U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Bureau of Primary Health Care
Health Center Program

Oral Health Service Expansion

Announcement Type: Competing Supplement
Funding Opportunity Number: HRSA-16-076

Catalog of Federal Domestic Assistance (CFDA) No. 93.527

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date in Grants.gov: January 19, 2016
Supplemental Information Due Date in HRSA EHBs: February 2, 2016

Ensure SAM and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
SAM registration may take up to two weeks and
Grants.gov registration may take up to one month to complete.

Release Date: November 17, 2015
Issuance Date*: November 17, 2015

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care is accepting applications for fiscal year (FY) 2016 Oral Health Service Expansion (OHSE). The purpose of this supplemental funding opportunity is to increase access to oral health services and improve oral health outcomes for Health Center Program patients.

Funding Opportunity Title:	Oral Health Service Expansion (OHSE)
Funding Opportunity Number:	HRSA-16-076
Due Date for Applications – Grants.gov:	January 19, 2016
Due Date for Supplemental Information – EHBs:	February 2, 2016
Anticipated Total Annual Available Funding:	$100,000,000
Estimated Number and Type of Awards:	Up to 285 awards
Estimated Award Amount:	Up to $350,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2016 through June 30, 2018 (two (2) years)
Eligible Applicants:	Existing Health Center Program award recipients that currently receive operational funding under section 330 of the Public Health Service Act (e.g., sections 330(e), (g), (h) and/or (i)). [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information, including exclusions.]

Application Guide
All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Two-Tier Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf, except where instructed in this FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance
HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the FOA and an opportunity for applicants to ask questions. Visit the Oral Health Service Expansion TA website at http://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/index.html for webinar details, frequently asked questions, sample documents, and additional resources. Refer to http://www.hrsa.gov/grants/apply for general (i.e., not funding opportunity-specific) videos and slides on a variety of application and submission topics.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for Fiscal Year (FY) 2016 Oral Health Service Expansion (OHSE) funding. The purpose of this supplemental funding opportunity is to increase access to oral health care services and improve oral health outcomes for Health Center Program patients.

2. Background

This program is authorized by Section 330 of the Public Health Service Act, as amended, 42 U.S.C. 254b.

National data show a significant need for additional oral health care services, particularly among low-income individuals. Untreated tooth decay is more than twice as prevalent among children in families with incomes below the Federal Poverty Guidelines (FPG) than among children with family incomes above 200 percent of the FPG. The disparity in oral health care between income groups is even more marked for adults. Low-income adults are 40 percent less likely to have a dental visit in the past 12 months and have higher rates of dental disease compared to those with higher-incomes.[1] Approximately 47 percent of adults ages 20 to 64 with incomes below the FPG have untreated dental caries (cavities), compared with 19 percent of adults with incomes above 200 percent of the FPG.[2] Such disparities continue into older adulthood, with the prevalence of complete tooth loss being more than twice as high for adults aged 65 to 74 living at or below the FPG (34%) than those living above it (13%).[3]

Approximately 47.6 million individuals, or 15 percent of the U.S. population, live in a dental health care professional shortage area (HPSA) where available providers are able to meet less than half of the need for dental services.[4] Expansions of dental coverage made available through the Affordable Care Act (ACA) are estimated to further increase demand for oral health services with an estimated additional 10.4 million new dental visits through Medicaid and 800,000 visits through Marketplace coverage by 2018, most of these among children.[5]

Health Center Program award recipients, hereafter referred to as health centers, provide comprehensive primary care services to medically underserved areas and populations, with intersecting needs for both primary medical and oral health care. In addition to primary care medical services, health centers are required to make preventive dental services available to their patients. These services include basic dental screenings, oral health hygiene instruction and education, oral prophylaxis, X-rays, the application of fluorides, and the placement of dental

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[1]The Kaiser Commission on Medicaid and the Uninsured (2012). "Oral Health and Low-Income Nonelderly Adults: A Review of Coverage and Access." Available at:
https://kaiserfamilyfoundation.files.wordpress.com/2013/03/7798-02.pdf
[2] http://www.nhpf.org/library/forum-sessions/FS_01-21-11_OralHealth.pdf
[3] http://www.cdc.gov/nchs/data/databriefs/db104.htm
[4] Designated HPSA Statistics as of November 14, 2014.
[5] http://www.ada.org/~/media/ADA/Science%20and%20Research/Files/HPRCBrief_0413_3.ashx

sealants. They may also offer additional dental services,[6] such as diagnosis and treatment of tooth ailments, to address the needs of their target population. In 2014, health centers provided preventive and additional dental services to 4.8 million patients through 12 million dental visits. However, this figure only represents approximately 20 percent of all health center patients in 2014. Many health centers lack capacity to provide oral health services beyond the required preventive dental care services.

This funding opportunity will enable health centers to expand integrated oral health care services through funding new onsite providers and supporting the purchase and installation of dental equipment. In addition to aligning with recommendations included in the Institute of Medicine and National Research Council's report *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*[7], this funding opportunity will advance other federal initiatives to improve oral health outcomes, including the HHS Oral Health Initiative's goal to increase the percentage of children enrolled in Medicaid and CHIP who receive preventive dental services or receive a sealant on their molar teeth. As well, this funding opportunity will advance the following Healthy People 2020 oral health objectives[8] for Federally Qualified Health Centers (FQHCs):[9]

- Increase the proportion of FQHCs that have an oral health care program, defined as a health center that has at least 0.5 FTE dentists and/or sees 500 dental patients or more per year.[10]
- Increase the proportion of patients who receive oral health services at FQHCs each year, defined as the number of patients that receive oral health services each year as a proportion of the number of patients that receive any health service at FQHCs each year.[11]

Project Requirements

It is anticipated that successful applicants will demonstrate a high level of need for oral health services in their service area/target population, a sound proposal to meet this need, and readiness to implement the proposal within 120 days from the Notice of Award. In addition, successful applicants will show that OHSE awarded funds will increase access to comprehensive, culturally competent, quality oral health services for all individuals in the service area, while maximizing collaboration with existing oral health service providers in the community.

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[6] See Appendix A for descriptors and further information about required and additional services.

[7] http://www.hrsa.gov/publichealth/clinical/oralhealth/improvingaccess.pdf

[8] https://www.healthypeople.gov/node/3511/data-details

[9] Health Center Program award recipients represent the majority of FQHCs.

[10] The target for this measure is 83 percent. In 2014, the Health Center Program data for this measure was 71 percent.

[11] The target for this measure is 33.3 percent. In 2014, the Health Center Program data for this measure was 20.9 percent.

Applicants may propose the addition of new site(s)[12] as necessary for the purpose of oral health service expansion within their current service area. The permanent site address or address at which a mobile van is parked, as well as the service area zip codes of any proposed site, must be limited to the applicant's service area zip codes as of the release date of this FOA. For more information on scope of project, see the resources available at http://bphc.hrsa.gov/programrequirements/scope.html.

Applicants may propose minor alterations/renovations to either current health center site(s) and/or proposed new site(s).

Applicants must propose a plan to achieve all of the following **required outcomes:**
- Add at least 1.0 onsite full-time equivalent (FTE) licensed dental provider[13] within 120 days of award.
- Ensure that any new sites added through this FOA are open and operational within 120 days of award.
- Ensure that any new or expanded oral health services are provided within 120 days of award.
- Increase the number of oral health patients and visits.
- Increase the percentage of health center patients who receive oral health services at the health center.

OHSE award recipients will demonstrate the impact of activities conducted with this funding through changes in the following Uniform Data System (UDS) measures reported annually by all Health Center Program award recipients:
- Number of full time equivalent (FTE) dental staff.
- Number of patients receiving dental services.
- Number of visits for dental services.
- Percentage of total health center patients receiving dental services.

The following are **unallowable** activities under this funding opportunity:
- Specialty complex dental services (e.g., oral surgery, surgical endodontics, orthodontics).
- Services to be provided through referral arrangements for which the health center does not pay (Form 5A, Column III).

NOTE: See Section IV.6 Funding Restrictions for information on unallowable expenses.

Failure to meet OHSE funding requirements may jeopardize OHSE funding per Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75, including the possibility of withdrawal of support through cancellation of all or part of the award.

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[12] For site definitions, see PIN 2008-01 available at http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pin2008-01.pdf

[13] Dentist, dental hygienist, and/or dental therapist may count toward the 1.0 licensed FTE requirement if the provider is licensed.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Supplement.

Funding will be provided in the form of a grant.

2. Summary of Funding

Approximately $100,000,000 is expected to be available annually to fund an estimated 285 recipients. Applicants may apply for a maximum ceiling amount of up to $350,000 per year. Of the $350,000, applicants may request up to $150,000 in Year 1 only for equipment (e.g., dental chair) and/or minor alterations/renovations (e.g., installation of dental chair); see Appendix D for details. This program announcement is subject to the appropriation of funds. The project period is two (2) years. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, satisfactory award recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance 2 CFR 200 as codified by the Department of Health and Human Services (HHS) at 45 CFR 75, which supersede the previous administrative and audit requirements and cost principles that govern the use of federal award monies.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants must be existing Health Center Program award recipients funded under section 330(e), (g), (h) and/or (i) of the Public Health Service Act.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this funding opportunity.

3. Other

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 announcement.

