

**U.S. Department of Health and Human Services**



**Health Resources & Services Administration**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2024

Bureau of Primary Health Care

Health Center Program

**Fiscal Year 2024 Behavioral Health Service Expansion**

**Funding Opportunity Number: HRSA-24-078**

**Funding Opportunity Type: New**

**Assistance Listings Number: 93.224**

**PHASE 1: Application Due Date in Grants.gov: May 22, 2024**

**PHASE 2: Supplemental Information Due Date in EHBs: June 21, 2024**

**Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!**

**We will not approve deadline extensions for lack of registration.**

**Registration in all systems may take up to 1 month to complete.**

**Issuance Date: April 22, 2024**

Casey Thomas

Public Health Analyst, Office of Policy and Program Development

Bureau of Primary Health Care

Call: 301-594-4300

Contact: [BPHC Contact Form](#)

BHSE Technical Assistance (TA) Webpage: <https://bphc.hrsa.gov/funding/funding-opportunities/behavioral-health-service-expansion>

See [Section VII. Agency Contacts](#) for a list of agency contacts.

Authority: [42 U.S.C. § 254b](#) (Title III, § 330 of the Public Health Service (PHS) Act)

## 508 COMPLIANCE DISCLAIMER

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

### SUMMARY

Funding Opportunity Title:	Behavioral Health Service Expansion (BHSE)
Funding Opportunity Number:	HRSA-24-078
Assistance Listing Number:	93.224
Due Date for Applications – <b>Grants.gov</b> :	<b>Phase 1:</b> May 22, 2024 (11:59 p.m. ET)
Due Date for Supplemental Information – <b>HRSA Electronic Handbooks (EHBs)</b> :	<b>Phase 2:</b> June 21, 2024 (5 p.m. ET)
Purpose:	BHSE funding will support health centers to increase access to behavioral health services through starting or expanding mental health and substance use disorder (SUD) services.
Program Objectives:	<ul style="list-style-type: none"><li>• Increase the number of patients receiving mental health services, and</li><li>• Increase the number of patients receiving SUD services, including treatment with medications for opioid use disorder (MOUD)</li></ul>
Eligible Applicants:	Current Health Center Program operational (H80) grant award recipients. See <a href="#">Section III. Eligibility</a> for more information.
Anticipated FY 2024 Total Available Funding:	\$240 million (\$200 million in ongoing service expansion funding and \$40 million in one-time, initial year funding)
Estimated Number and Type of Award(s):	400 new grants
Estimated Annual Award Amount:	Up to \$600,000 in year 1, and up to \$500,000 in year 2
Cost Sharing or Matching Required:	No
Estimated Notice of Award Date:	September 1, 2024
Period of Performance:	September 1, 2024, through August 31, 2026 (2 years)

Agency Contacts:

**Business, administrative, or fiscal issues:**

Doris Layne-Sheffield  
Grants Management Specialist  
Division of Grants Management Operations,  
OFAM  
Health Resources and Services Administration  
Call: 301-945-9881  
Email: [DLayne-Sheffield@hrsa.gov](mailto:DLayne-Sheffield@hrsa.gov)

or

India Blankenship  
Grants Management Specialist  
Division of Grants Management Operations,  
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**Program issues or technical assistance:**

Casey Thomas  
Public Health Analyst, Office of Policy and  
Program Development  
Bureau of Primary Health Care  
Health Resources and Services Administration  
Call: 301-594-4300  
Contact: [BPHC Contact Form](#)

- Under *Funding*, select *Applications for Notice of Funding Opportunities*, then *Behavioral Health Service Expansion*

## **Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this Notice of Funding Opportunity (NOFO) and the *HRSA Two-Tier Application Guide*. Visit [HRSA's How to Prepare Your Application webpage](#) for more information.

## **Technical Assistance**

The [BHSE TA webpage](#) includes:

- Application resources, such as forms and documents.
- Answers to frequently asked questions.
- Details about our pre-application TA webinar.
- Contact information for questions.

The HRSA-supported [Health Center Resource Clearinghouse](#) also provides training and TA resources for health centers nationwide.

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# I. Program Funding Opportunity Description

## 1. Purpose

This Notice of Funding Opportunity (NOFO) announces the opportunity to apply for funding under the fiscal year (FY) 2024 Behavioral Health Service Expansion (BHSE) program. BHSE will support health centers to increase access to behavioral health services through starting or expanding mental health and substance use disorder (SUD) services.

## Program Requirements

You must propose to use BHSE funds to achieve two objectives:

- Increase the number of patients receiving mental health services, **and**
- Increase the number of patients receiving SUD services, including treatment with medications for opioid use disorder (MOUD).

We will measure your progress using the following Uniform Data System (UDS) data:

- Table 5: Staffing and Utilization, Line 20, for mental health services.
- Table 5: Staffing and Utilization, Line 21, and Appendix E: Other Data Elements, Question 1b, for SUD services. These capture patients receiving SUD services and patients receiving treatment with MOUD.<sup>1</sup>

See [Program Recommendations](#) for more details.

## 2. Background

The Health Center Program is authorized by [42 U.S.C. § 254b](#) (Title III, § 330 of the Public Health Service (PHS) Act). For BHSE, health centers are those receiving Health Center Program operational funding under sections 330(e), (g), (h), and/or (i), also known as H80 funding.

In 2021, 82.5 million adults lived with a mental health condition or an SUD. However, less than half with a mental health condition received treatment. Among those with an SUD, just 1.5 percent received treatment.<sup>2</sup> The number of teens with depression has more than doubled over the last decade, with nearly 1 in 3 teenage girls reporting suicidal thoughts in the last year. Left untreated, these conditions are debilitating and

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<sup>1</sup> As of June 27, 2023, a DATA-Waiver is not required to prescribe MOUD. See <https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act>.

<sup>2</sup> The White House. (2023). *Report on mental health research priorities*. <https://www.whitehouse.gov/wp-content/uploads/2023/02/White-House-Report-on-Mental-Health-Research-Priorities.pdf>.

life-threatening. From 1999 to 2019, overdose fatalities increased by 250 percent, while suicide rates rose by 36 percent. The rates for each continue to rise.<sup>2</sup>

As the necessity for behavioral health services increases, it is important to leverage all opportunities to respond to patients' mental health and SUD treatment needs. In fact, in 2022, the Department of Health and Human Services (HHS) released a [Roadmap for Behavioral Health Integration](#). It provides a path to expand access to mental health and SUD treatment and recovery services by ensuring trusted primary care providers have the resources and tools they need to help respond to patients' behavioral health needs.

