U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Primary Health Care
Health Center Program

Service Area Competition-Additional Areas (SAC-AA)—
Bishop, CA and Jackson, MI

Funding Opportunity Number: HRSA-20-090
Funding Opportunity Types: Competing Continuation, Competing Supplement, New
Assistance Listings (CFDA) Number: 93.224

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

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

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

Issuance Date: May 22, 2019

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https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html

Authority: 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 fiscal year (FY) 2020 Service Area Competition-Additional Areas (SAC-AA) 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 affordable, quality primary health care services.

Funding Opportunity Title:	Service Area Competition-Additional Areas (SAC-AA)—*Bishop, CA and Jackson, MI*
Funding Opportunity Number:	HRSA-20-090
Due Date for Applications – **Grants.gov**:	July 22, 2019 (11:59 p.m. ET)
Due Date for Supplemental Information – **HRSA Electronic Handbooks (EHBs)**:	August 21, 2019 (5 p.m. ET)
Anticipated Total Annual Available Funding:	Approximately $1,797,648
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
Project Period/Period of Performance:	November 1, 2019 through October 31, 2022 (up to 3 years)
Eligible Applicants:	Domestic 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.

Technical Assistance

Application resources, as well as forms instructions and samples, and a frequently asked questions document are available at the SAC-AA Technical Assistance website (https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac-aa/index.html). Refer to "How to Apply for a Grant", available at http://www.hrsa.gov/grants/apply, for general (i.e., not SAC-AA 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 Cooperative Agreements (NCAs) are available to assist you in preparing a quality, competitive application. For a listing of HRSA-supported PCAs and NCAs, refer to HRSA's Strategic Partnerships website.

Other Federal Benefits

Other federal benefits are described in Section VIII.

Summary of Changes since the FY 2019 SAC-AA Funding Opportunity

- Project Narrative questions, forms, and attachments that will be assessed for determining your compliance with Health Center Program requirements have been updated and are noted with a bolded, underlined asterisk (*****). Refer to the SAC-AA Compliance Assessment Guide on the SAC-AA Technical Assistance website for the specific Compliance Manual chapters and elements that relate to these items.
- Instructions for Program-Specific Forms and Attachment 12: Operational Plan are now available at the SAC-AA Technical Assistance website.
- Service areas where the current award recipient is in a 1-year project period are highlighted in the Service Area Announcement Table (SAAT). Service areas where the current award recipient is in a second consecutive 1-year project period are in jeopardy of having a gap in Health Center Program funding and services if HRSA does not receive an eligible and fundable application.
- Form 1C: Documents on File was updated. Refer to the SAC-AA Technical Assistance website for details.
- A question on maintaining continuity of services during disasters and emergencies in the Project Narrative: RESOURCES/CAPABILITIES section replaced Form 10: Emergency Preparedness.
- The project director (PD)/chief executive officer (CEO) must be a direct employee of the health center, as described in Attachment 4: Position Descriptions for Key Management Staff and on Form 2: Staffing Profile.
- A new Clinical Performance Measure, Statin Therapy for the Prevention and Treatment of Cardiovascular Disease, replaced Coronary Artery Disease (CAD): Lipid Therapy. Refer to the SAC-AA Technical Assistance website for details.

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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-Additional Areas (SAC-AA). 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-AA NOFO is to ensure continued access to affordable, 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, as amended). Through the SAC-AA, 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 project periods are ending in FY 2020. You must demonstrate how you will make primary health care services accessible in the announced service area, including the provision of services to the SAAT Patient Target. Only one award will be given 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. You must further demonstrate that your plan includes 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 as stated in section 330 of the PHS Act and corresponding regulations, and as detailed 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.

If a new or competing supplement applicant is awarded a service area currently served by an existing Health Center Program award recipient, HRSA may consider a request by the current award recipient for up to a 120-day project period extension, with an appropriate level of funding, to support the orderly phase-out of grant activities and, as appropriate, transition of patients to the new award recipient. The sites of the current award recipient do not transfer to the applicant selected for funding, unless the new and prior awardees have entered into agreements to accomplish this type of transfer. Regulations concerning record-keeping and disposition and transfer of equipment are found at 45 CFR § 75.320(e).