Applicants must have at least one service site verified as operational at the time the OHSE application is submitted in HRSA Electronic Handbooks (EHBs). Applications from Health Center Program award recipients that do not have at least one service site verified as operational

at the time the OHSE application is submitted in HRSA EHBs will be considered incomplete or non-responsive and will not be considered for funding under this announcement.

Applicants must propose at least 1.0 new *onsite* FTE licensed dental provider (dentist, dental hygienist, and/or dental therapist), as documented on the Supplemental Information Form. The new FTE may be a single new staff member or contracted dental provider or a combination of new part-time staff members/contracted providers equaling at least 1.0 FTE. The new FTE must provide dental services at a site already in scope or added to scope through this application. Applications that do not propose at least 1.0 FTE new onsite direct hire and/or contracted licensed dental provider (dentist, dental hygienist, and/or dental therapist) will be considered incomplete or non-responsive and will not be considered for funding under this announcement.

Applicants must propose an increase in the number of patients and visits for oral health services, as documented on Form 1A (projected dental patients and visits). Applications with a Form 1A that does not demonstrate an increase in the number of patients and visits for dental services will be considered incomplete or non-responsive and will not be considered for funding under this announcement.

Applicants must propose an increase in the percentage of health center patients who receive oral health services at the health center as documented on the Supplemental Information Form. Applications with a Supplemental Information Form that does not demonstrate an increase in the in the percentage of health center patients who receive oral health services will be considered incomplete or non-responsive and will not be considered for funding under this announcement.

Applicants must currently provide or propose to provide dental services directly and/or by formal written agreement, as documented on Form 5A: Services Provided Column I (Applicant Provides Directly) and/or Column II (Service provided by formal written agreement; Health Center pays for service). Applications with a Form 5A that does not demonstrate preventive and/or additional dental services in Column I or Column II will be considered incomplete or non-responsive and will not be considered for funding under this announcement.

Applicants must include all documents indicated as "required for completeness" in Section IV.2 as follows:
*   Project Narrative sections Need, Response, Collaboration, and Resources/Capabilities
*   Budget Justification
Applications that do not include all required elements of the items above will be considered incomplete or non-responsive and will not be considered for funding under this announcement.

Applications that exceed the ceiling amount of $350,000 as stated in the SF-424A or maximum page limit of 60 pages will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept an applicant's first validated electronic submission, under the correct funding opportunity number, in Grants.gov. Applications submitted after the first submission will be marked as duplicates and considered ineligible for review. Applicants wishing to change

information submitted in a Grants.gov application 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* applicants for this FOA to apply electronically through Grants.gov and HRSA EHBs. Applicants must use a two-tier submission process associated with this FOA and follow the directions provided at Grants.gov and HRSA EHBs.

- **Phase 1 – Grants.gov** – Required information must be submitted via Grants.gov with a due date of January 19, 2016 at 11:59 P.M. Eastern Time.

- **Phase 2 – HRSA EHBs** – Required supplemental information must be submitted via HRSA EHBs with a due date of February 2, 2016 at 5:00 P.M. Eastern Time.

Only applicants that successfully submit an application in Grants.Gov (Phase 1) by the due date may submit the required additional information in HRSA EHBs (Phase 2).

2. Content and Form of Application Submission

Application Preparation
The Oral Health Service Expansion TA website, available at
http://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/index.html, provides resources for application preparation. The state/regional Primary Care Associations (PCAs), Primary Care Organizations (PCOs), and National Cooperative Agreements (NCAs), particularly the National Network for Oral Health Access, may serve as additional useful resources. Listings of PCAs, PCOs, and NCAs are available at
http://bphc.hrsa.gov/qualityimprovement/supportnetworks/index.html.

Application Format Requirements
Section 5 of HRSA's *SF-424 Two-Tier Application Guide* provides instructions for the budget, budget justification, 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. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Two-Tier Application Guide* except where instructed in this FOA to do otherwise.

See Section 9.4 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 **60 pages** when printed by
HRSA. The page limit includes the abstract, project and budget narratives, attachments, letters
of commitment and support, and implementation plan. Standard OMB-approved forms that are
included in the application package are NOT included in the page limit. The Indirect Cost Rate
Agreement (if applicable) will not be counted in the page limit. **We strongly urge applicants to
take appropriate measures to ensure the 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 prior to the Grants.gov and HRSA
EHBs deadlines to be considered under this announcement.**

Funding Opportunity-Specific Instructions
In addition to application requirements and instructions in Section 4 and 5 of HRSA's *SF-424
Two-Tier Application Guide* (including the budget, budget justification, staffing plan and
personnel requirements, assurances, certifications, and abstract), include the following.

i. *Application for Federal Assistance SF-424*

See Section 3.2 of HRSA's *SF-424 Two-Tier Application Guide*. In addition, for **Type of
Application**, check the "Revision" box, select "Other (specify)" in the dropdown menu, and type
Supplemental and the H80 grant number (H80CSXXXXX) in the Other (Specify) text box.

ii. *Project Abstract*

See Section 5.1 of HRSA's *SF-424 Two-Tier Application Guide*. In addition, provide the active
Health Center Program grant number (H80CSXXXXX).

iii. *Project Narrative (required for completeness – must include all information required in the
Need, Response, Collaboration, and Resources/Capabilities sections)*

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

The Project Narrative must be structured using each of the following six sections and include the
requested information.

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

*Information provided in the NEED section must serve as the basis for, and align with, the
proposed goals and activities described throughout the application, including the
Implementation Plan.*

1. Describe the oral health needs of the service area/target population. Specifically:

a. Provide information on the oral health status and treatment needs of the target population (e.g., caries rate, periodontal disease, fluoridation in community water, oral cancer). Sources of oral health needs information may include, but are not limited to, the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (http://www.cdc.gov/brfss/) or community health needs assessments (such as those conducted by a hospital, health department, or other organization) that serves the service area/target population.

b. Provide the estimated number of persons in the target population in need of oral health care services and how that number was determined (e.g., recent and projected changes in demand for oral health services in the target population).

c. Describe the unique characteristics of the target population that impact access to or utilization of oral health services.

d. Describe any unique oral health care needs and/or access issues of targeted special populations – migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing.

2. Describe existing oral health care providers/organizations serving the target population, including identified gaps in oral health care services that the applicant can address with OHSE funds. Referencing Attachment 1: Service Area Map and Table, specifically list existing Health Center Program award recipients and look-alikes and other oral health care providers/organizations serving the target population, including the location and proximity to the applicant's service delivery site(s) that will provide new and/or expanded oral health services as a result of this supplemental funding.

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

1. Describe the applicant's current oral health care services and service delivery methods, and how this funding will enable the health center to better meet the needs of the target population (i.e., General Underserved Community, Migratory and Seasonal Agricultural Workers, Residents of Public Housing, and People Experiencing Homelessness, as applicable based on current Health Center Program funding).

2. Describe the new and/or expanded oral health services that the health center will provide as a result of OHSE funding, referencing the projected increase in dental patients, visits, and provider FTEs by December 31, 2017, as listed on Form 1A. Specifically describe:

a. The services to be added/increased (e.g., dental screenings, fluoride varnishes, sealants, cleanings, filling cavities, diagnostic X-rays) and how these services will meet the identified needs of the target population. New and/or expanded services may be categorized under to preventive or additional dental services.

b. The service delivery method for each new and/or expanded oral health service, including whether new/expanded service(s) will be provided directly (Form 5A, Column I) or

through a formal written agreement in which the health center pays for the service (Form 5A, Column II).

> *Note*: Form 5A will be pre-populated with current oral health services information and should be updated to reflect proposed new services or revised service delivery methods. If services are proposed through a formal written agreement (Form 5A, Column II), describe those agreements in Attachment 7.

    c. The type and number of new FTEs to be added to successfully implement the proposed project and meet the projected patient/visit volume (consistent with Form 1A, Form 2, Form 5A, and the Supplemental Information Form).

    d. The type and number of staff that will be leveraged to support the proposed project (staff paid through other sources of funding such as the current Health Center Program award or program income).

    e. How the expanded oral health services will be delivered in an integrated manner with other comprehensive primary care services (e.g., team based care).

3. Describe the health center's current physical capacity and any site additions, minor alterations/renovations, and/or equipment purchases required to implement the proposed project. Specifically:

    a. Describe the current space at an existing health center site that will accommodate the new staff required for the proposed service expansion and/or any new site (permanent or mobile van) that will be added (intent to add a site must also be indicated on Form 1A and documented on Form 5A).

    b. Describe the nature of any proposed minor alterations/renovations and/or equipment purchases (e.g., number of new operatories, x-ray machines, portable dental equipment). Include both renovations/purchases to be funded through the OHSE supplemental funding and those that will be supported by other funds. Applicants may request up to $150,000 in Year 1 only for equipment (e.g., dental chair) and/or minor alterations/renovations (e.g., installation of dental chair).

4. Provide a comprehensive and realistic Implementation Plan as Attachment 2 (see sample Implementation Plan and instructions in Appendix B) that addresses the activities, timelines, and persons responsible for accomplishing the following within 120 days of award;

    a. Addition of at least 1.0 new *onsite*[14] FTE licensed dental provider (dentist, dental hygienist, and/or dental therapist). The new onsite FTE may be a single new staff member or contracted dental provider or a combination of new part-time staff members/contracted providers equaling at least 1.0 FTE.