However, in 2022, health centers were only meeting 27 percent of the estimated need for mental health services among their patients, and 6 percent of the estimated need for SUD services. Although mental health conditions comprised half of the six most common diagnoses among health center patients, fewer than 9 percent of patients accessed mental health services. Similarly, although an estimated 17 percent of health center patients could benefit from SUD services, fewer than 1 percent used them.<sup>3</sup> There is enormous opportunity to increase access to vital health care services by supporting health centers in making mental health and SUD services part of primary care.

More than ever, underserved populations seek behavioral health services in primary care settings. For many communities, the health center is their first point of access for any health care need, and therefore it is well-positioned to address barriers to care and provide access to a continuum of behavioral health services that includes treatment and recovery support.<sup>4</sup> By building on previous Health Center Program investments, BHSE funding will further the HHS strategic objective of integrating behavioral health into primary care and aid health centers in their response to the nation's ongoing mental health and substance use crises.

## II. Award Information

### 1. Type of Application and Award

Application type: New.

We will fund you via a grant.

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<sup>3</sup> Health Resources and Services Administration. (2022). *2022 health center data: National data*. <https://data.hrsa.gov/tools/data-reporting/program-data/national>.

<sup>4</sup> Recovery support includes a range of social, educational, legal, and other services to support long-term recovery, wellness, and quality of life. See the HHS Overdose Prevention Strategy: <https://www.hhs.gov/overdose-prevention/>.

## 2. Summary of Funding

We estimate \$240 million will be available in FY 2024 and \$200 million will be available in FY 2025 to fund approximately 400 awards. The period of performance is September 1, 2024, to August 31, 2026 (2 years).

You may apply for:

- **Year 1** – Up to \$600,000 (reflecting direct and indirect costs).
- **Year 2** – Up to \$500,000 (reflecting direct and indirect costs).

**We may adjust the final award amounts or number of awards based on the number of fundable applications and final FY 2024 appropriations.**

Support beyond the first budget year will depend on future appropriations, satisfactory progress in meeting the project's objectives, and a decision that continued funding is in the government's best interest.

We will award BHSE funding as a new grant award, separate from your Health Center Program operational (H80) award. Under [45 CFR § 75.302](#), you must document use of BHSE funds separately and distinctly from other Health Center Program funds and other federal award funds. You must maintain your H80 award status throughout the 2-year period of performance to maintain your BHSE funding.

All uses of BHSE funds must align with your H80 [scope of project](#). Your scope of project includes the approved service sites, services, providers, service area, and target population that are supported (wholly or in part) under your total approved health center budget. You may apply for this funding even if you do not currently offer behavioral health services and would need to submit a change in scope request. See page 17 "Scope of Project" for information on how to indicate if you need to change your Form 5A: Services Provided to support your proposed project. You must comply with all Health Center Program requirements as described in the [Health Center Program Compliance Manual](#), and applicable law and regulations.<sup>5</sup>

We will use 2025 UDS data demonstrating increases in the number of visits and patients receiving mental health and SUD services, including patients receiving treatment with MOUD, to determine funding beyond year 2.

We anticipate that funding beyond the 2-year period of performance will be based on the year 2 funding amount. If HRSA continues your funding, we may supplement this initial award and/or make further funding available under your H80 award.

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<sup>5</sup> Requirements are stated in [42 USC § 254b](#) (section 330 of the PHS Act), and in applicable program regulations (42 CFR parts [51c](#) and [56](#), as appropriate), grants regulations ([45 CFR part 75](#)), and grants policy (HHS Grants Policy Statement).



[45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#) applies to all HRSA awards.

### III. Eligibility Information

#### 1. Eligible Applicants

You can apply if your organization is a Health Center Program award recipient<sup>6</sup> with an active H80 grant award.

We encourage health centers that do not currently provide behavioral health services to apply.

#### 2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

#### 3. Other

We may consider your application ineligible for review if it:

- Requests more than \$600,000 in year 1.
- Requests more than \$500,000 in year 2.
- Does not include a [Project Narrative](#).
- Fails to meet the deadlines in [Section IV.4](#).

#### Multiple Applications

We will only review your **first** validated application under HRSA-24-078 in Grants.gov. If you wish to change attachments submitted in a Grants.gov application, you may do so in the [HRSA EHBs](#) application phase.

You may not submit multiple applications under the same [Unique Entity Identifier](#) (UEI).

### IV. Application and Submission Information

#### 1. Address to Request Application Package

We **require** you to apply online through Grants.gov **and** EHBs. Use the SF-424 workspace application package associated with this NOFO. You must use the **two-phase** submission process. Follow these directions: [How to Apply for Grants](#) **and** those in EHBs.

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<sup>6</sup> Funded under 42 USC § 254b(e), (g), (h), and/or (i).

- **Phase 1 – Grants.gov** – You must submit your application via Grants.gov by **May 22, 2024, at 11:59 p.m. ET.**
- **Phase 2 – EHBs** – You must submit supplemental information via EHBs by **June 21, 2024, at 5 p.m. ET.**

**Only applicants who successfully submit the workspace application package associated with this NOFO in Grants.gov (Phase 1) by the due date may submit the additional required information in EHBs (Phase 2).** If you wish to change information you submitted in EHBs, you may reopen and revise your application before the EHBs deadline. For more details, see Sections 3 and 4 of the Two-Tier Application Guide. **Note:** Grants.gov calls the NOFO, “Instructions.”

Select “Subscribe” and enter your email address for HRSA-24-078 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You’re responsible for reviewing all information that relates to this NOFO.*

## **2. Content and Form of Application Submission**

### **Application Format Requirements**

Follow the instructions in Sections 4 and 5 of the Two-Tier Application Guide and this NOFO. Write your application in **English. Use U.S. dollars for your budget.** There’s an [Application Completeness Checklist](#) in the Two-Tier Application Guide to help you.

In **Grants.gov (Phase 1)**, submit your:

- Application for Federal Assistance (SF-424)
- Project Abstract Summary
- Project/Performance Site Locations
- Grants.gov Lobbying Form
- Key Contacts

In **EHBs (Phase 2)**, submit your:

- Project Narrative
- SF-424A Budget Information Form
- Budget Narrative and Table of Personnel Paid with Federal Funds
- Program-Specific Forms
- Attachments, if applicable

## Application Page Limit

The page limit for your application is **50 pages**. We will not review any pages that exceed the page limit. Using the pages within the page limit, we will determine eligibility using the [Section III. Eligibility Information](#) of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms in the NOFO's workspace application package and program-specific forms in EHBs
- Abstract (standard form (SF) "Project Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we'll make this clear in [Section IV.2.vi Attachments](#).

