPG.

[36] Contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers. The acquisition of supplies, material, equipment, or general support services is not considered programmatic work.

Ensure the SFDS has incorporated the most recent FPG. If you have more than one SFDS for services provided directly (e.g., medical, dental), upload all SFDS(s).

Attachment 11: Evidence of Nonprofit or Public Center Status (new applicants: C) (competing continuation and competing supplement applicants: R)
Upload evidence of nonprofit or public center status. This attachment does not count toward the page limit.

A private, nonprofit organization must submit one of the following as evidence of its nonprofit status:

- A copy of your organization's currently valid Internal Revenue Service (IRS) tax exemption letter/certificate.
- A statement from a state taxing body, state attorney general, or other appropriate state official certifying that your organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of your organization's certificate of incorporation or similar document (e.g., Articles of Incorporation) showing the state or tribal seal that clearly establishes the nonprofit status of the organization.
- Any of the above documentation for a state or local office of a national parent organization, and a statement signed by the parent organization that your organization is a local nonprofit affiliate.

A public agency applicant must provide documentation demonstrating that the organization qualifies as a public agency (e.g., state or local health department) by submitting one of the following:

- A current dated letter affirming the organization's status as a state, territorial, county, city, or municipal government; a health department organized at the state, territory, county, city, or municipal level; or a subdivision or municipality of a United States (U.S.) affiliated sovereign State (e.g., Republic of Palau).
- A copy of the law that created the organization and that grants one or more sovereign powers (e.g., the power to tax, eminent domain, police power) to the organization (e.g., a public hospital district).
- A ruling from the State Attorney General affirming the legal status of an entity as either a political subdivision or instrumentality of the state (e.g., a public university).
- A "letter ruling" which provides a positive written determination by the Internal Revenue Service of the organization's exempt status as an instrumentality under Internal Revenue Code section 115.

Tribal or Urban Indian Organizations, as defined under the Indian Self-Determination Act or the Indian Health Care Improvement Act, must provide documentation of such status.

Attachment 12: Operational Plan (new and competing supplement applicants: R) (competing continuation applicants: N/A)
New or competing supplement applicants: Upload a detailed Operational Plan. The plan must include reasonable and time-framed activities which assure that within 120 days of

receipt of the NoA, all sites on Form 5B: Service Sites will have the necessary staff and providers in place to begin operating and delivering services as described on Form 5A: Services Provided. Also include plans to hire, contract, and/or establish formal written referral arrangements with all providers (consistent with Forms 2: Staffing Profile, 5A: Services Provided and 8: Health Center Agreements, and Attachment 7: Summary of Contracts and Agreements) and begin providing services at all sites for the stated number of hours (consistent with Form 5B: Service Sites) within 1 year of receipt the NoA.

Refer to the SAC Technical Assistance webpage for detailed instructions and a sample.

Attachment 13: Other Relevant Documents (as applicable) (R)
Upload an indirect cost rate agreement if applicable, and include other relevant documents to support the proposed project (e.g., charts, organizational brochures, lease agreements). Maximum of two uploads.

New or competing supplement applicants: Lease/intent to lease documentation must be included in this attachment if a proposed site is or will be leased.

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. In April 2022, 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: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update pages.

You must also register with (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 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)).

Your business entity selection on Form 1A: General Information Worksheet must align with your equivalent selection in SAM.gov.

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 and, 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 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 *February 16, 2021 at 11:59 p.m. ET*. The due date to complete all other required information in EHBs (Phase 2) is *March 18, 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 3 years, at no more than the amount listed as Total Funding for the service area in the SAAT per year (inclusive of direct and indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the

project's objectives, and a determination that continued funding would be in the best interest of the Federal Government. HRSA will not award funding to a competing continuation applicant for a third consecutive 1-year period of performance (see the Period of Performance Length Criteria section for details).

The General Provisions in Division A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) and Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159) 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. Awards will be made subsequent to enactment of the FY 2021 appropriation. The NOA will reference the FY 2021 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply as required by law in subsequent appropriations acts for FY 2021.

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 fundraising or the construction of facilities.