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[14] The 1.0 new FTE licensed dental provider must being providing services at a site in the health center's scope of project within 120 days of award.

b. Initiation of the proposed new and/or expanded oral health services.

c. Initiation of operations at each new proposed site, if applicable.

d. If applicable, initiation of proposed alteration/renovation activities and/or equipment purchases. **Note: While alteration/renovation activities and/or equipment purchases may extend beyond the 120-day timeframe, requirements 4a – 4c noted above must be accomplished within 120 days of award.**

5. Describe how the target population will be informed of available new and/or expanded oral health care services.

6. For applicants serving special populations, describe how the health center will ensure access for those populations.

7. Describe how the applicant will provide culturally and linguistically appropriate oral health hygiene instruction, education about the importance of prevention and treatment of oral health problems, and other related oral health education (e.g., prevention of oral trauma and oral cancer).

8. Describe how the quality improvement/quality assurance (QI/QA) program currently supports or will be enhanced to support the proposed project, including:

a. How oral health program and patient data will be incorporated into the QI/QA program.

b. The process for using QI/QA reports for OHSE program improvement.

9. Describe how health information technology (HIT), including an electronic health record (EHR), will be used to support integrated project implementation, inclusive of identifying patients in need of oral health services.

10. Describe the sliding fee discount schedule (Attachment 6), including:

a. How any nominal charges are determined. (Nominal charges may be collected from patients at or below 100% of the poverty rate only if a nominal charge **does not** impede access to services due to an inability to pay.)

b. How patients are or will be made aware of available discounts (e.g., signs posted in accessible and visible locations, registration materials, brochures, verbal messages delivered by staff).

c. How the applicant ensures that services provided by a formal written agreement in which the health center pays for the service (Form 5A, Column II) are offered on a sliding fee scale.[15]

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

1. Describe both collaboration and coordination of oral health services with providers/organizations providing oral health services to low income and/or uninsured populations in the service area. If such providers/organizations do not exist in the service area, state this.

   Note: Formal collaborations (e.g., contracts, memoranda of understanding or agreements) should also be summarized in Attachment 7.

2. Include current signed and dated letters of support in Attachment 5, referencing specific support for the proposed project from providers/organizations providing oral health services to low income and/or uninsured populations in the service area, consistent with Attachment 1. At a minimum, letters of support are required from the following:

   a. Existing health centers (Health Center Program award recipients and look-alikes);

   b. Other oral health providers/organizations (i.e., private dentists, universities) serving low income and/or uninsured populations; and

   c. Local or state health departments.

   If the applicant is not able to obtain a required support letter, include documentation of efforts made to obtain the letter and an explanation of why the letter could not be obtained.

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

1. Describe how progress toward the following clinical performance measures will be impacted by the OHSE funding, providing explanation if little or no impact is projected:

   a. Current, self-defined oral health clinical performance measure(s).

   b. The UDS dental sealant clinical performance measure for which each health center will establish a goal in the FY 2016 Service Area Competition or Budget Period Progress Report (BPR). As described in the 2015 UDS Manual, the new measure evaluates the number of children aged 6 through 9 years at moderate to high risk for caries who received a sealant on a permanent first molar tooth.

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[15] http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pin201402.pdf

Note: Information on the Clinical Performance Measures form is pre-populated with self-defined oral health measure(s) for reference purposes only and cannot be edited.

2. Using Form 1A, under Patients and Visits by Service Type, provide goals for the estimated annual dental patients and visits projected for the calendar year ending December 31, 2017. Describe how the number of projected dental patients, inclusive of existing dental patients and new dental patients as a result of the OHSE funding (both new to the health center and current health center patients new to receiving dental services), is appropriate given the planned OHSE expansion.

3. Using the Supplemental Information Form, provide a goal for the percentage of health center patients that will receive oral health services at the health center by December 31, 2017. Describe how the projected percentage is appropriate given the planned OHSE expansion.

4. Describe how HIT, including EHR systems, will be used to improve oral health outcomes and the quality of oral health services provided.

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

1. Describe the capabilities and expertise that qualify the organization to carry out the proposed project, including the skills and experience of the project management staff, consistent with Attachment 3 and Attachment 4.

2. Describe how the organizational structure, including the capability and commitment of the administration, management, and governing board, is appropriate given the operational and oversight responsibilities necessary for the project.

3. Describe the recruitment and retention plan for oral health care staff, including the proposed new *onsite* 1.0 FTE licensed dental provider (dentist, dental hygienist, and/or dental therapist) and any other proposed staff.

4. If one-time funding is proposed, describe past experience with successfully completing similar projects involving equipment purchase and/or alteration/renovation, including monitoring and other activities to avoid cost overruns.

SUPPORT REQUESTED – Corresponds to Section V.1 Criterion 6: SUPPORT REQUESTED

1. Provide a budget presentation (i.e., SF-424A and Budget Justification Narrative) that is reasonable and aligns with the proposed service delivery plan and number of patients to be served (consistent with Form 1A, Form 1B, Form 2, Attachment 2, and the *RESPONSE* section of the Project Narrative).

2. Highlight plans for maximizing collections and reimbursement for providing oral health care services.

3. Describe how the proposed project is a cost-effective approach for meeting the oral health needs of the target population given the level of currently available resources in the service area.

NARRATIVE GUIDANCE		
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
Narrative Section	**Review Criteria**
Need	(1) Need
Response	(2) Response
Collaboration	(3) Collaboration
Evaluative Measures	(4) Evaluative Measures
Resources/Capabilities	(5) Resources/Capabilities
Support Requested, Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iv. *Budget*

See Section 5.1.iv of HRSA's *SF-424 Two-Tier Application Guide*. Please follow the instructions included in the Application Guide and the additional budget instructions provided below.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. The OHSE supplement requires the following.

Oral Health Service Expansion funding opportunity applicants must present the total budget for the project, which includes Health Center Program federal funds ($350,000 maximum per year) and all non-awarded funds that will support the proposed project. The total budget represents projected operational costs for the health center scope of project where all proposed expenditures directly relate to and support in-scope activities. Therefore, the total budget must reflect projections from all anticipated revenue sources from program income (e.g., fees, premiums, third party reimbursements, and payments) generated from the delivery of services, and from other non-Health Center Program grant sources, such as state, local, or other federal awards or contracts, private contributions, and income generated from fundraising. Health centers have discretion regarding how they propose to allocate the total budget between Health Center Program federal funds and non-grant funds, provided that the projected budget complies with all

applicable HHS policies and other federal requirements. See PIN 2013-01 for additional information on health center budgeting.

On the SF-424A:
- In Section A, the budget must be entered separately for each type of section 330 funding (Community Health Center, Migrant Health Center, Health Care for the Homeless, and/or Public Housing Primary Care).
- Funding must be requested and will be awarded proportionately for all population types for which the applicant currently receives Health Center Program funding. No new population types may be added.
- The federal amount refers to only the federal OHSE funding requested.
- In Section C, when providing Non-Federal Resources by funding source, if the applicant is a state agency, state funding should be included in the applicant field.
- The maximum amount that may be requested in each year cannot exceed $350,000.
- In Year 1 only, up to of $150,000 may be requested for equipment (list on the Equipment row in Section B) and/or minor alterations/renovations (list on the Construction row in Section B). See Appendix D for detailed one-time funding instructions.

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) 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." Please see Section 5.1.iv Budget – Salary Limitation of HRSA's *SF-424 Two-Tier Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2016, as required by law.

OHSE funds must supplement and not supplant other resources (federal, state, local, or private).

v. *Budget Justification Narrative* *(required for completeness)*

See Section 5.1.v of HRSA's *SF-424 Two-Tier Application Guide*.
A detailed budget justification narrative and table of personnel to be paid with federal funds for **each 12-month period** (budget year) of the two-year project period must be provided. Year 1 of the budget justification narrative should be classified into federal and non-federal resources. For subsequent budget years, the justification narrative should highlight the changes from Year 1 or clearly indicate that there are no substantive changes during the project period. If one-time funding is requested in Year 1, the budget justification narrative should clearly describe how these funds (up to $150,000) will be utilized to support operational costs in Year 2. A sample budget justification is available at
http://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/index.html.

Be aware that Excel or other spreadsheet documents with multiple pages (sheets) may not print out in their entirety. Reviewers will only see information that is set in the "Print Area" of the document.

vi. *Funding Opportunity-Specific Forms*

The FY 2016 OHSE supplement requires funding opportunity-specific forms that are completed in the HRSA EHBs application phase. The following forms are required: Form 1A, Form 1B, Form 2, Form 5A, Form 5B (applicable only if adding a site), Supplemental Information Form, and Clinical Performance Measures (read-only). An equipment list and/or alteration/renovation forms must be completed if one-time funding (maximum of $150,000; allowed in Year 1 only) is requested. These forms must be completed in HRSA EHBs and cannot be uploaded. Refer to Appendices C and D for instructions and http://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/index.html for samples.

vii. *Attachments*

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

Not including an attachment or not providing the requested information may negatively impact an application's objective review score.