If you use an OMB-approved form that is not in the HRSA-24-078 workspace application package or EHBs application, it may count toward the page limit. Therefore, we recommend you only use Grants.gov and EHBs workspace forms for this NOFO to avoid exceeding the page limit.

**It is important to ensure your application does not exceed the specified page limit.** See [Appendix A: Page Limit Worksheet](#) for additional information.

**Applications must be complete, validated by Grants.gov, and submitted under HRSA-24-078 before the Grants.gov and EHBs [deadlines](#).**

## Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals<sup>7</sup> (for example, program director) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take actions like those in [45 CFR § 75.371](#). This includes suspending or debarring you.<sup>8</sup>
- If you cannot certify this, you must explain why in [Attachment 1: Other Relevant Documents](#).

See Section 5.1.viii – Certifications of the Two-Tier Application Guide.

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<sup>7</sup> See definitions at [2 CFR § 180.995 -- Principal](#) and [2 CFR § 376.995 -- Principal](#).

<sup>8</sup> See also 2 CFR parts [180](#) and [376](#), [31 U.S.C. § 3354](#), and [45 CFR § 75.113](#).

## Program Recommendations

When designing your project, consider:

- The extent to which rural populations, racial and ethnic minorities, people who are uninsured, people experiencing homelessness, and other underserved groups experience higher rates of mental health conditions and SUDs and unique barriers to accessing treatment.
- The impact of stigma and discrimination on patients seeking and accessing treatment.
- Creating a comprehensive approach to behavioral health services that helps more patients access treatment and recovery and support services that address their underlying needs.
- Increasing your primary care providers' role in use of FDA-approved medications for treatment of opioid use disorder, such as buprenorphine.
- Social risk factors like food insecurity, unstable housing, lack of or limited health insurance, linguistic barriers, financial strain, broadband issues, and limited access to transportation.<sup>9</sup>
- The existing treatment and recovery and support services in your service area, including [Certified Community Behavioral Health Clinics](#) (CCBHCs) and [opioid treatment programs](#) (OTPs), and how your proposed project will coordinate with or complement those services.

If you use broadband or telecommunications services to provide health care, discounts are available through the Federal Communication Commission's Universal Service Program. For more information, see the [Rural Health Care Program](#). The [Affordable Connectivity Program](#) (ACP) and [Lifeline](#) are federal programs that help eligible households pay for internet services and internet connected devices. Patients living on tribal lands may be eligible for additional benefits through ACP.

## Program-Specific Instructions

Include application requirements and instructions from Sections 4 and 5 of the Two-Tier Application Guide (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

### i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information on what you must include in the Project Abstract

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<sup>9</sup> See the [2023 UDS Manual](#) for additional information.

Summary Form, see Section 5.1.ix of the Two-Tier Application Guide. In addition, provide your Health Center Program grant number (H80CSXXXXX) and a summary of how your proposed project will:

- Increase the number of patients receiving mental health services, **and**
- Increase the number of patients receiving SUD services, including patients receiving treatment with MOUD.

## NARRATIVE GUIDANCE

The following table is a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you address everything. We will consider any forms or attachments you reference in your narrative during the merit review.

Narrative Section, Forms, Attachments	Review Criteria
Need section	Criterion 1: Need
Response section Project Overview Form: Work Plan	Criterion 2: Response
Collaboration section	Criterion 3: Collaboration
Resources/Capabilities section Budget Narrative Staffing Impact Form	Criterion 4: Resources/Capabilities
Impact section Project Overview Form: Work Plan Patient Impact Form	Criterion 5: Impact
Budget Narrative SF-424A Budget Information Form Equipment List Form Minor A/R Budget Justification Form	Criterion 6: Support Requested

### ii. ***Project Narrative***

This section must describe all aspects of your proposed project. Make it brief and clear.

Provide the following information in the following order. Use the section headers. This ensures reviewers can understand your proposed project.

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

Using data, describe the following about your patient population and/or service area:<sup>10</sup>

1. The prevalence of mental health conditions and SUDs.
2. The number of people without access to mental health and SUD services.
3. The most significant barriers to accessing mental health and SUD services, including:
  - a. Gaps in currently available behavioral health services, for example, fragmented systems of care or workforce shortages,
  - b. Health-related social needs,<sup>11</sup> and
  - c. Stigma and discrimination.

Example sources of needs data may include community health needs assessments, such as those from a local hospital, state or local health department, or community-based organization. The [National Survey on Drug Use and Health \(NSDUH\)](#) is a source for state-level data. You may also find the resources on HRSA's [How We Know Which Areas Need Health Center Services webpage](#) helpful.

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

For items 1 and 2 below, reviewers will assess your work plan in the Project Overview Form. Do **not** write a narrative response for these items. For instructions, see [Section IV. Program-Specific Forms](#).

In your work plan on the Project Overview Form, propose activities that you will conduct to achieve the BHSE objectives to:

1. Increase the number of patients receiving mental health services, **and**
2. Increase the number of patients receiving SUD services.

For items 3, 4, 5, 6, and 7 below, write a narrative that clearly explains how your activities will:

3. Address barriers to mental health and SUD services that you described in your Need section, including:

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<sup>10</sup> One source of data is the Service Area Status at: <https://bphc.hrsa.gov/funding/health-center-service-area-needs>.

<sup>11</sup> Health-related social needs are social and economic needs that individuals experience that affect their ability to maintain their health and well-being. These include needs such as employment, affordable and stable housing, healthy food, personal safety, transportation, and affordable utilities. See the HHS [Call to Action: Addressing Health-Related Social Needs](#) in Communities Across the Nation.

- a. Gaps in currently available behavioral health services, for example, fragmented systems of care or workforce shortages,
  - b. Health-related social needs, and
  - c. Stigma and discrimination.
4. Provide culturally responsive, patient-centered, and coordinated care to support equitable access to mental health and SUD services.
  5. Serve patients who may not be able to receive care outside of your health center, for example, those who lack or have limited health insurance, those who are experiencing homelessness, or those who might otherwise not seek behavioral health care in a setting other than primary care.
  6. Ensure providers are able to prescribe and manage MOUD for individuals experiencing opioid use disorder.
  7. Result in improved patient outcomes, for example, UDS measures related to mental health and SUD services, **and** address underlying patient needs, for example, housing stability, food security, or transportation.