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 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.

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. Reviewers will use both the Project Narrative and Review Criteria section to assess your application. The entire proposal will be considered during objective review and information presented in the application will be used to determine the length of the Period of Performance, if funding is awarded.

Seven review criteria are used to review and rank SAC applications. See the review criteria outlined below with specific details and scoring points.

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

- The extent to which the applicant describes the proposed service area based on the application type.
- The extent to which the applicant describes the needs assessment of the proposed service area/target population, including any targeted special populations.

Criterion 2: RESPONSE (25 Points) – *Corresponds to Section IV.2.ii RESPONSE*

- The extent to which the applicant demonstrates access to, and availability of, the required and any proposed additional services at service delivery sites and that clinical capacity will meet the needs of the target population and ensure continuity of care when considering barriers to care. If HCH funding is requested, the applicant must propose substance use disorder services on Form 5A: Services Provided.
- The extent to which the applicant describes how patients will be educated on insurance and third-party coverage options (if applicable) available to them.
- The extent to which the applicant describes the sliding fee discount program (SFDP) policies, including how they apply uniformly to all patients, definitions of income and family size, eligibility assessment methods based on income and family size, how the SFDS ensures charges are based on ability to pay, and any nominal fees.
- The extent to which the SFDS (Attachment 10) is consistent with SFDP policies described in the RESPONSE section of the Project Narrative and demonstrates that discounts are applied for individuals and families based on their annual income and the FPG.
- The extent to which the applicant describes how the unduplicated patient projection (number of patients projected to be served in calendar year 2022) was determined and the factors that went into that determination.
- **New or competing supplement applicants**: The extent to which the applicant provides a detailed operational plan (Attachment 12) that ensures that within 120

days of receipt of the NoA, all proposed site(s) will have necessary staff and providers in place to begin operating and delivering services.

- **New or competing supplement applicants**: The extent to which the applicant demonstrates a plan for how 1) all providers will be delivering services and all sites will be open for the proposed hours of operation within 1 year of receipt of the NoA; and 2) potential impacts of award recipient transition will be minimized for patients currently served.

Criterion 3: COLLABORATION (10 points) – *Corresponds to Section IV.2.ii COLLABORATION*

- The extent to which the applicant collaborates with other providers or programs in the service area to provide access to services not available through the health center.

- The extent to which the applicant describes and documents coordination and integration activity efforts with other health services delivery projects/programs that serve similar patient populations in the service area. At a minimum, this includes other health centers.

- **Applicants requesting PHPC funding**: The extent to which the applicant describes that the service delivery plan was developed in consultation with residents of the targeted public housing and how residents will be involved in administration of the proposed project.

Criterion 4: EVALUATIVE MEASURES (15 points) – *Corresponds to Section IV.2.ii EVALUATIVE MEASURES*

- The extent to which the applicant describes how the QI/QA program addresses adherence to current clinical guidelines and standards of care, patient safety and adverse events, patient satisfaction assessment, patient records data to inform service provision, and oversight and decision-making.

- The extent to which the applicant describes how the EHR system will protect confidentiality of and safeguard patient records, facilitate monitoring and improvement of patient outcomes, and track social risk factors.

- The extent to which the applicant establishes Clinical and Financial Performance Measure goals and plans for achieving such goals in the Clinical and Financial Performance Measures Forms that are informed by contributing and restricting factors.

- The extent to which the applicant describes how efforts will be focused to improve the health status of the patient population and achieve relevant performance measure goals (as applicable) for the following Clinical Priorities: Combatting the Opioid Crisis, Diabetes, Mental Health, and Childhood Obesity.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – *Corresponds to Section IV.2.ii RESOURCES/CAPABILITIES*

- The extent to which the applicant establishes that the organizational structure and key management team, including oversight and reporting responsibilities of the CEO, are appropriate for operation and oversight of the proposed project, including any contractors and subrecipients.

- The extent to which the staffing plan ensures credentialing and privileging will be implemented for all providers and that these providers, including contract and referral arrangements, will be in place to carry out required and any proposed additional services.