Label each attachment according to the number provided (e.g., Attachment 1: Service Area Map). Merge similar documents (e.g., letters of support) into a single file. Provide a table of contents for attachments with multiple components. Attachment-specific table of contents are not counted toward the page limit. Number the electronic pages sequentially, restarting at page 1 for each attachment. *NOTE: HRSA EHBs will not accept attachments with file names that exceed 100 characters.*

Attachment 1: Service Area Map
Upload a service area map indicating the applicant's sites along with the locations of other oral health providers/organizations in the service area that serve the same target population. The map must clearly indicate the applicant's existing and proposed (if any) sites, along with Health Center Program award recipients and look-alikes, health departments, and other oral health providers/organizations located in the service area. Maps should be created using UDS Mapper (http://www.udsmapper.org). Markers for the locations of other major oral health providers/organizations serving low income/uninsured populations must be placed manually. For a tutorial, see Specific Use Cases: Create a Service Area Map and Data Table at http://www.udsmapper.org/tutorials.cfm.

Attachment 2: Implementation Plan
Upload the Implementation Plan outlining steps that will be taken to ensure that all 120-day requirements are met:
- Addition of at least 1.0 new *onsite* FTE licensed oral health provider (dentist, dental hygienist, and/or dental therapist).
- Initiation of the proposed new and/or expanded oral health services.
- Initiation of operations at each new proposed site.
- If applicable, initiation of proposed alteration/renovation activities and/or equipment purchases.

Refer to [Appendix B](#) for detailed instructions and see
http://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/index.html for a
sample.

Attachment 3: Position Descriptions for Key Project Staff
Upload position descriptions for the key project personnel, including recruitment and compliance
activities. Each position description should be limited to one page and must include, at a
minimum, the position title; description of duties and responsibilities; position qualifications;
supervisory relationships; salary range; and work hours.

Attachment 4: Biographical Sketches for Key Project Staff
Upload biographical sketches for the key project staff identified in Attachment 3. Biographical
sketches should not exceed one page each. In the event that an individual has been identified but
is not yet hired, include a letter of commitment from that person with the biographical sketch. If
an individual has not yet been identified, ensure that the corresponding position description
provided in Attachment 3 clearly describes the desired candidate's qualities.

Attachment 5: Letters of Support
Upload current dated letters of support addressed to the appropriate provider/organizational
contact (e.g., board chair, CEO). See details in the *COLLABORATION* section of the Project
Narrative. Letters of support referencing specific commitment to the proposed project must
include at least the providers/organizations referenced in the *COLLABORATION* section. Letters
of support that are not submitted with the application will not be considered by reviewers.

Attachments 6: Sliding Fee Discount Schedule
Upload the current or proposed oral health services sliding fee discount schedule. The scale
must correspond to a schedule of charges for which discounts are adjusted based on the patient's
ability to pay and apply only to persons with incomes between 100%-200% of the federal
poverty level (see the federal poverty guidelines at http://aspe.hhs.gov/poverty). The discount
schedule must provide a full discount to individuals with annual incomes at or below 100% of
the federal poverty guidelines (only nominal fees may be charged).

Attachment 7: Summary of Contracts and Agreements, as applicable
Upload a brief summary describing all current or proposed oral health-related contracts and
agreements supporting the proposed project. The summary must address the following items for
each contract or agreement:
- Name and contact information for each affiliate.
- Type of affiliation (e.g., contract, affiliation agreement).
- Brief description of the purpose and scope of each contract or agreement (i.e., type of
  services provided, how/where services are provided).
- Timeframe for each contract or agreement.

Attachment 8: Indirect Cost Rate Agreement, as applicable
If indirect costs are requested, the Indirect Cost Rate Agreement must be provided as Attachment
8.

Attachments 9 – 15: Other Relevant Documents
Include other relevant documents to support the proposed project (e.g., survey instruments, needs assessment reports). Reminder: these attachments count against the total page limit.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management

Applicant organizations must obtain a valid Dun and Bradstreet Universal Numbering System (DUNS) number and provide that number in their application. Each applicant 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 it has 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 to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/recipient organization has 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Two-Tier Application Guide.*

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov 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 FOA in Grants.gov (Phase 1) is *January 19, 2016 at 11:59 P.M. Eastern Time*. The due date to complete all other required information in HRSA's EHBs (Phase 2) is *February 2, 2016 at 5:00 P.M. Eastern Time.*

See Section 9.2.5 – Summary of e-mails from Grants.gov in HRSA's *SF-424 Two-Tier Application Guide* for additional information.

The Authorizing Official (AO) identified in the HRSA EHBs must submit the final application. HRSA EHBs will present a message indicating successful transmission to HRSA upon successful completion of Phase 2.

5. Intergovernmental Review

Oral Health Service Expansion applications are subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the HHS Grants Policy Statement.

See Section 5.1.ii of HRSA's *SF-424 Two-Tier Application Guide* for additional information.

6. Funding Restrictions

Applicants responding to this announcement may request two years of supplemental funding at a maximum of $350,000 per year. 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.

The amount of funds awarded in any fiscal year may not exceed the costs of health center operation in such fiscal year 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 such fiscal year. Health Center Program funds are to be used for authorized health center operations and may not be used for profit. Further, as stated in section 330 of the PHS Act, the federal cost principles apply only to federal funds.

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 announcement and is consistent with past practice and long-standing requirements applicable to awards to health centers.

The General Provisions in Division G, of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), 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 provisions will apply in FY 2016, as required by law.

Should one-time funding for minor capital costs, including equipment and/or minor alteration/renovation be requested, it must be requested only in Year 1 and may not exceed $150,000 of the $350,000 maximum (see Appendix D for more information).

The HHS Grants Policy Statement (HHS GPS) includes information about allowable expenses. Funds under this announcement may not be used for:
- Incentives (e.g., gift cards, food)

- Fundraising
- Lobbying
- Construction
- Facility or land purchases
- Vehicle purchases (a mobile site is not considered a vehicle)

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria, which correspond to the Project Narrative sections, are outlined below with specific detail and scoring points.

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

Review Criteria are used to review and rank applications. The Oral Health Service Expansion has six (6) review criteria:

Criterion 1: NEED (20 points) – Corresponds to Section IV.2.iii NEED

1. The strength of the documented need for the oral health care services in the service area/target population.

2. The extent to which the applicant describes the existing oral health care providers/organizations serving the target population and identifies gaps in oral health care services that will be addressed through the proposed project.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV.2.iii RESPONSE

1. How well the applicant describes current oral health services and/or service delivery methods and demonstrates how this funding will enable the health center to better meet the needs of the target population (i.e., General Community, Migratory and Seasonal Agricultural Workers, Public Housing Residents, Homeless Persons as applicable).

2. The extent to which the plan for proposed new and/or expanded oral health services, including service and staffing plans, will meet the oral health care needs of the target population.

3. The degree to which the current physical capacity and/or any proposed site addition(s), space improvements, and/or equipment purchases will meet the requirements for proposed project, including implementation of new and/or expanded oral health services.

4. The strength of the <u>Implementation Plan</u> in providing a comprehensive and realistic plan that demonstrates how all 120 day-requirements will be accomplished and all one-time funding projects will be initiated.

5. The strength of the applicant's plan for communicating the availability of new and/or expanded oral health care services to the target population.

6. For applicants serving special populations, the strength of the applicant's plans for ensuring access to oral health care services for special populations.

7. The quality of the applicant's plan for providing culturally and linguistically appropriate oral health hygiene instruction, education about the importance of prevention and treatment of oral health problems, and related oral health education (e.g., prevention of oral trauma and oral cancer).

8. The strength of the applicant's plan to incorporate oral health data into the QI/QA program and use QI/QA reports to improve the proposed project over time.

9. The extent to which the applicant plans to utilize HIT, including EHR, to support integrated project implementation, inclusive of identifying patients in need of oral health services.

10. How well the sliding fee discount schedule (<u>Attachment 6</u>), including its promotion, ensures that oral health services (provided both directly or through a formal written contract/agreement) are accessible to all without regard to ability to pay.

Criterion 3: COLLABORATION (15 points) – Corresponds to Section IV.2.iii COLLABORATION

1. The strength of current or proposed collaborations with other oral health care providers/organizations in the proposed service area to ensure and coordinated oral health services.

2. The extent to which current dated, project-specific the letters of support in <u>Attachment 5</u> demonstrate support for the proposed from the following in the service area: Health Center Program award recipients and look-alikes, and health departments or other oral health providers/organizations serving low income and/or uninsured populations. Explanations must be provided if requested providers/organizations do not exist in the service area or letters cannot be obtained.

Criterion 4: EVALUATIVE MEASURES (10 points) *– Corresponds to Section IV.2.iii EVALUATIVE MEASURES*

1. The extent to which the proposed project will impact progress toward related clinical performance measures, including current, self-defined as well as the UDS dental sealant clinical performance measure (i.e., dental sealants for children age 6-9 years). If little or no impact is not expected, the degree to which an adequate explanation is provided.

2. The degree to which the established goals for dental patients and dental visits (Form 1A) are realistic and achievable by the end of calendar year 2017 given the needs outlined in the *NEED* section and the funding requested.

3. The degree to which the established goal for the percentage of health center patients that will receive oral health services at the health center (Supplemental Information Form) is realistic and achievable by the end of calendar year 2017 given the current percentage of health center patients that receive oral health services at the health center and the scope of the proposed project.