*COLLABORATION – Corresponds to [Section V. Review Criterion 3: Collaboration](#)*

Describe how you will partner with other organizations to:

1. Receive referrals for individuals who need mental health and/or SUD services.
2. Refer patients with complex needs to inpatient care and supportive community-based programs, such as Certified Community Behavioral Health Clinics, as needed.
3. Train and support your personnel to provide or expand access to treatment with MOUD, for example, through collaborations with addiction medicine experts and fellows, providers who support access to opioid use disorder treatment, and others.
4. Establish agreements, workflows, and health IT supports to facilitate timely and secure communication of patient information between provider teams and care settings.
5. Link patients to navigators or community health workers that provide care management services should they need to move through different care settings.

See [Appendix C: Example Partners and Resources](#) for a list of potential partners who may support your project.

*RESOURCES/CAPABILITIES – Corresponds to [Section V. Review Criterion 4: Resources/Capabilities](#)*

Based on your Response section and Budget Narrative, describe:

1. How you will apply your health center’s experience with **either** starting a new line of service **or** providing mental health and/or SUD services to successfully implement your proposed BHSE project.
2. The skills and expertise of the personnel you describe in your work plan and budget narrative, including their capability to provide operational and clinical oversight for the BHSE project.
3. Training and TA resources external to your health center that you will use to support your proposed project.

See [Appendix C: Example Partners and Resources](#) for a list of training and TA resource examples.

*IMPACT – Corresponds to [Section V. Review Criterion 5: Impact](#)*

#### Patient Impact

1. In your Patient Impact Form in EHBs, provide your baseline patient data, including if it is zero and you are proposing starting services in your application, for the following:
  - a. 2023 Mental Health Services Patients (UDS Table 5, Row 20)
  - b. 2023 SUD Services Patients (UDS Table 5, Row 21)
  - c. 2023 Patients Receiving Treatment with MOUD (UDS Appendix E, Question 1b)
2. In your Patient Impact form in EHBs, estimate how many additional patients will receive mental health services, SUD services, and treatment with MOUD as a result of BHSE funding in calendar year 2025. For instructions, see [Section IV. Program-Specific Forms](#).
3. In your Project Narrative, explain how you determined your 2025 additional mental health, SUD, and MOUD patient estimates and how your calendar year 2025 estimates are achievable by December 31, 2025.

#### Quality Improvement

4. Describe how you will use your Quality Improvement/Quality Assurance (QI/QA) program to support the changing mental health and/or SUD services needs of your patients and service area.
5. Describe how you will incorporate improving patient outcomes into your QI/QA program. Examples of outcomes include UDS measures related to mental health conditions and SUDs<sup>12</sup> or other relevant outcomes based on identified needs.

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<sup>12</sup> See Table 6B: Quality of Care Measures in the [2023 UDS Manual](#) for more information.



*SUPPORT REQUESTED* – Corresponds to [Section V. Review Criterion 6: Support Requested](#)

For a list of forms and documents that reviewers will evaluate for this section, see the [Narrative Guidance table](#). Ensure your request is consistent between all forms and documents. Do not include a Support Requested section in your Project Narrative.

**iii. Budget**

Follow the instructions in Section 5.1.iv Budget of the Two-Tier Application Guide and any specific instructions listed in this section. Your budget should show a well-organized plan.

**Reminder:** The total project or program costs are all allowable (direct **and** indirect) costs<sup>13</sup> used for the HRSA activity or project. This includes costs charged to the award and non-federal funds.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)\*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 5.1.v Budget Narrative in the Two-Tier Application Guide.

\**Note:* One exception is a governmental department or agency unit that receives more than \$35 million in direct federal funding.

You may use up to \$250,000 in year 1 for the following costs:

- Minor alteration/renovation (as defined in [Appendix B: Equipment and Minor A/R Requirements](#), the total federal and non-federal cost of the alteration/renovation project must be less than \$1,000,000, excluding the cost of moveable equipment), and/or
- Moveable equipment that costs \$5,000 or more.

You may also want to consider how non-recurring costs such as professional development and consultants would support your project since you may request more funding in year 1 than in year 2.

Your total budget must:

- Include the amount of BHSE funds to be awarded (up to \$600,000 in year 1, and up to \$500,000 in year 2).
- Include all non-federal funds that will support your proposed project.

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<sup>13</sup> For details on allowable costs, see 45 CFR part 75 at <https://www.ecfr.gov/current/title-45/part-75>.

- Comply with all related HHS policies and other federal requirements.<sup>14</sup>
- BHSE funding may support eligible syringe services programs (SSPs) costs. SSPs are an effective public health approach to reduce the spread of infectious diseases and to link individuals to SUD services. Under federal law and policy, federal funds may not be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. For guidance on using federal funding to support SSPs, see [Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs](#), 2016 and the [HRSA-Specific Implementation Guidance to Support Certain Components of Syringe Services Programs](#), 2016. See [Attachment 1: Other Relevant Documents](#) for additional requirements.

All activities must be carried out consistent with Health Center Program requirements as described in the [Health Center Program Compliance Manual](#), including those associated with [Chapter 9: Sliding Fee Discount Program](#) and [Chapter 17: Budget](#).

### **Program Income**

The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from other revenue sources such as state, local, or other federal grants or contracts; private support; and income generated from fundraising, and donations/contributions.

In accordance with Section 330(e)(5)(D) of the PHS Act relating to the use of non-grant funds, health centers shall use non-grant funds, including funds in excess of those originally expected, “as permitted under this section [§ 330],” and may use such funds “for such other purposes as are not specifically prohibited under this section [§ 330] if such use furthers the objectives of the project.”

### **Specific Instructions**

As required by the Further Consolidated Appropriations Act, 2024 (P.L. 118-47), Division D, Title II, § 202 As required by the, § 202, “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.” Effective January 2024, the salary rate limitation is \$221,900. As required by law, salary rate limitations may apply in future years and will be updated.

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<sup>14</sup> See [Chapter 17: Budget](#) of the Compliance Manual.

## **Budget Information Form (SF-424A)**

Complete the Budget Information Form in EHBs. The budget information in these sections must match the total cost of your BHSE project for year 1, except Section E, which records year 2.

- Section A – Budget Summary: Under New or Revised Budget, in the Federal column, enter the federal funding requested for year 1 (up to \$600,000) for each type of Section 330 funding that you currently receive. The types are:
  - Section 330(e) Community Health Center
  - Section 330(g) Migrant Health Center
  - Section 330(h) Health Care for the Homeless
  - Section 330(i) Public Housing Primary Care

We will award funding based on your current H80 award proportions. Enter all other project costs in the Non-Federal column. Leave the Estimate Obligated Funds column blank.

