FY 2013 Service Area Competition (SAC)
New, Competing Continuation, and Supplemental Funding Opportunity Announcement (FOA)
Frequently Asked Questions (FAQs)

HRSA-13-220, HRSA-13-221, HRSA-13-222, HRSA-13-223,
HRSA-13-224, HRSA-13-225, HRSA-13-226, HRSA-13-227

Below are common questions and corresponding answers for the FY 2013 Service Area Competition (SAC) funding opportunity. New FAQs will be added as necessary, so please check the SAC Technical Assistance page located at http://www.hrsa.gov/grants/apply/assistance/sac frequently for updates. The FAQs are organized under the following topics:

ISSUE: General Information

1. What is the purpose of the SAC funding opportunity?
The purpose of the SAC funding opportunity is to ensure continuous comprehensive primary health care services in areas that are currently served by Health Center Program grantees whose project periods are ending in FY 2013 (October 1, 2012 – September 30, 2013). Within these service areas, Health Center Program grantees provide services to:
1. The general underserved community: Community Health Center (CHC – section 330 (e)) **and/or**
2. One or a combination of special populations: Migrant Health Center (MHC – section 330 (g)), Health Care for the Homeless (HCH – section 330 (h)) and/or Public Housing Primary Care (PHPC – section 330 (i)).

The service area, services provided, target population/funding types, and total funding cannot be changed. An organization applying for SAC funding must:
a) Propose to serve an available service area;
b) Request all funding types that currently support the service area and target all populations (CHC, MHC, HCH, and/or PHPC) currently served in the service area;
c) Provide the same or comparable services as those provided by the current grantee; and
d) Request no more than the current level of support being provided to the service area.

2. **If a current grantee receives multiple types of Health Center Program funding (e.g., CHC and HCH), should the SAC application include all of these?**

Yes. All types of Health Center Program funding currently received are considered to be in the scope of project and should be included in the SAC application.

3. **If an organization receives a SAC grant, does it automatically become a Federally Qualified Health Center (FQHC)?**

No. Once a SAC grant is awarded and a health center is operational (within 120 days of Notice of Award, which may occur up to 60 days prior to the project period start date), a grantee must then apply to the Medicare Program and to their State Medicaid Program to be enrolled and reimbursed as an FQHC. For more information on the Medicare application process and timelines, see Program Assistance Letter 2011-04, available at http://bphc.hrsa.gov/policiesregulations/policies/pal201104.html.

4. **Can an organization apply for multiple service areas under different announcement numbers?**

Yes; however, to be eligible for each service area, an applicant must have either (1) at least one health care facility physically located in the available service area or (2) a plan to establish a health care facility in the service area to be operational within 120 days of Notice of Award, which may occur up to 60 days prior to the project period start date.

5. **Are there any funding priorities?**

No. There are no opportunities for applicants to earn priority points.

ISSUE: Award Information

6. **When will SAC funds be awarded?**

SAC awards will be issued on or around each project period start date (see Table 7 of the FOA).

7. **How many SAC grants does HRSA intend to award?**

Subject to the availability of appropriated funds, HRSA anticipates awarding approximately $346 million in FY 2013 to support services in approximately 220 service areas.

8. **What is the cap for Federal funds that can be requested?**

Funding requested for each service area in FY 2013 cannot exceed the funding projection for each service area noted in the Total Funding column of the Service Area Announcement Table (available at http://www.hrsa.gov/grants/apply/assistance/sac).

9. **What is the length of the project period?**

Subject to the availability of appropriated funds, the project period will be up to two years for new applicants and up to five years for current Health Center Program grantees (including those submitting supplemental applications). Funding beyond the first year is dependent on the availability of appropriated funds, satisfactory performance, and a decision that funding is in the best interest of the Federal government.

ISSUE: Eligibility

10. **Who can apply for SAC funding?**

In brief, eligible applicants must be public or nonprofit private entities, including tribal, faith-based, and community-based organizations that propose to serve a service area and its associated population(s) identified in the Service Area Announcement Table available at http://www.hrsa.gov/grants/apply/assistance/sac. Refer to **Section III.1 Eligibility Requirements** of the FOA for a detailed list of eligibility criteria.