4. The strength of plans to use HIT, including EHR, to drive improvement in oral health services and outcomes.

Criterion 5: RESOURCES/CAPABILITIES (15 points) *– Corresponds to Section IV.2.iii RESOURCES/CAPABILITIES*

1. The degree to which the applicant's capabilities and expertise will facilitate the successful implementation the proposed project plan.

2. The appropriateness of the applicant's organizational structure, including the capability and commitment of administration, management, and the governing board, for meeting the operational and oversight requirements of the proposed project.

3. The strength of the applicant's recruitment and retention plan for oral health care staff, including the required 1.0 new *onsite* FTE licensed dental provider.

4. If one-time funding is requested, the extent to which past experience with similar projects increases the likelihood of successful implementation of the proposed one-time (equipment and/or minor alterations/renovations) project, including avoidance of cost overruns.

Criterion 6: SUPPORT REQUESTED (10 points) *– Corresponds to Section IV.2.iii SUPPORT REQUESTED*

1. The strength of the budget presentation (i.e., SF-424A and Budget Justification Narrative), including reasonableness and alignment with the proposed service delivery plan and number of patients to be served.

2. The strength of plans for maximizing collections and reimbursement for providing oral health care services.

3. The extent to which the proposed project is a cost-effective approach for meeting the oral health needs of the target population, including leveraging available resources to maximize service delivery.

2. Review and Selection Process

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

Grant Status
Prior to the award date, HRSA will assess the status of all applicants. Applicants within the fundable range will **not** receive an Oral Health Service Expansion award if they have either of the following:
- Five or more 60-day Health Center Program requirement progressive action conditions; or
- One or more 30-day Health Center Program requirement progressive action conditions

HRSA will use factors other than merit criteria in selecting applications for a federal award. For this funding opportunity, HRSA will use:

- RURAL/URBAN DISTRIBUTION OF AWARDS: Aggregate awards in FY 2016 will be made to ensure that no more than 60 percent and no fewer than 40 percent of health centers serve people from urban areas and no more than 60 percent and no fewer than 40 percent serve people from rural areas as set forth in section 330(k)(4)(B) of the PHS Act. In order to ensure this distribution, HRSA may award funds to applications out of rank order.

- PROPORTIONATE DISTRIBUTION: Aggregate awards in FY 2016 to support the various types of health centers will be made to ensure proportionate distribution across the Health Center Program as set forth in section 330(r)(2)(B) of the PHS Act. In order to meet this distribution, HRSA may award funds to applications out of rank order.

3. Assessment of Risk

The Health Resources and Services Administration 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).

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in FAPIIS, when making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of

risk posed by applicants as described in § 200.205 Federal Awarding Agency Review of Risk Posed by Applicants.

The decision not to make an award, or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2016. 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 of HRSA's *SF-424 Two-Tier Application Guide*.

3. Reporting

The successful applicant under this FOA must comply with Section 7 of HRSA's *SF-424 Two-Tier Application Guide* and the following reporting and review activities:

1) **Progress Report** – The recipient must submit a progress update in the Budget Period Progress Report (BPR) non-competing continuation, which triggers the budget period renewal and release of the subsequent year of funding.

2) **Uniform Data System (UDS) Reports** – The recipient's annual UDS report will provide data required for tracking progress toward the following goals/projections identified in this application: increased number of full time equivalent (FTE) dental providers, increased number of dental patients, increased number of dental visits, and increased percentage of health center patients that receive dental services at the health center.

3) **Integrity and Performance Reporting -** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 2 CFR 200 Appendix XII.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

William Davis
Grants Management Specialist
Division of Grants Management Operations
Office of Federal Assistance Management, HRSA
Telephone: 301-443-8217
E-mail: WDavis@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Amy Harbaugh
Public Health Analyst
Office of Policy and Program Development
Bureau of Primary Health Care, HRSA
Telephone: 301-594-4300
E-mail: bphcoh@hrsa.gov

Additional technical assistance regarding this FOA may be obtained by contacting the appropriate PCAs, PCOs, or NCAs. For a list of contacts, see http://bphc.hrsa.gov/qualityimprovement/supportnetworks/index.html.

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726, (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: https://grants-portal.psc.gov/Welcome.aspx

Applicants/recipients may need assistance when working online to submit the remainder of their information electronically through HRSA EHBs. For assistance with submitting the remaining information in HRSA EHBs, contact the Bureau of Primary Health Care (BPHC) Helpline, Monday-Friday, 8:30 a.m. to 5:30 p.m. ET:

BPHC Helpline
Telephone: (877) 974-2742
Web: http://www.hrsa.gov/about/contact/bphc.aspx

VIII. Other Information

Technical Assistance Webinar
HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the FOA and an opportunity for applicants to ask questions. Visit the Oral Health Service Expansion TA website at
http://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/index.html for webinar details, frequently asked questions, sample documents, and additional resources. Refer to http://www.hrsa.gov/grants/apply for general (i.e., not funding opportunity-specific) videos and slides on a variety of application and submission topics.

Technical Assistance Page
A technical assistance Web site has been established to provide applicants with copies of forms, FAQs, and other resources that will help organizations submit competitive applications. To review available resources, visit
http://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/index.html.

Federal Tort Claims Act Coverage/Medical Malpractice Insurance
Organizations that receive operational funds under the Health Center Program (sections 330(e), (g), (h), and/or (i)) are eligible for protection from claims or suits alleging medical malpractice through the Federally Supported Health Centers Assistance Acts of 1992 and 1995 (Act or FSHCAA) (codified at 42 U.S.C. 233(g)-(n)). The Act provides that 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, dental, surgical, and related functions within the scope of their deemed employment.

FTCA participation is not guaranteed.
Funded health centers that do not apply for and receive malpractice coverage under the Federal Tort Claims Act (FTCA) must maintain private malpractice insurance coverage at all times. "Deemed" health centers should ensure their familiarity with FSHCAA/FTCA coverage requirements (for more information, see the Federal Tort Claims Act Policy Manual at http://bphc.hrsa.gov/ftca/healthcenters/healthcenterpolicies.html). In addition, for programmatic support regarding the FTCA Program, application requirements (including credentialing, QI/QA Plan, etc.), and technical/EHB support, please contact:
> BPHC Helpline
> Phone: 1-877-974-BPHC (2742)
> 8:30 am to 5:30 pm ET
> Web Form: http://www.hrsa.gov/about/contact/bphc.aspx

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

(see http://www.hrsa.gov/opa/programrequirements/phsactsection340b.pdf). The program limits the cost of covered outpatient drugs for certain federal award recipients, look-alikes, and qualified disproportionate share hospitals. Covered entities may realize a cost savings of 20 to 50 percent on outpatient drug purchases and additional savings on other value-added services through participation in the 340B Prime Vendor Program (PVP). Pharmacy related technical assistance is available at 866-PharmTA (866-742-7682). There is no cost to participate in the 340B 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, contact the Office of Pharmacy Affairs (OPA) at 800-628-6297 or visit the OPA web site at http://www.hrsa.gov/opa/index.html.

IX. Tips for Writing a Strong Application

See Section 5.7 of HRSA's *SF-424 Two-Tier Application Guide*.

Appendix A: Health Center Program Requirements Specific to Oral Health

Health Center Program recipients are required to provide preventive dental services and may provide additional dental services under their scope of project. Required preventive dental and additional dental services are defined as follows:

Required Preventive Dental Services
Provide either directly, or by formal written contract or referral, preventive dental services, which at a minimum include the following:

- Basic dental screenings and recommendations for preventive intervention;
- Oral hygiene instruction and related oral health education (e.g., prevention of oral trauma and oral cancer);
- Oral prophylaxis, as necessary; and
- Topical application of fluorides (e.g., fluoride varnishes) and the prescription of fluorides for systemic use when not available in the water supply.

Preventive dental services may include application of sealants and use of dental x-rays for diagnostic screening for both caries and periodontal disease.

Additional Dental Services
Provide either directly, or by formal written contract or referral, additional dental services to diagnose and treat disease, injury, or impairment in teeth and associated structures of the oral cavity, including diagnostic x-rays and imaging. These services may include: fillings and single unit crowns, non-surgical-endodontics, extractions, periodontal therapies, bridges or dentures, and complex dental services.

Complex dental services (e.g., oral surgery, surgical endodontics, orthodontics) are considered specialty services and cannot be added to scope under this funding opportunity.

See the scope of project resources available at
http://bphc.hrsa.gov/programrequirements/scope.html for descriptors and further information about required and additional services.

Appendix B: Implementation Plan

As noted in Item 4 of the ***RESPONSE*** section of the Project Narrative, applicants are required to develop a 120-day Implementation Plan for the proposed project. A sample Implementation Plan is available at
http://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/index.html.

Implementation Plan Guidance

In the Implementation Plan, outline action steps and additional required information related to accomplishment of the OHSE requirements. **The Implementation Plan WILL count against the page limit.** When completing the plan, utilize the following definitions.

Key Elements of the Implementation Plan

1) **Objective:** Applicants must organize their work plans under the following objectives:

   a. Addition of at least 1.0 FTE new, *onsite* licensed dental provider within 120 days.
   b. Initiation of the proposed new and/or expanded oral health services within 120 days.
   c. Initiation of operations at any proposed new site(s) within 120 days.
   d. If applicable, initiation of proposed alteration/renovation activities and/or equipment purchases.
      Note: While alteration/renovation activities and/or equipment purchases may extend beyond the 120-day timeframe, they must be initiated within 120 days. Goals a, b, and c noted above must be accomplished within 120 days of Notice of Award.