- Section B – Budget Categories: Enter an object class category (line item) budget for year 1, broken out by federal and non-federal funding. The amounts for each category in the Federal and Non-Federal columns, as well as the totals, should align with your Budget Narrative. You may request up to \$250,000 for equipment and/or minor A/R. If you request funds for equipment, include the amount on the equipment line. If you request funds for minor A/R, include the amount on the construction line.
- Section C – Non-Federal Resources: Enter all sources of funding for year 1 except for the federal funding request. The total in Section C must be consistent with the Non-Federal Total in Section A. When providing Non-Federal Resources by funding source, include other federal funds supporting the proposed project in the “other” category.
- Section D – Forecasted Cash Needs: Leave this section blank.
- Section E – Budget Estimates of Federal Funds Needed for Balance of the Project: Enter the federal funding request (up to \$500,000) for year 2 in the First column. The other columns must remain \$0.
- Section F – Other Budget Information: If applicable, explain amounts for individual object class categories that may appear to be out of the ordinary in Direct Charges. Enter the type of indirect rate (provisional, predetermined, final, fixed, or de minimis) that will be in effect during the period of performance.

#### iv. **Budget Narrative**

BHSE requires a detailed budget narrative that outlines federal and non-federal costs by object class category for **each requested 12-month period** (budget year) of the 2-year period of performance. The sum of line-item costs for each category must align with those you present in your SF-424A Budget Information Form. See Section 5.1.v of the Two-Tier Application Guide.

For year 2, the narrative should highlight the changes from year 1 or clearly indicate that there are no substantive changes. See the [BHSE TA webpage](#) for an example Budget Narrative.

Your budget narrative must:

- Show that you will use BHSE funds to meet the [BHSE objectives](#).
- Clearly detail proposed costs for each line item on your SF-424A Budget Information Form, Section B, with calculations for how you estimated each cost.
- Not include [ineligible costs](#).
- Not exceed \$250,000 in equipment and/or minor A/R costs.
- Provide us with enough information to determine that you will use BHSE funds separately and distinctly from other Health Center Program support (for example, H80 awards).
- Include a Table of Personnel to be Paid with Federal Funds, as shown in the Two-Tier Application Guide.
- Align with your minor A/R project budget justification and Equipment List Form if such funding is requested. See [Appendix B: Equipment and Minor A/R Requirements](#) for details.

All contractual arrangements must be appropriate for health center oversight of the proposed project and include any contractors and sub-recipients.

Format the budget narrative to have all columns fit on an 8.5 x 11" page when printed.

#### v. **Program-Specific Forms (Submit in EHBs)**

For **Phase 1**, you will submit the required SF-424 information through Grants.gov. For **Phase 2**, you will submit supplemental information through EHBs.

##### **Project Overview Form (Required)**

###### Work Plan

You must complete the work plan to outline your proposed 2-year project. A sample work plan is available on the [BHSE TA webpage](#).

The work plan includes the following fields:

**BHSE Objective** – Select the [BHSE objective](#) that each activity will address. You must propose at least two activities for each objective.

**Focus Area Field** – Select one focus area for each activity you propose:

- Access and Affordability
- Quality, Patient Care, Safety, and Integrated Services
- Workforce
- Patient Experience

**Activity Category Field** – Select one activity category for each activity you propose. You must propose at least one Treatment activity for each objective.

- Treatment
- Recovery and Support

**Activity Field** – You must write in at least one activity for each activity category you select. There is no maximum number of activities you can propose.

#### Health Center Program Operational Grant Number

Enter your Health Center Program grant number where indicated (H80CSXXXXX). This is an eligibility requirement.

#### Scope of Project

Evaluate your current scope of project in light of your proposed project.<sup>15</sup> Use the TA materials on our [Scope of Project webpage](#) and contact your H80 program specialist to determine if a scope adjustment or change in scope is necessary.

To evaluate your scope, review the following:

- **Form 5A** – Services Provided: Consider if your work plan may require a change in service delivery methods. For example, if you will need to add SUD services for the first time.
- **Form 5B** – Service Sites: You will need to add a site if you propose to use BHSE funds to purchase a mobile unit. You must request a change in scope to add the new mobile site to Form 5B. You cannot add a site other than a mobile unit.

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<sup>15</sup> You can view your scope of project in the Approved Scope section of your H80 grant folder in EHBs.

To complete this section of the form:

- Indicate if you need to change your Form 5A: Services Provided or Form 5B: Service Sites.
- Provide an overview of the change(s) along with a timeline for making the necessary request(s).
- Submit your scope adjustment and change in scope requests outside of your BHSE application, and obtain approval before adding a new service, service delivery method, or site. Allow 60 days for HRSA to review your request.

Once we approve your new service or site, you may use BHSE funds to support it. You may submit your scope adjustment or change in scope while your application is under review.

### **Staffing Impact Form (Required)**

A sample Staffing Impact Form is available on our [BHSE TA webpage](#).

List only personnel you will support with BHSE funds on this form. Enter all direct hire personnel and/or contractor FTEs that will support increasing the number of mental health and SUD patients. You will allocate all personnel time by function among the positions listed.

### **Patient Impact Form (Required)**

See the [BHSE TA webpage](#) for a sample Patient Impact Form and the [2023 UDS Manual](#) Instructions for Table 5: Staffing and Utilization and Appendix E: Other Data Elements.

<b>2023 Baseline Behavioral Health Services Patients</b>
<b>Instruction:</b> Enter your calendar year 2023 UDS data for the following:
1. Mental Health Services Patients (UDS Table 5, Line 20)
2. SUD Services Patients (UDS Table 5, Line 21)
3. Patients Receiving Treatment with MOUD (UDS Appendix E, Question 1b)

### New Behavioral Health Services Patients

**Instruction:** Estimate your increases in patients as a result of BHSE funding. Your estimates should be the number of patients you expect to receive services in 2025 who were not receiving the services in 2023.

If an individual will be a new patient for more than one behavioral health service, count the patient for each service. For example, record a new mental health services patient who is also a new SUD services patient in both items 4 and 5, respectively.

4. New Mental Health Services Patients (UDS Table 5, Line 20)

5. New SUD Services Patients (UDS Table 5, Line 21)

6. New Patients Receiving Treatment with MOUD (UDS Appendix E, Question 1b)

We will measure increases in the number of patients receiving SUD services by adding together the SUD services patients and patients receiving treatment with MOUD.

We'll use patient increases to assess your achievement of the BHSE objectives when we determine funding beyond the 2-year period of performance.