You must provide services to the number of unduplicated patients projected to be served on Form 1A: General Information Worksheet in calendar year 2021. **If you do not serve the number of patients projected in calendar year 2021, 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 the SAC-AA application review process. Failure to fulfill applicable SAC-AA 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 your SAC-AA application is selected for funding, HRSA may issue an award for a 3-year or 1-year project period (see details in the Project Period Length Criteria section). You must attest on the Summary Page form that if you receive a 1-year project period, you will submit a Compliance Achievement Plan for HRSA approval. 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-AA 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] If you fail to resolve conditions through the completed progressive action process outlined in Chapter 2: Health Center Program Oversight of the Compliance Manual, HRSA will withdraw support through termination of the award.

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[2] HRSA may issue Notices of Award up to 60 days prior to the project period start date.
[3] HRSA will track progress toward meeting the total unduplicated patient projection in calendar year 2021 (the patient projection from this application, plus other patient projections from funded supplemental applications for which the projections can be monitored in calendar year 2021). For more information, visit the Patient Target FAQs.
[4] Refer to Section 330(e)(1)(B) of the PHS Act.

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

Service areas where the current award recipient is in a 1-year project period are highlighted in the SAAT. The SAAT distinguishes between first and second consecutive 1-year project periods because service areas where the current award recipient is in a second consecutive 1-year project period are in jeopardy of having a gap in Health Center Program funding and services if HRSA does not receive an eligible, fundable application. For information about all award recipient project periods, see the Health Center Profiles available at https://bphc.hrsa.gov/uds/datacenter.aspx?q=d.

If a site is not operational within 120 days of the award, you must submit a justification of the delay and an operational plan within 14 days that indicates the revised date by which the site will become operational. If you fail to successfully resolve this site-related condition within the applicable time frame, HRSA may withdraw support through termination of all, or part, of the SAC-AA 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 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.
- 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) applications sought:

- Competing continuation – A current Health Center Program award recipient 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 expects approximately $1,797,648 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 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 2020 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 in a timely manner. The project period is November 1, 2019 through October 31, 2022 (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 2021 (January 1 through December 31, 2021). 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

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.[5] Domestic faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.[6]

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[7] 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 provide continuity of services, ensuring availability and accessibility in the service area, by proposing to serve an announced service area.

   a) The total number of unduplicated patients projected to be served by December 31, 2021 (January 1 – December 31, 2021) entered on Form 1A: General Information Worksheet must be at least 75 percent of the SAAT Patient Target. See the Summary of Funding section if your patient projection is less than the SAAT Patient Target.
   b) If you are a **new or competing supplement applicant**, zip codes entered in the Service Area Zip Codes field on Form 5B: Service Sites for service delivery sites (administrative-only sites will not be considered) must:[8]
      - 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.
   c) You must propose to serve all currently targeted population types (i.e., CHC, MHC, HCH, and/or PHPC) and maintain the current funding distribution from the SAAT in the federal funding request on the SF-424A. Funding must be requested

[5] Only public agency health centers can have a co-applicant. 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, this does not confer any grant rights to the co-applicant organization.
[6] Refer to Chapter 1: Health Center Program Eligibility of the Compliance Manual.
[7] 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.
[8] 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.

and will be awarded proportionately for all currently funded population types, as indicated in the SAAT. You may not add new population types (those noted in the SAAT with $0 in funding).

4) 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. If you propose to serve only migratory and seasonal agricultural workers, you may propose a full-time seasonal (rather than permanent) service delivery site.[9] 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.

5) 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.

6) *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-AA 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.

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.

[9] 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."

Applications that do not include all documents indicated as "required for completeness" in Section IV.2.ii and Section IV.2.vi will be considered non-responsive and will not be considered 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.