2) **Key Action Steps:** Provide at least two action steps that must occur to accomplish each goal. For each action step, identify at least one person/area responsible and time frame.

3) **Person/Area Responsible:** Identify who will be responsible and accountable for carrying out each action step.

4) **Time Frame:** Identify the expected time frame for carrying out each action step.

5) **Comments:** Provide supplementary information as desired.

When defining action steps, applicants should ensure that the Implementation Plan review criteria (Item 4 in ***CRITERION 2: RESPONSE***) are fully addressed. For information that cannot be adequately explained in the Implementation Plan, **provide detail in the Project Narrative** (Item 4 in ***RESPONSE***).

Appendix C: Funding Opportunity-Specific Forms and Information Instructions

Funding Opportunity-Specific Forms must be completed electronically in HRSA EHBs. Portions of the forms that are blocked/grayed-out are not relevant to the OHSE application and should not be completed. To preview the forms to be completed in HRSA EHBs, visit http://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/index.html.

Although several of the forms used in the OHSE application are equivalent to those used in other Health Center Program applications (e.g., Service Area Competition, New Access Point), **the instructions for completing these forms for this application are different**. Review the instructions below carefully to ensure that the application is completed correctly.

FORM 1A – GENERAL INFORMATION WORKSHEET (REQUIRED)

1. **APPLICANT INFORMATION**
   - Complete all relevant information that is not pre-populated.
   - Check only one category in the Business Entity section. If an applicant is a Tribal or Urban Indian entity and also meets the definition for a public or private entity, select the Tribal or Urban Indian category.
   - Applicants may select more than one category for the Organization Type section.

2. **PROPOSED SERVICE AREA**
   2a. Target Population and Service Area Designation
   - If required, provide MUA/MUP information. Applicants applying for CHC funding MUST serve at least one Medically Underserved Area (MUA) or Medically Underserved Population (MUP).
   - For inquiries regarding MUAs or MUPs, visit the Shortage Designation web site or call 1-888-275-4772 (option 1 then option 2), or contact the Shortage Designation Branch at sdb@hrsa.gov or 301-594-0816.

   2b. Service Area Type
   - Select the type (urban, rural, or sparsely populated) that describes the majority of the service area.
   - If sparsely populated is selected, provide the number of people per square mile (must be 7 or less).
   - For information about rural populations, visit the Office of Rural Health Policy's web site at http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html.

   2c. Target Population and Provider Information

   Patients and Visits by Service Type:
   - The UDS/Baseline Value dental patients and visits will be pre-populated from the 2014 UDS Report.

- For Projected by December 31, 2017, project the number of dental patients and visits anticipated for the calendar year ending December 31, 2017 that will be served by dentists, dental hygienists, and dental therapists.
    - The projected dental patients and visits values must be greater than the 2014 dental patients and visits values.
    - Include the following types of patients who will receive dental services in 2017: 1) existing dental patients who will continue receiving dental services, 2) existing health center patients who have previously not received dental services at the health center who will receive dental services at the health center, and 3) *new* dental patients who are new to the health center as a result of the proposed project.

Unduplicated Patients and Visits by Population Type:
- Project the number of *new* dental patients and visits anticipated within each population type category for the calendar year ending December 31, 2017 that will be served by dentists, dental hygienists, and dental therapists.
    - Report only *new* (**new to the health center**) patients and visits projected for calendar year 2017 as a direct result of the proposed project.
    - Across all population type categories, an individual can only be counted once as a patient.
    - The new patient projection **should not include** (should not duplicate) current health center patients or unduplicated patients projected in other supplemental funding applications (e.g., Expanded Services, Substance Abuse Service Expansion).

Note: There is no minimum required value for the *new* (**new to the health center**) unduplicated patient projection. Patient projections should be reasonable based on the identified needs of the patient population and service area.

For funded applications, HRSA will add the unduplicated new patient projection from the application (from this section of Form 1A) to the applicant's current Patient Target.

FORM 1B – BPHC FUNDING REQUEST SUMMARY (REQUIRED)

1. FEDERAL FUNDS REQUESTED
Form 1B confirms the funding request and is used to note requested one-time funding (which should also appear in the SF-424A in the Equipment and/or Construction rows). The maximum amount of funding per year is $350,000. Any one-time funding requested for equipment and/or minor alteration/renovation (up to $150,000) is included in this amount for Year 1 (e.g., $200,000 for operations, $125,000 for equipment, and $25,000 for minor alteration/renovation in Year 1). Applicants can request up to $350,000 for operations in Year 2. Before completing Form 1B, the SF-424A must be completed. See *SF-424 Two-Tier Application Guide* and the Budget section for instructions on completing the SF-424A.

Consistent with the SF-424A, for the Year 1 operational funding column, enter requested operational funding by category (CHC, MHC, HCH, and/or PHPC) using the same proportional distribution as existing funding.

Then enter any one-time funds requested (up to $150,000). The budget details for Year 2 will be pre-populated from data provided in Federal Resources (Section E) of the SF-424A. *If changes are required, modify the appropriate section of the SF-424A.* A link to the SF-424A will be provided.

2.   ONE-TIME FUNDING
Applicants requesting one-time funding for equipment and/or minor alteration/renovation must indicate if the one-time funds are for: 1) equipment only; 2) minor alteration/renovation with equipment; or 3) minor alteration/renovation only. See Appendix D for detailed instructions on requirements for one-time funding.

3.   ADDITION OF SITES
Applicants proposing to add a new site (permanent or mobile) to support the implementation of the OHSE proposed project must indicate this intent. Selection of a site addition on this form will enable access to Form 5B: Service Sites. The zip code of a permanent site address and/or the address at which a mobile van is parked, as well as the proposed service area zip codes, must be limited to the applicant's service area zip codes as listed on Form 5B in the applicant's scope of project of the release date of this FOA.

FORM 2 – STAFFING PROFILE (REQUIRED)
Report dental services, enabling services, and non-clinical support personnel for the end of the proposed two-year project. Refer to the Eligible Services/Service Modalities/Providers table for eligible staffing categories.
- Volunteers must be recorded in the Direct Hire FTEs column.
- Select the relevant options for contracted staff summarized in Attachment 7.

Report all new staff that will support activities within the proposed scope of project and will be supported through federal funding or leveraged non-federal funding. **Do not report staff that are already included in your Health Center Program award (e.g., in your Service Area Competition or Expanded Services budget).** Instead, describe the involvement of such staff in Item 2d of the Response section of the Project Narrative. The Staffing Profile should be consistent with the staff listed in the personnel section of the budget narrative justification.

Note: At least 1.0 FTE new *onsite* direct or contracted licensed dental provider must be proposed, as documented here and on the Supplemental Information Form.

FORM 5A – SERVICES PROVIDED (REQUIRED)

Review the current Health Center Program scope of project that pre-populates on Form 5A. Limited changes will be allowed to ensure that the proposed services are accurately captured on Form 5A (refer to the Eligible Services/Service Modalities/Providers table for details). Changes will be allowed in the following sections:

- Preventive Dental
- Additional Dental
- Enabling Services

No action is needed if the pre-populated information on Form 5A accurately captures the services to be provided through the proposed project. Before adding or modifying services on Form 5A, consider that the changes to scope proposed through this application will, if funded, change the Health Center Program award's scope.

Note: Because oral health services must be provided onsite, either directly or via contracted providers, "Preventive Dental" or "Additional Dental Services" must be indicated on Form 5A in Column I (Applicant Provides Directly) or Column II (Service provided by formal written agreement; Health Center pays for service) for the application to be considered eligible.

Information presented on Form 5A will be used by HRSA to determine Health Center Program changes in scope. Any changes will result in verification conditions on the Notice of Award.[16] New services described or detailed in other portions of the application (e.g., narratives, attachments) are not considered to be included in the approved scope of project if the application is funded.

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[16] See http://bphc.hrsa.gov/programrequirements/scope.html for information on Change in Scope and http://bphc.hrsa.gov/programrequirements/pdf/pal200911.pdf for a description of the scope verification process.

Eligible Services/Service Modalities/Providers Table

Eligible Services	Eligible Form 5A Changes	Eligible Staff

<u>Oral Health Services</u>
• Preventive Dental
• Additional Dental Services
 	
<u>Enabling Services</u>
• Case Management
• Health Education
• Outreach
• Eligibility Assistance
• Transportation
• Translation
• Additional Enabling/Supportive Services
	Applicants may propose to:
	
	• Add a ***new*** oral health service (this application will serve as the Change in Scope request) to be provided directly (Column I) or supported through an agreement (Column II).
	
	• Provide an oral health service directly (Column I) that is currently offered through an agreement in which the recipient pays for the service (Column II).
	
	• Provide an oral health service directly (Column I) or pay for the service through an agreement (Column II) that is currently offered through a referral arrangement in which the recipient does NOT pay (Column III).
		• Licensed Dentist*
		• Licensed Dental Hygienist*
		• Dental Assistant, Aides, Techs
		• Other Professional Health Services Staff (Licensed Dental Therapist)*
		• Enabling Staff, including:
		  o Case Managers
		  o Patient/Community Education Specialists
		  o Outreach Workers
		  o Transportation Staff
		  o Eligibility Assistance Workers
		  o Interpretation Staff
		  o Other Enabling Services Staff
		• Non-Clinical Staff, including:
		  o Fiscal and Billing Staff
		  o IT Staff
		  o Facility Staff
		  o Patient Support Staff

* The required 1.0 new FTE licensed dentist, dental hygienist, and or dental therapist can be hired directly as new staff or be a contracted provider as long as services are provided at site(s) already in the applicant's approved scope of project or proposed through this application.