### 2025 Behavioral Health Services Patients

**Instruction:** Using your baseline and new patient data, EHBs will calculate the following:

7. Mental Health Services Patients

8. SUD Services Patients

9. Patients Receiving Treatment with MOUD

### Patient Target Impact

**Instruction:** Enter the number of estimated unduplicated new patients (new to your health center) you will serve in 2025 as a result of BHSE funding.

Count each estimated new patient only once, even if some new patients are expected to receive more than one service (for example, mental health and SUD services).

10. Unduplicated Estimated New Patients

**Note:** We may add your estimated new, unduplicated health center patients to your H80 patient target if your BHSE award continues beyond the 2-year period of performance. See the [SAC TA webpage](#) for patient target resources.

## **Form 1B: Funding Request Summary (Required)**

Before you complete Form 1B, complete your SF-424A: Budget Information Form. See [Section IV.2.iii Budget](#).

### **BHSE Federal Funding Request**

Form 1B prepopulates your BHSE funding request from Section A of your SF-424A Budget Information Form.

- You may apply for up to \$600,000 in year 1.
- If you need to change the amount, edit the Total Federal Funds requested for year 1 in Section A of your SF-424A.

### **Equipment and Minor A/R Funding**

- You may request to use up to \$250,000 of your year 1 federal request for equipment and/or minor A/R.
- If you need to change the amount, edit the Total Federal Funds requested for equipment and construction (minor A/R) in Section B of your SF-424A.
- Select if you will use such funds for:
  - Equipment purchases (no minor A/R)
  - Minor A/R with equipment
  - Minor A/R without equipment
  - Not applicable (no equipment or minor A/R funding request)
- If you select equipment, the Equipment List Form will be available for you to complete.
- If you select minor A/R, the Minor A/R Project Cover Page and Other Requirements for Sites Forms will be available for you to complete.

**Note:** If you change your selected funding option, EHBs will **delete** information from all funding forms that no longer apply.

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

Equipment and minor A/R forms will only display if you selected them under Equipment and Minor A/R Funding in your Form 1B: Funding Request Summary. See [Appendix B: Equipment and Minor A/R Requirements](#).

## **vi. *Attachments***

**Provide the following attachments in the order we list them.**



**Most attachments count toward the [application page limit](#).** Indirect cost rate agreement and proof of non-profit status (if it applies) are the only exceptions. They will not count toward the page limit.

**Clearly label each attachment.** Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Other Relevant Documents (as applicable)

- Upload your indirect cost rate agreement.
- If you propose to use BHSE funds to support an SSP, you must submit supporting documentation. For more information, see the Health Center Program Compliance [Frequently Asked Questions](#).
- Include other relevant documents to support your proposed project.
- Do not upload more than five files.

### **3. Unique Entity Identifier (UEI) and System for Award Management (SAM)**

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a Data Universal Numbering System (DUNS) number to apply. For more details, visit the [General Service Administration's UEI Update](#) webpage.

After you register with SAM, maintain it. Keep your information updated when you have:

- An active federal award,
- An application, or
- A plan that an agency is considering.<sup>16</sup>

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that your Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information two systems:

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<sup>16</sup> Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d).

- [System for Award Management \(SAM\) | \(SAM Knowledge Base\)](#)
- [Grants.gov](#)

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will convert to Data Entry roles; in a Data Entry role, non-employees can still create and manage registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, read (and share) more about this change on the [BUY.GSA.gov blog](#) to know what to expect.

For more details, see Section 3.2 of the Two-Tier Application Guide.

**Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.**

#### 4. Submission Dates and Times

##### Application Due Dates

- Your application is due in Grants.gov (**Phase 1**) by **May 22, 2024, at 11:59 p.m. ET.**
- Your supplemental information is due in EHBs (**Phase 2**) by **June 21, 2024, at 5 p.m. ET.**

We suggest you submit your application to Grants.gov **at least 3 calendar days before the deadline** to allow for any unexpected events. See the Two-Tier Application Guide's Section 9.2.5 – Summary of Details from Grants.gov.

EHBs allows the authorizing official (AO) to reopen the application in EHBs before the EHBs deadline. For additional details and step-by-step instructions with screenshots, refer to the [Reopen Submitted Applications webpage](#). The AO must resubmit the reopened application in EHBs by 5 p.m. ET on the EHBs due date for the application to be considered.

## 5. Intergovernmental Review

The Health Center Program must follow the terms of [Executive Order 12372](#) in [45 CFR part 100](#).

See Section 5.1.ii of the Two-Tier Application Guide for more information.

## 6. Funding Restrictions

The General Provisions in Division H, Titles II and V, that reference the Consolidated Appropriations Act, 2023 (P.L. 117–328) apply to this program. See Section 5.1.iv of the Two-Tier Application Guide for details. Note that these and other restrictions will apply in fiscal years that follow, as law requires.

[45 CFR part 75](#) and the [HHS Grants Policy Statement](#) (HHS GPS) include information about allowable expenses.

You cannot use BHSE funds for the following:

- Costs already paid for by other Health Center Program funds
- Costs not aligned with the BHSE purpose
- Activities inconsistent with the scope of project requirements
- Costs for services and activities not provided directly by or on behalf of the health center and health center project
- Purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology's [Health IT Certification Program](#)
- New construction activities, including additions or expansions
- Major alteration or renovation (A/R) projects valued at \$1,000,000 or greater in total federal and non-federal costs (excluding the cost of moveable equipment)
- Purchase or installation of trailers and prefabricated modular units
- Concrete or asphalt paving of new areas outside of a building
- Facility or land purchases
- Purchase of vehicles (other than mobile units)
- Opening new sites (other than mobile units)
- Needles and syringes for illegal drug injection, even if part of an SSP in scope
- Devices solely used for illegal drug injection **Error! Bookmark not defined.**

Under existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed. 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 must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 5.1.iv – **Funding Restrictions** of the Two-Tier Application Guide. We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

## V. Application Review Information

### 1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We will use six criteria to review BHSE applications. Here are descriptions of the review criteria and their scoring points.

*Criterion 1: NEED (20 points total: 15 points will be determined by the review process; 5 points will be added automatically based on the 2023 UDS report, if applicable) – Corresponds to [Section IV. Need](#)*

15 points determined by reviewers based on the following criteria:

The strength of documented need for expanded behavioral health services based on:

- The data's specificity to their patient population and/or service area.
- The prevalence of mental health conditions and SUDs.
- The number of people without access to mental health and SUD services.
- Their description of the most significant barriers to accessing mental health and SUD services, including:
  - Gaps in currently available behavioral health services,

- Health-related social needs, and
- Stigma and discrimination.