Applications in which the applicant organization (as listed on the SF-424) does not propose to perform a substantive role in the project will be considered non-responsive and will not be considered for funding under this notice.[10]

Any application that fails to satisfy the deadline requirements referenced in Section IV.4 will be considered non-responsive and will not be considered 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. 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.

HRSA will only accept your first validated electronic submission, under the correct funding opportunity number, in Grants.gov.[11] Applications submitted after the first submission will be marked as duplicates and considered ineligible for review. If you want to change information submitted in a Grants.gov application, you may do so in the HRSA Electronic Handbooks (HRSA EHBs) application phase.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically through Grants.gov and HRSA 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 HRSA EHBs.

- **Phase 1 – Grants.gov** – Required information must be submitted and validated via Grants.gov with a due date of *July 22, 2019* at *11:59 p.m. ET*; **and**

- **Phase 2 – HRSA EHBs** – Supplemental information must be submitted via HRSA EHBs with a due date of *August 21, 2019* at *5 p.m. ET*.

[10] 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.
[11] Grants.gov has compatibility issues with Adobe Reader DC. Direct questions pertaining to software compatibility to Grants.gov. See Section VII for contact information.

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 provide your email address when reviewing or preparing the workspace application package, in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to 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, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Two-Tier Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in English and in the terms of U.S. dollars (45 CFR § 75.111(a)). The following application components must be submitted in Grants.gov:

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

The following application components must be submitted in HRSA EHBs:

- Project Narrative
- Budget Information – Non-Construction Programs (SF-424A)
- Budget Narrative
- Program-Specific Forms
- Attachments

See Section 9.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of 160 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard OMB-approved forms 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 HRSA EHBs deadlines to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR Parts 180 and 376, and 31 U.S.C. 3321.)
3) Where you are unable to attest to the statements in this certification, an explanation shall be included 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, assurances, certifications, and abstract), your application must 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 projected to be served in calendar year 2021.

ii. Project Narrative *(Submit in HRSA 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 well organized so that reviewers can understand the proposed project and, where applicable, so HRSA can assess compliance with Health Center Program requirements, consistent with the Compliance Manual.

HRSA assesses compliance with Health Center Program requirements through a variety of oversight processes, including the SAC-AA application. **The application content that HRSA will utilize, in whole or in part, in the SACAA-based assessment of compliance are noted with a bolded, underlined asterisk (__*__).** Refer to the SAC-AA Compliance Assessment Guide on the SAC-AA Technical Assistance website 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.

The Project Narrative must:

- Address the Project Narrative items below, with the requested information appearing under the appropriate section header or in the designated forms and attachments.
- Reference attachments and forms as needed. Referenced items must be part of the HRSA EHBs submission.
- Where applicable, demonstrate compliance with Health Center Program requirements, as detailed in the Compliance Manual.

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 HRSA EHBs.[12]

If you are a **new applicant**, ensure that the Project Narrative reflects the entire scope of project for the service area proposed in this application.

If you are a **competing supplement applicant**, ensure that the Project Narrative reflects only the scope of project for the service area proposed in this application. In addition to the required new full-time site, current sites in scope may also be selected 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, transferrable procedures, resources) to the extent that they relate to the new 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.

1) Describe the proposed service area (consistent with Attachment 1: Service Area Map and Table), including:
   a) The service area boundaries.
   b) If it is located in an Opportunity Zone (if applicable).[13]
   c) If you are a **new or competing supplement applicant**: How you determined your service area based on where the proposed patients reside.

[12] Refer to the Scope of Project guidance, available at https://bphc.hrsa.gov/programrequirements/scope.html, for details.
[13] The list of Qualified Opportunity Zones is available at https://www.cdfifund.gov/Pages/Opportunity-Zones.aspx.