- The extent to which the applicant establishes that appropriate financial accounting and control systems have the capacity to account for all federal award(s) and assure that expenditures of the federal funds will be allowable in accordance with the terms and conditions of the Federal award and Federal Cost Principles (e.g., 45 CFR Part 75 Subpart E: Cost Principles).

- The extent to which the applicant describes how it conducts billing and collections, including policies and procedures for fee reduction and waivers and participation in public and private assistance programs or insurance.

- The extent to which the applicant describes current and planned uses of telehealth.

- The extent to which the applicant describes emergency preparedness plans for maintaining continuity of services and responding to urgent primary health care needs during disasters and emergencies.

- If applicable, the extent to which the applicant describes plans for maintaining or obtaining private malpractice insurance.

- The extent to which the applicant describes how recent supplemental resources have or will be utilized to expand services and/or facilitate infrastructure improvements.

- The extent to which the applicant demonstrates on Form 8: Health Center Agreements and in any attached agreements 1) the work to be performed; 2) that the contractor or subrecipient will perform in accordance with all applicable award terms, conditions, and requirements; 3) how the applicant will monitor contractor or subrecipient performance; and 4) the requirements for the contractor or subrecipient to provide data necessary to meet reporting requirements.

- **Competing continuation applicants:** The extent to which the applicant describes contributing and restricting factors of achieving the previous patient target.

Criterion 6: GOVERNANCE (10 points) – *Corresponds to Section IV.2.ii GOVERNANCE*

- The extent to which the applicant documents in the Bylaws (Attachment 2) the board composition requirements (demonstrated on Form 6A: Board Member Characteristics), including board representation that can communicate needs/concerns of targeted special populations, and board authority requirements.

- The extent to which the applicant describes how the governing board effectively operates within the organization's structure to ensure that the board maintains authority and oversight of the project.

- **Public agency applicants with a co-applicant board**: The extent to which the applicant documents, consistent with Attachment 6: Co-Applicant Agreement, delegation of the required authorities and functions to the co-applicant board and delineation of the respective roles and responsibilities of the public agency and the co-applicant.

- **Applicants targeting only special populations and requesting a waiver of the 51 percent patient majority board composition requirement**: The extent to which Form 6B: Request for Waiver of Board Member Requirements provides 1) a reasonable statement of need for the request ("good cause"), and 2) a plan for appropriate alternative mechanisms for assuring patient participation in the direction and ongoing governance of the center.

- **Indian Tribes or Tribal, Indian, or Urban Indian Groups Only**: The extent to which the applicant demonstrates that the governance structure will assure adequate input from the community/target population, as well as fiscal and programmatic oversight of the proposed project.

Criterion 7: SUPPORT REQUESTED (10 points) – *Corresponds to Section IV.2.ii SUPPORT REQUESTED*

- The extent to which the applicant provides a detailed budget presentation (e.g., SF-424A, Budget Narrative) that aligns with the proposed project (e.g., services, sites, staffing).

- The extent to which the applicant describes plans to mitigate adverse impacts of financial or workforce-related challenges.

- If applicable, the extent to which the applicant describes how a patient projection that exceeds the SAAT patient target will be accomplished with the announced funding amount.

2. Review and Selection Process

The objective 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. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors described below in award selection (e.g., geographical distribution).

See Section 6.3 of HRSA's *SF-424 Two-Tier Application Guide* for more details.

For this program, HRSA will use period of performance length criteria and a funding priority.

Period of Performance Length Criteria[37]

The length of an awarded period of performance is determined by a comprehensive evaluation of compliance with program requirements by HRSA.

- If you are a competing continuation applicant and have any conditions related to Health Center Program requirements[38] at the time SAC award decisions need to be made (inclusive of the requirements of section 330(k)(3) of the PHS Act), you will qualify for a 1-year period of performance.
    - You will be awarded a 1-year period of performance if you did not have consecutive 1-year periods of performance in FY 2019 and FY 2020.
    - You will NOT receive an FY 2021 SAC award if you had consecutive 1-year periods of performance in FY 2019 and FY 2020.[39]

IMPORTANT: Service areas where the current award recipient is in a first or second consecutive 1-year period of performance are highlighted in the SAAT. The SAAT distinguishes between first and second consecutive 1-year periods of performance because a service area where the current award recipient is in a second consecutive 1-year period of performance is in jeopardy of having a gap in Health Center Program funding and services if HRSA does not receive an eligible, fundable application. For award recipient-specific period of performance information, see the Health Center Program Awardee Data.