In addition, to encourage health centers without behavioral health services to initiate services, applicants will receive 5 points if they reported 0 mental health patients, 0 SUD patients, or 0 patients who received treatment with MOUD in the 2023 UDS report.

*Criterion 2: RESPONSE (35 points) – Corresponds to [Section IV. Response](#)*

The strength and appropriateness of the applicant’s proposed activities to:

- Increase the number of patients receiving mental health services.
- Increase the number of patients receiving SUD services, including treatment with MOUD.

The extent to which the applicant clearly explains how the proposed activities will:

- Address barriers to access to mental health and SUD services described in their Need section, including:
  - Gaps in currently available behavioral health services,
  - Health-related social needs, and
  - Stigma and discrimination.
- Provide culturally responsive, patient-centered, and coordinated care to support equitable access to mental health and SUD services.
- Serve patients who may not be able to receive care outside of their health center.
- Ensure providers are able to prescribe and manage MOUD for individuals experiencing opioid use disorder.
- Improve patient outcomes and address underlying patient needs.

*Criterion 3: COLLABORATION (15 points) – Corresponds to [Section IV. Collaboration](#)*

The strength of the applicant’s plan to partner with other organizations to:

- Receive referrals for individuals who need mental health and/or SUD services.
- Refer patients with complex needs to inpatient care and supportive community-based programs, as needed.
- Train and support personnel to provide or expand access to treatment with MOUD.

- Establish agreements, workflows, and health IT supports to facilitate timely and secure communication of patient information between provider teams and care settings.
- Link patients to navigators or community health workers that provide care management services should they need to move through different care settings.

*Criterion 4: RESOURCES/CAPABILITIES (10 points) – Corresponds to [Section IV. Resources/Capabilities](#)*

- The strength of the applicant’s plan to apply their health center’s experience with **either** starting a new line of service **or** providing mental health and/or SUD services to successfully implement the project.
- The extent to which the applicant demonstrates that the personnel they describe in their work plan and budget narrative will have the skills and expertise needed to successfully implement the project, including the capability to provide operational and clinical oversight.
- The strength of the applicant’s plan to use external training and TA resources to support the project.

*Criterion 5: IMPACT (15 points) – Corresponds to [Section IV. Impact](#)*

- The reasonableness of the applicant’s estimated patient increases given their baseline data, identified need, proposed activities, and funding amount requested.
- The degree to which the applicant will use their QI/QA plan to support the changing mental health and/or SUD services needs of their patients and service area.
- The strength of the applicant’s plan to incorporate improving patient outcomes into their QI/QA plan.

*Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to [Section IV. Support Requested](#)*

The extent to which the applicant:

- Clearly and consistently describes their funding request in the Budget Narrative and SF-424A and, if proposing to use funds for equipment and/or minor A/R, the Equipment List Form and Minor A/R Budget Justification Form.
- Aligns the funding request to the work plan proposed in the [Response](#) section.
- Proposes a reasonable budget to support the estimated increases in the numbers of patients receiving mental health and SUD services listed in the Patient Impact Form and described in the [Impact](#) section.

## 2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 6.3 of the Two-Tier Application Guide for details. When we make award decisions, we consider the following when selecting applications for award:

- Review past performance (if applicable)
- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in [Section V.3 Assessment of Risk](#)
- Other factors, including:
  - Distribution of awards
  - H80 compliance status

### Rural/Urban Distribution of Awards

We will make aggregate awards in FY 2024 to ensure that the ratio of rural to urban target populations is not less than two to three or greater than three to two as set forth in § 330(e)(6)(B) of the PHS Act. To ensure this distribution, we may award funding to applications out of rank order.

### H80 Compliance Status<sup>17</sup>

You will not receive BHSE funding if you meet either of the following criteria when we make funding decisions:

- You are no longer receiving H80 funding, or
- You have a 30-day condition on your H80 award related to a Health Center Program requirement.

## 3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may apply special conditions of award or decide not to fund your high-risk application ([45 CFR § 75.205](#)).

First, your application must get a favorable merit review. Then we will:

- Review past performance (if applicable)

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<sup>17</sup> See [Chapter 2: Health Center Program Oversight](#) of the Compliance Manual.

- Review audit reports and findings
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies

We may ask you to submit additional information (for example, an updated budget) or begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review, we'll decide whether to make an award. If so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) (formerly named FAPIIS) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

## **VI. Award Administration Information**

### **1. Award Notices**

The Notice of Award (NOA) is issued on or around the [start date](#) listed in the NOFO. See Section 6.4 of the Two-Tier Application Guide for more information.

### **2. Administrative and National Policy Requirements**

See Section 2.1 of the Two-Tier Application Guide.

If you receive an NOA and accept the award, you agree to conduct your activities in compliance/accordance with:

- All provisions of [45 CFR part 75](#) currently in effect.
- The termination provisions in [45 CFR 75.372](#). No other specific termination provisions apply.
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: [2 CFR § 200.301 Performance Measurement](#).



- Any statutory provisions that apply.
- The [Assurances](#) (standard certification and representations) included in the annual SAM registration.

### **Accessibility Provisions and Non-Discrimination Requirements**

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [HHS Office for Civil Rights website](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at [HRSACivilRights@hrsa.gov](mailto:HRSACivilRights@hrsa.gov).

### **Executive Order on Worker Organizing and Empowerment**

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees. This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in your application narrative.

### **Subaward Requirements**

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

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR § 75.101 Applicability](#) gives details.

## Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act.	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity. Visit <a href="https://www.healthit.gov/topic/certification-ehrs/certification-health-it">https://www.healthit.gov/topic/certification-ehrs/certification-health-it</a> to learn more.

### 3. Reporting

Award recipients must comply with Section 7 of the Two-Tier Application Guide **and** the following reporting and review activities:

- 1. Federal Financial Report.** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA.
- 2. Non-Competing Continuation (NCC):** Recipients must submit, and we must approve, an NCC progress report to release year 2 funding (dependent upon congressional appropriation, satisfactory performance, and a determination that continued funding would be in the government's best interest). You will receive an email via EHBs when it is time to begin working on the NCC.
- 3. Progress Reports:** Recipients will complete periodic progress reports to describe accomplishments and barriers in carrying out the proposed project. The work plan will inform these reports.
- 4. Integrity and Performance Reporting:** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information [Responsibility/Qualification](#) (formerly named FAPIIS) as [45 CFR part 75 Appendix I, F.3.](#) and [45 CFR part 75 Appendix XII](#) require.