If you are a **competing continuation applicant**: How you annually review and, if necessary, update your service area based on where patients reside, as reported in, and consistent with, the 2018 UDS,[14] and identified in the 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 the needs of the service area/target population, 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 the most recently available data (cite data sources where applicable), for the service area and, if applicable, for each special population (MHC, HCH, PHPC) identified in the SAAT, address the following:
      - Factors associated with access to care and health care utilization (e.g., geography, transportation, occupation, transience, unemployment, income level, educational attainment).
      - Most significant causes of morbidity and mortality (e.g., diabetes, cardiovascular disease, cancer, low birth weight, substance use disorder) as well as any associated health disparities.
      - Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (e.g., social risk factors, the physical environment, cultural/ethnic factors, language needs, housing status).

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

1) Describe how you will provide access to all required and additional services (consistent with Form 5A: Services Provided), including how you 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).
   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) 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 Forms 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).[15] Specifically address:

[14] Refer to the 2018 UDS Manual, available at https://bphc.hrsa.gov/datareporting/reporting/index.html.
[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-AA Technical Assistance website, can be used to assist in targeting resources to

a) Access barriers (e.g., distance or travel time for patients, physical geographic barriers, residential patterns, economic and social groupings).
b) How the total number and type (e.g., fixed site, mobile van, school-based clinic), hours of operation, and location (e.g., proximity to public housing) of service delivery sites facilitate scheduling appointments and accessing services.

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) Health center receipt, follow-up, and recording of medical information from non-health center providers/entities.
   c) Health center staff follow-up for patients who are hospitalized or visit a hospital's emergency department.

5) ***** Describe how the sliding fee discount program (SFDP) policies apply uniformly to all patients and address the following:
   a) Definitions of income and family.
   b) Assessment of all patients for sliding fee discount eligibility based only on income and family size, including methods for making such assessments.
   c) Manner in which the sliding fee discount schedule(s) (SFDS) is structured in order to ensure that patient charges are adjusted based on ability to pay (consistent with Attachment 10: Sliding Fee Discount Schedule).
   d) If you have a nominal charge for patients with incomes at or below 100 percent of the Federal Poverty Guidelines (FPG),[16] 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 the number of unduplicated patients projected to be served in calendar year 2021, as documented on Form 1A: General Information Worksheet, was determined, including how that determination took into consideration recent or 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.[17]

address unmet need within SAAT announced service areas and as a resource to support the development of a service delivery plan.

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

[17] See details regarding current sites and equipment in the Funding Requirements section.

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 non-urgent use of hospital emergency departments.

2) __*__ Describe and document in Attachment 9: Collaboration Documentation efforts to coordinate and integrate your activities with other federally-funded, as well as state and local health services delivery projects and programs serving similar patient populations in the service area (consistent with Attachment 1: Service Area Map and Table) (at a minimum, this would include establishing and maintaining relationships with other Health Center Program award recipients and look-alikes).

   If you do not provide documentation of collaboration with one or more of the Health Center Program award recipients and look-alikes in Attachment 9: Collaboration Documentation, explain why and provide documentation of the request.

3) Describe your efforts to collaborate and ensure that health center services are coordinated with, and complement, any services provided by each of the following entities that provide services in the area:
   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.

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

1) Describe how the health center's 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) Completion of QI/QA assessments using data from patient records 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 the monitoring of program performance 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 clinical priorities to improve the health status of the patient population and achieve goals cited in the Clinical Performance Measures Form, as applicable:
   a) Diabetes.
   b) Substance Use Disorder and the Opioid Crisis.

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

1) Describe your organizational structure, including 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). Also specify 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 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 support 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, along with their qualifications (consistent with Attachments 4: Position Descriptions for Key Management Staff and 5: Biographical Sketches for Key Management Staff) supports the operation and oversight of the proposed project, consistent with scope and complexity.[18]

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

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.

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 award 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 board-approved policies and operating procedures include specific circumstances for when you will waive or reduce fees or payments required due 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).

6) Describe how you use or plan to use telehealth[19] to:
   a) Communicate with patients at other clinical locations.
   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 (i.e., mobile health, mHealth[20]).
   e) Provide virtual health care services (list all services that are or will be provided via telehealth).