11. Is an organization eligible to apply for FY 2013 SAC funding if it does not currently receive Health Center Program funding?

Yes. The SAC is for both new organizations that are not currently receiving Health Center Program funding as well as organizations that are currently receiving funding under one or more of the following funding types: section 330(e), section 330(g), section 330(h), and/or section 330(i).

12. Can a new nonprofit entity be created for the purpose of applying for SAC funding?

Yes; however, eligible applicants must have either (1) at least one health care facility physically located in the available service area or (2) a plan to establish a health care facility in the service area to be operational within 120 days of Notice of Award, which may occur up to 60 days prior to the project period start date.

13. Does an organization have to be currently providing health services to be eligible to apply for SAC funding?

No; however, eligible applicants must have a plan to establish a health care facility in the service area to be operational and fully compliant with the Health Center Program requirements within 120 days of Notice of Award, which may occur up to 60 days prior to the project period start date.

14. Are organizations located outside of the United States eligible to apply for SAC funding?

Eligible organizations must be located in the United States or its territories.

ISSUE: Available Service Areas

15. The available service areas are not listed in the SAC FOA. How would an applicant know which service areas are available in FY 2013?

Available service areas can be found using the Service Area Announcement Table available at http://www.hrsa.gov/grants/apply/assistance/sac.

16. The Service Area Announcement Table looks different than it did for the FY 2012 SAC FOA. What are the key differences?

Like in FY 2012, the Service Area Announcement Table includes enhancements to provide applicants with more information in one convenient location. As with last year, the information is organized by project period start date. For current grantees applying to continue serving the current service area, this would be the calendar day following the project period end date listed on the current Notice of Award. Additionally, the announcement number and due dates are provided in the table, as are funding information, service area zip codes, and the number of patients served in the service area in the last calendar year. New for FY 2013, the Service Area Announcement Table provides a link to a patient origin map to demonstrate where a majority of patients reside within the service area. Please note that all information in the table is current as of May 17, 2012.

17.   What is the difference between the two options (PDF or customized list) for viewing the Service Area Announcement Table?

The Service Area Announcement Table can be viewed either as a PDF table displaying all available service areas or as a customized list based on search criteria. While both options will provide the same detailed information, the search tool will help applicants quickly pinpoint information about available services areas based on search criteria (e.g., state, city). To search by zip code, an applicant must use the PDF table and conduct a "find" by pressing the control + f keys together.

18.   How does the search feature work for creating customized service area lists?

For the search tool, use the drop-down lists to select a state, city, and/or project period start date to create a customized list of available service areas. Only the states and cities with available service areas in FY 2013 will be available for selection from the drop-down lists. Please note that the cities available for selection are based on the location of the current grantee's administrative site.

ISSUE: Application Development

19.   What is the difference between the eight announcement numbers (e.g., HRSA-13-220, HRSA-13-221, HRSA-13-223)?

The SAC FOA text is the same for all eight announcement numbers. However, each announcement number is linked to a different: (1) set of due dates, (2) project period start date, and (3) subset of the total available services areas as shown on the Service Area Announcement Table (available at http://www.hrsa.gov/grants/apply/assistance/sac). To ensure eligibility, the Grants.gov application package that is downloaded and submitted must be for the appropriate announcement number based on the desired service area.

20.   Is there a page limit for the SAC application?

Yes. There is a 150-page limit (approximately 20 MB) on the length of the total application when printed by HRSA. Please refer to Tables 2-5 of the FOA for information on what is counted in the page limit.

21.   Are the Performance Measures Forms included in the page limit?

No. However, any information that will not fit in the Performance Measures Forms should be included in the Evaluative Measures section of the Program Narrative where it will count toward the page limit.

22.   Are attachments to Form 8 included in the page limit?

No. However, there is a limit to the number of documents that can be attached to Form 8. Any document that exceeds the 50-document limit should be included in Attachment 15 where it will count against the page limit.

23.   Does HRSA have guidelines (e.g., font type, font size) for the Program Narrative of the SAC application?

Yes. Applicants should submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, Courier) and 1-inch margins. Smaller font (no less than 10 point) may be used for tables, charts, and footnotes. For more information, please reference the *HRSA Electronic Submission User Guide* available at http://www.hrsa.gov/grants/apply.