- New applicant awardees will be awarded a 1-year period of performance[40] and will receive an operational site visit (OSV) within 2-4 months of your award start date.

[37] See Chapter 2: Health Center Program Oversight of the Compliance Manual.
[38] Current unresolved conditions related to Health Center Program requirements carried over into the new period of performance or new conditions related to Health Center Program requirements to be placed on the award based on information included in this application and Assessment of Risk.
[39] If no fundable applications are received, the service area will be re-competed.
[40] Regardless of the presence or absence of conditions related to Health Center Program requirements to be placed on the award based on information included in this application and Assessment of Risk.

Funding Priority

To minimize potential service disruptions and maximize the effective use of federal dollars, this program includes a two-part funding priority for competing continuation applicants. A funding priority is the favorable adjustment of a review score when an application meets specified criteria. **You do not need to request a funding priority.** Prior to final funding decisions, the funding priority will be determined by HRSA staff according to the following criteria:

- **Program Compliance (5 points):** You will be granted a funding priority if you are a competing continuation applicant and do not have:
  - A current 1-year period of performance or
  - An active condition related to Health Center Program requirements **at the time of application** submission (see Chapter 2: Health Center Program Oversight of the Compliance Manual).

- **Patient Trend (5 points):** You will be granted a funding priority if you are a competing continuation applicant that meets the criterion for Program Compliance above **and** you have a positive or neutral 3-year patient growth trend (+/- 5 percent), as documented in UDS.[41]

Note: You may reference the applicable Health Center Program Awardee Data for annual performance reported in UDS and period of performance length, as well as point-in-time conditions data.

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. HRSA may conduct onsite visits and/or use the current compliance status to inform final funding decisions.

[41] HRSA calculates the patient trend as follows: [(Most current Total Patients value – Total Patients value from 2 years prior)/Total Patients value from 2 years prior] x 100.

Award decisions, including funding level and period of performance length, 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, 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 NoA prior to the start date of September 1, 2021. 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 Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

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* **and** the following reporting and review activities:

1) **Uniform Data System (UDS) Report** – The UDS collects data on all health centers to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. Award recipients are required to submit a UDS Universal Report and, if applicable, a UDS Grant Report annually, by the specified deadline. The Universal Report provides data on patients, services, staffing, and financing across all health centers. The Grant Report provides data on patients and services for special populations served. Failure to submit a complete UDS report by the specified deadline may result in conditions or restrictions being placed on your award, such as requiring prior approval of drawdowns of your Health Center Program award funds and/or limiting eligibility to receive future supplemental funding.

2) **Progress Report** – The Budget Period Progress Report (BPR) non-competing continuation (NCC) submission documents progress on program-specific goals and performance measures. Submission and HRSA approval of a BPR NCC will result in the release of an award for the subsequent year of funding (dependent upon Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the Federal Government).

3) **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 that 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:

Terry Hatchett
Grants Management Specialist
Division of Grants Management Operations
Office of Financial Assistance Management (OFAM)
Health Resources and Services Administration
5600 Fishers Lane, Room 10SWH03
Rockville, MD 20857
Telephone: (301) 443-7525
Email: THatchett@hrsa.gov

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

Beth Hartmayer or Chrissy James
Public Health Analysts
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: SAC 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, 8:30 a.m. to 5:30 p.m. ET:

Health Center Program Support
Telephone: 1-877-464-4772
Web: BPHC Contact Form

VIII. Other Information

Technical Assistance
A technical assistance webpage has been established to provide you with instructions for, and copies of, forms, FAQs, and other resources that will help you submit a competitive application. To review available resources, visit the SAC 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
Organizations that receive operational funds under the Health Center Program are eligible for liability protection for certain claims or suits under the Federally Supported Health Centers Assistance Acts of 1992 and 1995 (42 U.S.C. 233(g)-(n)) (FSHCAA) and volunteer health professionals of such organizations are also eligible for such protection under the 21st Century Cures Act (42 U.S.C. 233(q)) (Cures Act). Under FSHCAA, health centers and any associated statutorily eligible personnel may be deemed as Public Health Service (PHS) employees and thereby afforded protections of the Federal Tort Claims Act (FTCA) for the performance of medical, surgical, dental, or related functions within the scope of their deemed employment. Under the Cures Act, volunteer health professionals sponsored by a deemed health center may be deemed as PHS employees, with associated FTCA coverage.

Once funded, your health center can apply annually through EHBs to become a deemed PHS employee for purposes of FTCA coverage as described above; however, you must maintain private malpractice coverage until the effective date of such coverage (and may maintain private gap insurance for health-related activities not covered by FTCA after the effective date of FTCA coverage). The search for malpractice insurance, if necessary, should begin as soon as possible.

Deemed PHS employee status with resulting **FTCA coverage is not guaranteed**. The Notice of Deeming Action (NDA) for an individual health center and additional NDAs for sponsored volunteer health professionals provide documentation of HRSA's deeming determination and will be issued only after approval of deeming applications. You are encouraged to review the deeming requirements outlined in the Compliance Manual and the most current FTCA Deeming Application Program Assistance Letter. Other information on FTCA deeming requirements for health centers and their eligible officers, employees, and contractors can be found at https://bphc.hrsa.gov/ftca/index.html. Deeming requirements for health center volunteer health professionals can be found at https://bphc.hrsa.gov/ftca/about/health-center-volunteers.html. Contact Health Center Program Support for additional information.

340B Drug Pricing Program
The 340B Drug Pricing Program resulted from enactment of Public Law 102-585, the Veterans Health Care Act of 1992, codified as Section 340B of the Public Health Service Act, as amended, available at http://www.hrsa.gov/opa/programrequirements/phsactsection340b.pdf. The program limits the cost of covered outpatient drugs for certain federal award recipients. Covered entities may realize a cost savings of 20-50 percent on outpatient drug purchases through participation in the 340B Program. If you are interested in 340B Program participation, you must register, be enrolled, and comply with all 340B Program requirements. There is no cost to participate in the 340B Drug Pricing Program or the 340B Prime Vendor Program, and eligible entities are not required to have an established in-house pharmacy to participate. For additional information, visit the Office of Pharmacy Affairs webpage at http://www.hrsa.gov/opa.

Appendix A: Performance Measures Instructions

The Clinical and Financial Performance Measures forms record the proposed project's clinical and financial goals. The goals must be responsive to identified community health and organizational needs and correspond to proposed service delivery activities and organizational capacity discussed in the Project Narrative. Further detail and sample forms are available at the SAC Technical Assistance webpage under the Performance Measures heading. Refer to the UDS Manual for specific measurement details such as exclusionary criteria.

Required Clinical Performance Measures

1. Diabetes: Hemoglobin A1c Poor Control
2. Screening for Depression and Follow-up Plan
3. Depression Remission at 12 Months (new)
4. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
5. Body Mass Index (BMI) Screening and Follow-up Plan
6. Controlling High Blood Pressure
7. Low Birth Weight
8. Early Entry into Prenatal Care
9. Childhood Immunization Status
10. Cervical Cancer Screening
11. Tobacco Use: Screening and Cessation Intervention
12. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
13. Ischemic Vascular Disease: Use of Aspirin or Another Antiplatelet
14. Colorectal Cancer Screening
15. Breast Cancer Screening (new)
16. HIV Screening (new)
17. HIV Linkage to Care (revised)[42]
18. Dental Sealants for Children Between 6-9 Years

Required Financial Performance Measures

1. Total Cost per Patient
2. Medical Cost per Medical Visit
3. Health Center Program Grant Cost per Patient

[42] The HIV Linkage to Care measure was modified to change the follow-up treatment timeline from 90 to 30 days.