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,[21] including:
   a) Response and recovery plans.
   b) Backup systems to facilitate communications.
   c) Patient records access.
   d) Integration into state and local preparedness plans.

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[19] Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.
[20] For more information, see http://www.telehealthtechnology.org/toolkits/mhealth.
[21] Including natural or manmade disasters, as well as emergent or established public health emergencies.

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.

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 3 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.[22]
   b) At least 51 percent of voting board members are patients served by the health center.[23, 24, 25]
   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).[26]
   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.[27, 28]

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 project budget and applications.
   d) Approving proposed services, sites, and hours of operation.

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[22] Board members will be listed on Form 6A: Board Member Characteristics.
[23] Refer to the Compliance Manual for the definition of a patient for purposes of board composition.
[24] Representative(s) from or for each of the target special population(s) must be included on Form 6A: Board Member Characteristics.
[25] 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 project period.
[26] Board representation is demonstrated on Form 6A: Board Member Characteristics.
[27] Refer to Chapter 20: Board Composition of the Compliance Manual.
[28] 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 (for example, employees within the same department, division, or agency).

e) Evaluating the performance of the health center.
f) Establishing or adopting policy related to the operations of the health center.
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**: Attachment 6: Co-Applicant Agreement 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.
   d) **Applicants requesting PHPC Funding**: The service delivery plan was developed in consultation with residents of the targeted public housing, and residents of public housing will be involved in administration of the proposed project.

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 considered and 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 in patients compared to the current number of patients served, describe how you will accomplish this increase with the given funding level for the service area.

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.

Narrative Section, Forms, and Attachments[29]	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 HRSA EHBs)*

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

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

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.

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

In addition, the Health Center Program requires the following: In the formulation of the budget presentation, per section 330(e)(5)(A) of the PHS Act, as amended.

When completing the SF-424A:

- In Section A, Budget Summary, enter the budget on separate rows for each population type (CHC, MHC, HCH, PHPC) for which you are requesting funding. The federal amount refers to only the SAC-AA federal funding requested. Estimated Unobligated Funds are not applicable for this NOFO. **Funding must be requested and will be awarded consistent with the distribution of funds across population types**, as indicated in the SAAT.
- In Section B, Budget Categories, enter an object class category (line item) budget for Year 1 of the 3-year project period. The amounts for each category in the federal and nonfederal columns, as well as the totals, should align with the Budget Narrative.
- In Section C, when providing Non-Federal Resources by funding source, include non-SAC-AA federal funds supporting the proposed project in the "other" category. Program Income must be consistent with the Total Program Income (patient service revenue) presented on Form 3: Income Analysis.
- In Section E, provide the federal funds requested for Year 2 in the First column and Year 3 in the Second column, entered on separate rows for each proposed type of Health Center Program funding (CHC, MHC, HCH, and/or PHPC). The Third and Fourth columns must remain $0.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations, 2019 (P.L. 115-245), Division B, § 202, states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 5.1.iv Budget – Salary Limitation of HRSA's *SF-424 Two-Tier Application Guide* for additional information. *Note* that these or other salary limitations will apply in the following FY, as required by law.

iv. _*_Budget Narrative *(Submit in HRSA EHBs)*

See Section 5.1.v of HRSA's *SF-424 Two-Tier Application Guide*.

In addition, the Service Area Competition-Additional Areas NOFO requires a detailed budget narrative for **each requested 12-month period** (budget year) of the 3-year project period (1-year project period for new applicants). 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. For subsequent budget years, the narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive changes during the project period. See the SAC-AA Technical Assistance website for a sample Budget Narrative.

v. Program-Specific Forms *(Submit in HRSA 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 HRSA EHBs.

Where applicable, the forms should demonstrate compliance with Health Center Program requirements, as detailed in the Compliance Manual. The forms that HRSA will utilize, in part or in full, in its assessment of compliance are noted with a bolded, underlined asterisk (*****).