24. What should an applicant do if the abstract changes between the Grants.gov submission and the EHB submission?

Under "Project Summary/Abstract" in EHB, an applicant can view the original abstract submitted via Grants.gov and replace it by selecting "update" to upload a revised abstract.

ISSUE: Program Narrative

25. How does the Program Narrative differ from the Review Criteria?

The Project Narrative and Review Criteria have been revised to remove duplication, improve flow, and more closely reflect the program requirements. The Program Narrative provides general guidelines about information that should be provided by the applicant. Elements of the Program Narrative typically begin with "Describe" or "Demonstrate". The Review Criteria provide specific components that should be addressed in a complete response to the items described in the Program Narrative. Review Criteria often begin with "The extent to which the applicant describes" or "The extent to which the applicant demonstrates". Objective reviewers will utilize the Review Criteria when scoring each application.

26. Where should the additional information requested in the Program Narrative be provided?

Provide the requested additional information, as directed, in the attachments or forms. For example:

- In the Need section of the Program Narrative, applicants are directed to provide quantitative data in Form 9.
- In the Collaboration section of the Program Narrative, applicants are directed to include Letters of Support as Attachment 10.
- In the Evaluative Measures section of the Program Narrative, applicants are directed to include performance measures information in the Performance Measures Forms.

When form fields do not allow enough characters for the applicant to convey all relevant information, include additional information in the appropriate section of the Program Narrative. **Do not** use the Program Narrative to repeat information already included in the forms.

27. Are there new items for response in the Program Narrative since the FY 2012 SAC FOA?

Yes. The Program Narrative changes each year. Applicants are expected to carefully read the FY 2013 SAC FOA and respond to all items in the Program Narrative.

28. Should information about the needs of and services provided for populations such as lesbian, gay, bisexual, and transgender individuals be included in the Program Narrative?

The unique needs of, and organizational experience working with, lesbian, gay, bisexual, and transgender individuals should be described throughout the sections of the Program Narrative (e.g., Need, Response, Resources/Capabilities). The same should be done for other targeted populations (e.g., individuals with severe mental illness) that are not included in the targeted special populations listed in the FOA (i.e., migrant and seasonal farm workers, homeless individuals, and public housing residents).

29. Where should information provided about the service area, target population, and special populations (if applicable) for the Need section of the Program Narrative and related forms (e.g., Form 4, Form 9) come from?

Information about the service area, target population, and/or special populations, should come from external, valid data sources (e.g., census data). In cases where data is not available at the service area or target population level, the use of extrapolation methodology is preferred over the use of aggregate data (e.g., state data) that may not accurately reflect the health center's target population. Applicants may find *Data Resources for Demonstrating Need for Primary Care Services*, available at http://www.hrsa.gov/grants/apply/assistance/sac/, to be a useful resource on extrapolation methodology.

ISSUE: Performance Measures

30. Where can I find more information on the Performance Measures?

Please refer to Appendix B of the FOA for instructions on how to complete the Performance Measures Forms along with a sample of a Clinical Performance Measure and a Financial Performance Measure. Useful information and training materials are also available at http://www.hrsa.gov/data-statistics/health-center-data/reporting/index.html.

31. How should applicants develop their baseline and goals for the performance measures?

For new applicants and Health Center Program grantees applying to serve a new service area, baselines for performance measures should be developed from data that are valid, reliable, and whenever possible, derived from currently established management information systems. Data sources could include electronic health records, disease registries, and/or chart sampling.

For Health Center Program grantees applying to continue serving the current service area, baseline data will be pre-populated from the 2011 UDS Report. Pre-populated data cannot be changed.

Goals (projected data) should be realistic for achievement by the end of the project period. They should be based on data trends and expectations, factoring in predicted contributing and restricting factors as well as past performance.

32. How should applicants develop their oral and behavioral health performance measures?

Health Center Program grantees applying to continue serving their current service area should report on their previously developed behavioral and oral health performance measures. These measures will be pre-populated in the Clinical Performance Measure form. New applicants and current Health Center Program grantees developing new behavioral and oral health performance measures should note that these measures can be patient-centered or agency-centered, based on the services or referral to services provided. When developing measures, keep in mind that while oral health screening is a required primary care service, the minimum requirement for behavioral health service is a formal referral.