For details on services and modalities of services provision, see the scope of project resources available at http://bphc.hrsa.gov/programrequirements/scope.html.

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

Sites may be added through this application if necessary to implement the proposed oral health service expansion project. **Applicants must provide a street address for proposed site(s).** Applicants may not list "to be determined" or provide a post office box as the site address on this form.

If a mobile van is proposed, ensure that it meets the definition of a service site. See PIN 2008-01: Defining Scope of Project and Policy for Requesting Changes available at http://bphc.hrsa.gov/programrequirements/policies/pin200801.html for additional information.

The current service area, as of the date of the FOA release date, may not be expanded through this application. Note the following requirements:

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

SUPPLEMENTAL INFORMATION FORM (REQUIRED)

1. NEW LICENSED DENTAL PROVIDERS
Report the number of new *onsite* FTE licensed dental provider (dentists, dental hygienists, and/or dental therapists) to be added within 120 days of OHSE award, listing providers by two categories: staff and contractors. The total for these two categories must be equal to or greater than 1 FTE for the application to be eligible.

2. DENTAL PATIENT CONFIRMATION
- 2a – Confirm the dental patient projection. The figure is pre-populated from the projected dental patients entered under Form 1A: Patients and Visits by Service Type and should represent projected total dental patients to be seen in calendar year 2017 (as of December 31, 2017).

- 2b – Confirm the new unduplicated patient projection. The figure is pre-populated from the Total row of Form 1A: Unduplicated Patients and Visits by Population Type and should represent only the patients that will be new to the health center as a result of the OHSE project to be seen in calendar year 2017 (as of December 31, 2017).
  Note: There is no minimum required value for the new unduplicated patient projection. Patient projections should be reasonable based on the identified needs of the patient population and service area.

If either pre-populated patient projection in this section appears incorrect, adjust the relevant information on Form 1A before certifying the accuracy of the data.

3. PERCENTAGE OF HEALTH CENTER PATIENTS RECEIVING ORAL HEALTH SERVICES AT THE CENTER
Complete the sections of this form as follows.
- 3a – Dental Patients for 2014 is pre-populated from the Current Number of dental patients from Form 1A: Patients and Visits by Service Type. If pre-populated data appear incorrect, adjust the information on Form 1A.
- 3b –Total Unduplicated Patients for 2014 is pre-populated from the 2014 UDS Report.
- 3c – Percentage of health center patients receiving oral health services for 2014 will automatically calculate (3a/3b x 100).
- 3d – Enter the projected percentage of total unduplicated health center patients that will receive oral health services at the health center in calendar year 2017 (as of December 31, 2017). The percentage in 3d must be greater than the percentage in 3c.

The following chart is an example Section 3 of the Supplemental Information Form. Cells highlighted in yellow show data to be provided by the applicant.

Percentage of Health Center Patients receiving Oral Health Services at Health Center

Data Element	Source of Data	Sample
3a. Total Dental Patients for 2014	Prepopulated from Form 1A, Section 3a (2014 UDS dental patients)	3,000
3b. Total Unduplicated Patients for 2014	Total Unduplicated Patients will be prepopulated from the 2014 UDS Report	15,000
3c. Percentage of health center patients receiving oral health services at the health center as of 12/31/14	Automatically calculated (3a/3b)	20%
3d. Projected percentage of health center patients receiving oral health services at the health center in calendar year 2017 (as of 12/31/17)	Enter projected percentage for 2017	35%

CLINICAL PERFORMANCE MEASURES

Current, self-defined oral health performance measure(s) will be prepopulated and locked (not available for editing) for reference when responding to Item 1 of the Evaluative Measures section of the Project Narrative.

Appendix D: One-Time Funding Request Information

Within the maximum annual amount of $350,000, applicants may request to use up to $150,000 in funding in Year 1 for one-time costs for equipment and/or minor alterations/renovations. Applicants are required to enter budget information for one-time funding on the SF-424A (in the Equipment and/or Construction object class categories) and Form 1B.

One-time funding cannot be used for new construction activities (i.e., additions or expansions), major alterations/renovations (the total federal and non-federal cost of the alteration/renovation project cannot exceed $500,000, minus the cost of moveable equipment), or the installation of trailers/pre-fabricated modular units. Mobile vans are allowable purchases.

If the funding request summary on Form 1B includes one-time funding, applicants will be required to indicate for which activities the funds will be used:
- Equipment only
- Equipment and minor alteration/renovation
- Minor alteration/renovation only

Requests for equipment-only projects or minor alteration/renovation with moveable equipment require an equipment list. Applicants requesting one-time funding for minor alteration/renovation (with or without moveable equipment) must complete additional forms in EHBs, including the Alteration/Renovation (A/R) Project Cover Page, Other Requirements for Sites Form, budget justification for the minor alteration/renovation project, Environmental Information and Documentation (EID) Checklist, and architectural drawings of the proposed alteration/renovation as specified below.

Equipment Purchases
Applicants requesting one-time funding for equipment purchases (with or without minor alteration/renovation) must submit a complete list of the requested equipment in EHBs. For each item on the equipment list, the following fields must be completed:
- **Type** – Select clinical or non-clinical.
- **Item Description** – Provide a description of each item.
- **Unit Price** – Enter the price of each item.
- **Quantity** – Enter of the number of each item to be purchased.
- **Total Price** – EHBs will calculate the total price by multiplying the unit price by the quantity entered.

Any equipment purchased with awarded funds must be pertinent to health center operations. Further, equipment purchased with these funds must be procured through a competitive process and maintained, tracked, and disposed of in accordance with 45 CFR 75.

An allowable equipment-only project is limited to moveable items that are non-expendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of (a) the capitalization level established by the applicant for

its financial statement purposes, or (b) $5,000. Furniture, administrative equipment (i.e., computers, servers, telephones, fax machines, copying machines, software[17]), and special purpose equipment used for medical activities (e.g., stethoscopes, blood pressure monitors, scales, electronic thermometers) with a useful life of one year or more and a unit cost of less than $5,000 may also be included. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space. Moveable equipment is usually purchased outside of any construction contract. Dental chairs and radiographic equipment are considered moveable equipment.

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

The selection of all equipment should be based on a preference for recycled content, non-hazardous substances, non-ozone depleting substances, energy and water efficiency, and consideration of final disposal (disposed in a manner that is safe, protective of the environment, and compliant with all applicable regulations), unless there are conflicting health, safety, and performance considerations. Applicants are strongly encouraged to employ the standards established by either the Electronic Product Environmental Assessment Tool (EPEAT) or Energy Star, where practicable, in the procurement of equipment. Following these standards will mitigate the negative effects on human health and the environment from the proliferation, rapid obsolescence, low recycling rate, high energy consumption, potential to contain hazardous materials, and increased liability from improper disposal. Additional information for these standards can be found at http://www.epeat.net and http://www.energystar.gov.

Minor Alteration/Renovation
Applicants requesting one-time funding for minor alteration/renovation up to $150,000 in Year 1 (with or without moveable equipment) must complete the Alteration/Renovation (A/R) Project Cover Page and Other Requirements for Sites forms in EHBs for each site where minor alteration/renovation is proposed.

An allowable minor alteration/renovation project must be a stand-alone project consisting of work required to modernize, improve, and/or reconfigure the interior arrangements or other physical characteristics of a facility; work to repair and/or replace the exterior envelope; minor work to improve accessibility such as curb cuts, ramps, or widening doorways; and/or address life safety requirements in an existing facility. The project may also include the costs of permanently affixed items such as windows, HVAC, signs, or lighting. An allowable project would **not** increase the total square footage of an existing building or require ground disturbance (such as new parking surfaces or expansion of a building footprint).

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[17] Note the licenses for electronic health records or health information technology should be reported in "Other Costs".

Alteration/Renovation Project Cover Page
Applicants requesting one-time funding for minor alteration/renovation (with or without the purchase of moveable equipment) must provide the following information for each site where minor alteration/renovation activities will occur:

1. Site Information – The name and physical address of the site will be pre-populated from Form 5B. In the box for **Improved Project Square Footage,** enter the square footage that will be improved as a result of the proposed project.

2. Project Description – Provide a detailed description of the scope of work of the minor alteration/renovation project. Identify the major clinical and non-clinical spaces that will result from or be improved by the project. Include the area (in square feet) or dimensions of the spaces to be altered or renovated. The description should also list major improvements, such as permanently affixed equipment to be installed; modifications and repairs to the building exterior; HVAC modifications (including the installation of climate control and duct work); electrical upgrades; and plumbing work. Describe how potential adverse impacts on the environment will be reduced. Indicate whether the project will implement green/sustainable design practices/principles (e.g., using project materials, design/renovation strategies). This field has a maximum of 4,000 characters, including spaces.

Example Project Description - Renovation of five 12x15 square-foot exam rooms within existing interior space; installation of 300 feet of interior ductwork and two condenser units on the exterior roof; installation of 40 energy efficient windows, and replacement of front entry door with automated glass doors; repair of 1,500 square feet of asphalt roof; installation of 10x20 square-foot fabric canopy over entryway.