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

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 HRSA EHBs)*

Provide the following items in the order specified below. Where applicable, the attachments should demonstrate compliance with Health Center Program requirements, as detailed in the Compliance Manual. The attachments that HRSA will utilize, in part or in full, in its assessment of compliance are noted with a bolded, underlined asterisk (*****).

Unless otherwise noted, attachments count toward the application 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. Failure to include attachments marked "R" (required for review) may negatively affect the objective review score.

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 using UDS Mapper, available at http://www.udsmapper.org/. You may need to manually place markers for the locations of other major private provider groups serving low income/uninsured patients.

Include the corresponding table created automatically by the UDS Mapper. This table lists:

- Each zip code tabulation area (ZCTA) in the service area.
- The number of Health Center Program award recipients and look-alikes serving each ZCTA.
- The dominant award recipient serving each ZCTA.
- Total population for each ZCTA.
- Low-income population for each ZCTA.
- Total Health Center Program award recipient patients, low-income population, and total population penetration levels for each ZCTA and for the overall proposed service area.

See the SAC-AA Technical Assistance website for samples and instructions on creating maps 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)*
Public center applicants that have a co-applicant board **must** submit a complete copy of the formal co-applicant agreement signed by both the co-applicant governing board and the public center.[30] See the RESOURCES/CAPABILITIES and GOVERNANCE sections of the Project Narrative for more details.

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

If a contract or agreement will be attached to Form 8: Health Center Agreements (e.g., subrecipient agreement; contract or subaward to a parent, affiliate, or subsidiary organization), denote this with an asterisk (*).

__*__ *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.

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

__*__ *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.[31]

__*__ *Attachment 10: Sliding Fee Discount Schedule(s) (R)*
Upload the current sliding fee discount schedule (SFDS) for services provided directly (consistent with 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.

Ensure the SFDS has incorporated the most recent FPG, available at https://aspe.hhs.gov/poverty-guidelines. 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 (as applicable) (new applicants: C) (competing continuation and competing supplement applicants: N/A)
New applicants: 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.

[31] Reviewers will only consider letters of support submitted with the application.

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 to Attachment 12. 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 Forms 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-AA Technical Assistance website 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 Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov/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*.

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO in Grants.gov (Phase 1) is *July 22, 2019 at 11:59 p.m. ET*. The due date to complete all other required information in HRSA EHBs (Phase 2) is *August 21, 2019 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 project period 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 project period (see the Project Period Length Criteria section for details).

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. Further, as stated in section 330 of the PHS Act, the federal cost principles apply only to federal funds. In other words, Health Center Program funds are to be used for authorized health center operations and may not be used for profit.

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.

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

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. Post-award requirements for program income can be found 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. See the review criteria outlined below.

These criteria are the basis upon which the reviewers will evaluate the merit of the application. The entire proposal will be considered during objective review and information presented in the application will be used to determine the project period length, if funding is awarded. See the Project Period Length Criteria section.

Review criteria are used to review and rank applications. The Service Area Competition-Additional Areas has seven review criteria:

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 process for assessing the needs of the 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 proposed required and 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.

- 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 how the sliding fee discount program (SFDP) policies apply uniformly to all patients, including any nominal fees; ensures that services are available and accessible to all without regard for ability to pay; and discounts are applied based on a patient's income and family size.

- The extent to which the SFDP Schedule (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 2021), 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 and programs that serve similar patient populations in the service area. At a minimum, this includes other Health Center Program award recipients and look-alikes.

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, patient safety and

adverse events, patient satisfaction, QI/QA assessments, and oversight and decision-making.

- The extent to which the applicant describes how the electronic health record system will protect confidentiality and safeguard patient records, facilitate monitoring and improvement, 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 goals for the following Clinical Priorities: Diabetes, Depression Screening and Follow-Up, and Combatting the Opioid Crisis.

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 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 award funds will be allowable in accordance with Federal Award and 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 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.

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 governing 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, in 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 requesting PHPC funding**: The extent to which the applicant documents that 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.

- **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 (SF-424A: and the 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.

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 below in award selection (e.g., geographical distribution).