Further information on reporting requirements, including timing of reports, will be in your NOA and on the [BHSE TA webpage](#).

## VII. Agency Contacts

### Business, Administrative, or Fiscal Issues

Doris Layne-Sheffield  
Grants Management Specialist

Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
Call: 301-945-9881  
Email: [DLayne-Sheffield@hrsa.gov](mailto:DLayne-Sheffield@hrsa.gov)

or

India Blankenship  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
Call: 301-443-0687  
Email: [IBlankenship@hrsa.gov](mailto:IBlankenship@hrsa.gov)

### **Program Issues or Technical Assistance**

Casey Thomas  
Public Health Analyst, Office of Policy and Program Development  
Bureau of Primary Health Care  
Health Resources and Services Administration  
Call: 301-594-4300  
Contact: [BPHC Contact Form](#)

- Under *Funding*, select *Applications for Notice of Funding Opportunities*, then *Behavioral Health Service Expansion*

**You may need help applying through Grants.gov and EHBs. Always get a case number when you call.**

### **Grants.gov Contact Center**

(24 hours a day, 7 days a week, excluding federal holidays)  
Call: 1-800-518-4726 (International callers: 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)  
Web: [Search the Grants.gov Knowledge Base](#)

### **Health Center Program Support**

(Monday–Friday, 8 a.m. – 8 p.m. ET, excluding federal holidays)  
Call: 1-877-464-4772  
Contact: [BPHC Contact Form](#)

- Under *Technical Support*, select *EHBs Tasks/EHBs Technical Issues*

## **VIII. Other Information**

### **Technical Assistance**

HRSA will hold a pre-application TA webinar for applicants seeking funding through this opportunity. Visit the [BHSE TA webpage](#) for resources that may support developing your application. See [TA details](#) in Summary.

### **HRSA Primary Health Care Digest**

The [HRSA Primary Health Care Digest](#) is a weekly email newsletter with Health Center Program information and updates, including competitive funding opportunities. We encourage you and your staff to subscribe.

### **Federal Tort Claims Act (FTCA) Coverage**

FTCA coverage for new services and sites is dependent, in part and where applicable, on HRSA approval of a post-award change in the scope of the project. For more information, review the [FTCA Health Center Policy Manual](#).

### **Tips for Writing a Strong Application**

See Section 5.7 of the Two-Tier Application Guide.

## Appendix A: Page Limit Worksheet

Use this worksheet to ensure that the number of pages you upload into your application is within the 50-page limit. Do not submit this worksheet with your application.

### Reminders

- Standard Forms listed in Column 1 **do not** count against the page limit.
- Attachments listed in Column 2 that you upload into your Standard Forms **do** count toward the page limit unless otherwise noted.
- Program-Specific Forms in EHBs and attachments to those forms **do not** count against the page limit. For example, the documents you attach to your A/R Project Cover Page, such as schematics, do not count against the page limit. But if you upload them under Attachment 1, they do count toward the page limit.
- Your Indirect Cost Rate Agreement will not count against the page limit if you upload it under Attachment 1.

Standard Form or Application Section	Attachment File Name	Optional or Required	Pages in Your Attachments
Grants.gov: Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	Optional	My attachment = ___ pages
Grants.gov: Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	Optional	My attachment = ___ pages
Grants.gov: Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	Required if "Yes"	My attachment = ___ pages
Grants.gov: Project/ Performance Site Location Form	Additional Performance Site Location(s)	Optional	My attachment = ___ pages
EHBs: Project Narrative	Project Narrative	Required	My attachment = ___ pages
EHBs: Budget Narrative	Budget Narrative	Required	My attachment = ___ pages
EHBs: Appendix	Attachment 1: Other Relevant Documents	Optional	My attachment = ___ pages
<b>Page Limit for HRSA-24-078 is 50 Pages</b>			<b>My total = ___ pages</b>

## Appendix B: Equipment and Minor A/R Requirements

You may use up to \$250,000 in year 1 for equipment and/or minor A/R costs necessary to meet the BHSE objectives. If you request such funding, you must enter the amount requested on the SF-424A: Budget Information Form in the equipment and/or construction object class categories.

You may not use funding for new construction activities, such as:

- Additions or expansions,
- Work that requires ground disturbance, for example, new parking surfaces,
- Purchase or installation of trailers or prefabricated modular units, or
- Major A/R.

For a minor A/R activity, the total federal and non-federal cost of the A/R project must be less than \$1,000,000, excluding the cost of moveable equipment.

Equipment includes moveable items that are non-expendable, tangible personal property (including IT systems) with a useful life of more than 1 year and a per-unit acquisition cost of \$5,000 or more. Moveable equipment is readily portable from place to place without requiring a change in utilities or structural characteristics of the space.

Costs for the attachment of equipment, flooring, paint, or carpeting to any stationary structure are A/R and you must include them in your total A/R project costs.

Permanently affixed equipment (for example, heating, ventilation, and air conditioning, generators, lighting) is fixed equipment and you must categorize it as minor A/R.

Allowable minor A/R must support your BHSE activities and be a stand-alone project consisting of work in an existing facility required to:

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

If you request equipment funding, you must complete the Equipment List Form. If you request minor A/R funding, you must complete the minor A/R Project Cover Page, Environmental Information Documentation Checklist, and Other Requirements for Sites forms with accompanying attachments. See the [BHSE TA webpage](#) for instructions.

## Appendix C: Example Partners and Resources

### Federal Partners

- Substance Abuse and Mental Health Services Administration
- Centers for Disease Control and Prevention
- National Institute of Mental Health
- National Institute on Drug Abuse

### State and Local Partners

- [Certified Community Behavioral Health Clinics](#)
- Social services organizations, e.g., food banks, housing assistance agencies, childcare providers, transportation providers
- Recovery organizations
- Reentry organizations
- Emergency medical services providers and emergency departments
- Inpatient, rehabilitation, and/or supportive community-based programs
- Syringe services programs (SSPs)

### Resources

- [988 Suicide & Crisis Lifeline](#)
- [National Maternal Mental Health Hotline](#)
- [AHRQ Integrating Behavioral Health & Primary Care](#)
- [BJA Comprehensive Opioid, Stimulant, and Substance Abuse Program](#)
- [BPHC Behavioral Health Technical Assistance](#)
- [Certified Community Behavioral Health Clinics \(CCBHCs\)](#)
- [Health Center Strategic Partners \(PCAs, HCCNs, NTTAPs\)](#)
- [VA Center for Integrated Healthcare](#)