3. Project Management/Resources/Capabilities – Explain the administrative structure and oversight for the project, including the roles and responsibilities of the health center's key management staff as well as oversight by the governing board. Identify the Project Manager and the individuals who will comprise the Project Team responsible for managing the minor alteration/renovation project. Describe how the Project Team has the expertise and experience necessary to successfully manage and complete the project and achieve the goals and objectives established for this project. This field has a maximum of 4,000 characters, including spaces.

4. Is the proposed minor alteration/renovation project (ONLY) part of a larger scale renovation, construction, or expansion project? – Select "no" to certify that the proposed project is a stand-alone project and includes only minor alteration/renovation costs, or select "yes" and provide comments if the proposed project is part of a larger scale renovation, construction, or expansion project. This field has a maximum of 2,000 characters, including spaces.

Project Budget Justification
Applicants requesting one-time funding for minor alteration/renovation must attach a project budget justification. Describe in detail each cost element and explain how the costs contribute to meeting the project's objectives/goals. Clearly identify other funding sources needed to support

the minor alteration/renovation project and indicate whether these funds are secured or not. See http://www.hrsa.gov/grants/apply/assistance/oh for a sample A/R budget justification.

A list of permissible costs for the one-time funding request is presented in the following chart.

	ALLOWABLE	UNALLOWABLE
Administrative and legal expenses	• Salary of applicant's staff and consultant fees that are **directly** related to the administration of the technical aspects of the proposed project. Generally, administrative and legal expenses should be less than 10% of total project costs • Costs of obtaining required data for the environmental analysis report • Performance/Payment bonds and insurance costs	• Bonus payments to contractors • Costs of groundbreaking and dedication ceremonies and items such as plaques • Indirect costs • General department operations and maintenance
Architectural and engineering fees	• Fees associated with architectural and engineering professional services • Expenses for preparation of specifications and reproduction of design documents • Costs incurred no more than 90 days before the Notice of Award for architect's fees and consultant's fees necessary to the planning and design of the project (if the project is approved and funded)	• Architectural and engineering fees for work not within the scope of the approved project • Costs of abandoned designs (designs that will not be used in the minor alteration/renovation project) • Elaborate or extravagant designs, materials, or projects that are above the known local costs for comparable buildings
Other architectural and engineering fees	• Other architectural and engineering services such as surveys and tests • Preliminary expenses associated with the approved award	
Project inspection fees	• Clerk-of-the-works, inspection fees	• Fees not associated with the requested project
Site work	• See Alteration and renovation	• Fees not associated with the requested project
Demolition and removal	• Costs of demolition or removal for improvements such as wall finishings and fixtures. Reduce the costs on this line by the amount of expected proceeds from the sale of salvage.	• Costs of hazard material abatement and remediation • Costs not associated with the requested award

	ALLOWABLE	UNALLOWABLE
Alteration and renovation	• Costs of fixed equipment necessary for the functioning of the facility. FIXED EQUIPMENT is equipment that requires modification of the facility for its satisfactory installation or removal and is included in the construction contract. Examples include fume hoods, linear accelerator, laboratory casework, sinks, fixed shelving, built-in sterilizers, built-in refrigerators, and drinking fountains. • Costs for remodeling and alteration of existing buildings which will be used for the program • Installation of fixed items such as windows, HVAC, and generators • Costs of connecting to existing central utility distribution systems contiguous to the site, such as steam and chilled water that service a campus from centrally located boiler and refrigeration plants • Prorated costs for new boilers and chillers • Resurfacing of existing parking areas located onsite and deemed essential for the use and operation of an approved project • Special features for earthquake resistance code requirements (use nationally recognized codes adopted by authorities having jurisdiction) • Costs of eliminating architectural barriers to the handicapped • Costs of pollution-control equipment for the facility's boilers, incinerators, waste water treatment, etc., which may be required by local, state, or federal regulations	• Relocation of utilities • Prorated cost of existing central utility plant and distribution systems, which serve the proposed facility • Sanitary sewer, storm sewer, and portable water connections, providing that such municipal utilities are located in streets, roads, and alleys contiguous to the site • Works of art • Otherwise allowable costs incurred beyond 90 days prior to the Notice of Award

	ALLOWABLE	UNALLOWABLE
Equipment	- Moveable equipment - The cost to train individuals to operate the equipment, if included in the purchase contract - Fixed equipment if it is not part of the construction contract - Sales tax (unless the applicant is otherwise exempt) and shipping costs on equipment - Service contract costs if it is included in the purchase contract	- Equipment that does not meet the moveable equipment definition - Donated equipment, leased equipment, or equipment purchased through a conditional sales contract (lease purchasing)

Note: Any facility proposed for a minor alteration/renovation project must meet requirements of both current and future pollution abatement regulations as described in currently approved pollution plans.

Environmental Information and Documentation (EID) Checklist
Applicants requesting one-time funding for minor alteration/renovation must attach an EID Checklist for each site where minor alteration/renovation activities will occur. A template is available in EHBs for applicants to download, complete, and upload to the Alterations/Renovations (A/R) Project Cover Page.

The National Environmental Policy Act of 1969 (NEPA) (P.L. 91-190; 42 U.SC 4321 et. seq.), the National Historic Preservation Act (NHPA) (P.L. 89-665; 16 U.S.C. 470 *et seq.*), and other associated laws require, among other things, that HRSA consider the environmental impacts and potential effects on historical and archeological resources of any federal action, including minor alteration and renovation projects supported in whole or in part through federal awards. In order to initiate reviews under NEPA and NHPA, applicants must submit a completed EID Checklist (OMB Form No. 0915-0324) **for each proposed OHSE site for which any federal funds are being requested for minor alteration/renovation**. Applicants are required to explain each response of "yes" on the EID Checklist. If funded, recipients must receive HRSA approval prior to beginning any projects involving minor alteration/renovation.

Following the review of the EID Checklist and the project proposal, HRSA will determine if the potential exists for the project to have a significant impact on the environment. If HRSA determines additional reviews or compliance requirements are necessary, HRSA will contact the applicant and require documentation such as a hazardous materials survey, abatement plans, or initiating Section 106 consultation. It is advised that if the applicant does not possess in-house expertise in environmental and historic preservation compliance, that the services of a consultant with the appropriate background be secured.

Until the environmental and historic preservation reviews are completed and any associated conditions are lifted from the Notice of Award, recipients are not authorized to acquire fixed equipment or initiate work beyond the design and permitting stage of the project. For additional

information on environmental and historic preservation compliance, see
http://bphc.hrsa.gov/about/healthcentersaca/acacapital/capitaldevelopment.html.

Floor Plans/Schematic Drawings
Applicants requesting one-time funding for minor alteration/renovation must attach line
drawings for each site where minor alteration/renovation activities will occur that indicate the
location of the proposed renovation area in the existing building and the total net and gross
square footage of space to be altered/renovated. The schematic drawings should be legible on an
8.5" x 11" sheet of paper with a scale, as well as indicate the linear dimensions and the net and
gross square feet for each room. These drawings should not be blueprints and do not need to be
completed by an architect. Changes or additions to existing mechanical and electrical systems
should be clearly described in notes made directly on the drawings. If desired, applicants can
also include a site plan.

Other Requirements for Sites
Applicants requesting one-time funding for minor alteration/renovation must complete the Other
Requirements for Sites form for each site where minor alteration/renovation activities will occur.
This form addresses site control, federal interest, and cultural resources and historic preservation
considerations related to the project.

1. Site Control and Federal Interest
1a.Identify the current status of the property site – If the site is owned by the applicant
organization, select "owned." If the site is not owned by the applicant organization, regardless of
whether the applicant organization will pay a recurring fee to use the property, select "leased."
If the site is leased, applicants must certify that:
- *The existing lease will provide the health center reasonable control of the project site;*
- *The existing lease is consistent with the proposed scope of project;*
- *We understand and accept the terms and conditions regarding Federal Interest in the property.*

2. Cultural Resource Assessment and Historic Preservation Considerations
Applicants are required to respond to the following questions by indicating yes or no:
  2a. Was the project facility constructed prior to 1975?
  2b. Is the project facility 50 years or older?
  2c. Does any element of the overall work at the project site include: 1) any
       renovation/modification to the exterior of the facility (e.g., roof, HVAC, windows, siding,
       signage, exterior painting, generators) or 2) ground disturbance activity (e.g., expansion
       of building footprint, parking lot, sidewalks, utilities)?
  2d. Does the project involve renovation to a facility that is, or near a facility that is,
       architecturally, historically, or culturally significant; or is the site located on or near
       Native American, Alaskan Native, Native Hawaiian, or equivalent culturally significant
       lands?

Landlord Letter of Consent
Applicants proposing a minor alteration/renovation project at a leased site must provide a
Landlord Letter of Consent. This document must include the property owner's agreement of the

proposed minor alteration/renovation, recognition of the federal interest or the agreement to file the Notice of Federal Interest, and must be signed by both the owner and applicant. This attachment is also required for applicants that use "in-kind" space at no charge. A sample Landlord Letter of Consent is available at http://bphc.hrsa.gov/policiesregulations/capital/postaward/landlordconsent.pdf.