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

For this program, HRSA will use project period length criteria and a funding priority:

Project Period Length Criteria[32]

The length of an awarded project period is determined by a comprehensive evaluation of compliance with program requirements by HRSA. Therefore, HRSA strongly encourages all applicants to maintain continuous compliance and to resolve any Health Center Program progressive action conditions as quickly as possible.

- If you are a competing continuation applicant and have any conditions related to Health Center Program requirements[33] at the time SAC-AA 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 project period.
    - You will be awarded a 1-year project period if you did not have consecutive 1-year project periods in FY 2018 and FY 2019.
    - You will NOT receive an FY 2020 SAC-AA award if you had consecutive 1-year project periods in FY 2018 and FY 2019.[34]

[32] See Chapter 2: Health Center Program Oversight of the Compliance Manual.
[33] Current unresolved conditions related to Health Center Program requirements carried over into the new project period 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.
[34] If no other fundable applications were received, the service area will be re-competed.

IMPORTANT: Service areas where the current award recipient is in a first or second consecutive 1-year project period are highlighted in the SAAT. Service areas where the current award recipient is in a second consecutive 1-year project period are in jeopardy of having a gap in Health Center Program funding and services if HRSA does not receive an eligible and fundable application. For information about all award recipient project periods, see the Health Center Profiles available at https://bphc.hrsa.gov/uds/datacenter.aspx?q=d.

- New applicant awardees will be awarded a 1-year project period[35] and will receive an operational site visit (OSV) within 2-4 months of your project period start date.

Funding Priority

To minimize potential service disruptions and maximize the effective use of federal dollars, this program includes a funding priority for competing continuation applicants. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet 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 project period 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.[36]

Note: You may reference the applicable Health Center Profile, available at http://bphc.hrsa.gov/uds/datacenter.aspx?q=d, for annual performance reported in UDS and project period length, as well as point in time data on conditions.

[35] 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.
[36] 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.

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 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.

Award decisions, including funding level and project period 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 November 1, 2019. See Section 6.4 of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Two-Tier Application Guide*.

Requirements of Subawards

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

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 submission documents progress on program-specific goals and performance measures. Submission and HRSA approval of a BPR will trigger the budget period renewal and release of each 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.

VII. AGENCY CONTACTS

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

Donna M. Marx
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10SWH03
Rockville, MD 20857
Telephone: (301) 594-4245
Email: dmarx@hrsa.gov

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

Dave Butterworth
Public Health Analyst
Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration
5600 Fishers Lane, Room 16N09
Rockville, MD 20857
Telephone: (301) 594-4300
Contact: BPHC Contact Form
SAC-AA Technical Assistance website

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

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

You may need assistance when working online to submit the remainder of your information electronically through HRSA EHBs. Always obtain a case number when

calling for support. For assistance with submitting the remaining information in HRSA 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 website 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-AA Technical Assistance website.

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, as well.

Once funded, your health center can apply annually through HRSA 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**. If you are interested in FTCA protection, you will need to submit and receive approval for a new FTCA application annually. 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 and Health Center Program look-alikes. If you are interested in 340B Program participation, you must register and be enrolled and comply with all 340B Program requirements. Covered entities may realize a cost savings of 20-50 percent on outpatient drug purchases through participation in the 340B Prime Vendor Program (PVP). 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 website at http://www.hrsa.gov/opa.

Tips for Writing a Strong Application
See Section 5.7 of HRSA's *SF-424 Two-Tier Application Guide*.

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-AA Technical Assistance website 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. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
4. Body Mass Index (BMI) Screening and Follow-up Plan
5. Controlling High Blood Pressure
6. Low Birth Weight
7. Early Entry into Prenatal Care
8. Childhood Immunization Status
9. Cervical Cancer Screening
10. Tobacco Use: Screening and Cessation Intervention
11. Use of Appropriate Medications for Asthma
12. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (New)
13. Ischemic Vascular Disease: Use of Aspirin or Another Antiplatelet
14. Colorectal Cancer Screening
15. HIV Linkage to Care
16. 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