33. Which performance measures must be included in the application?

Applicants are required to include the following Clinical Performance Measures: Diabetes, Cardiovascular Disease, Cancer, Child Health, Weight Assessment and Counseling for Children and Adolescents, Adult Weight Screening and Follow-Up, Tobacco Use Assessment, Tobacco

Cessation Counseling, and Asthma – Pharmacological Therapy, Behavioral Health, and Oral Health. While most measures are standardized, each applicant must define individualized Behavioral Health and Oral Health measures (see question and answer above). Additionally, applicants that directly provide or pay for Prenatal Health and Perinatal Health services must include these measures.

Applicants are required to include the following Financial Performance Measures: Total Cost per Patient and Medical Cost per Medical Visit. Additionally, applicants that are not tribal or public center applicants must include Change in Net Assets to Expense Ratio, Working Capital to Monthly Expense Ratio, and Long Term Debt to Equity Ratio measures.

Applicants may define as many additional Other measures as desired (both clinical and financial). Please note that all measures defined in the SAC application should be reported on yearly for the duration of the project period if the application is funded.

34. Are applicants required to include the new performance measures?
No. Applicants are not required to include the new performance measures (Coronary Artery Disease – Lipid Therapy, Ischemic Vascular Disease – Aspirin Therapy and Colorectal Cancer Screening) and may mark them as not applicable. However, these measures will be required in the 2012 UDS Report. To skip these measures in the SAC application, mark them as not applicable, provide a justification in the Comments field (e.g., baseline data not yet available) and leave all other fields blank.

35. If I include the new performance measures, what data source and timeframe should be used?
If you include the new performance measures, you should use the Data Source and Methodology field to describe the selected data source (e.g., EHR) and timeframe (e.g., January 1 – June 30, 2012).

36. Can applicants that do not have electronic health records (EHRs) use chart sampling to report the clinical performance measures?
Yes. The random sample should consist of 70 charts or all charts for patients who meet the criteria noted in the denominator for each measure if that number is less than 70. Consult the most recent UDS Reporting Manual available at http://www.hrsa.gov/data-statistics/health-center-data/reporting/index.html (see the box on the right side of the page) for specific measurement details and guidelines for chart sampling. Please note that chart sampling is not acceptable for the Prenatal Health or Perinatal Health performance measures.

37. What should a new applicant put in the performance measure forms if baselines are not yet available?
For all measures other than the new performance measures described in Item 34, new applicants should put zeros in the Numerator and Denominator subfields of the Baseline Data field and provide an explanation in the Comments field describing why baseline data is not yet available and stating when it will be available.

38. Can you clarify the age range for the Cancer performance measure?
The measure is for women receiving a Pap test in the measurement year or two years prior, creating a "look-back period" (i.e., a woman who is currently 24 years old may have been 21 years old when she received a Pap test two years prior to the current measurement year). The data reflects women age 21-64, though the 24-64 age range is used to obtain the data.

39. What should a Health Center Program grantee applying to continue serving their current service area do if a previously defined Other measure is no longer relevant?

In some instances, a grantee may want to stop tracking a measure altogether or stop tracking a measure in favor of adding a new, more relevant measure. When this occurs, a grantee should mark the Other measure as not applicable and explain why the measure is/will no longer be tracked in the Comments field. This will prevent the measure from appearing in the grantee's future Budget Period Progress Reports (BPRs) and SACs.

ISSUE: Budget

40. Are there activities that are ineligible for SAC funding?

Yes. SAC funding may not be used for construction of facilities, fundraising/grant writing, or lobbying efforts.

41. Who can I contact for specific questions about budget preparation, including eligible costs?

Contact Donna Marx in the Division of Grants Management Operations at 301-594-4245 or dmarx@hrsa.gov.

42. If an applicant organization has an indirect cost rate, what needs to be included in the application?

The current Federal indirect cost rate agreement **MUST** be provided in Attachment 14 or 15: Other Relevant Documents.

43. Does HRSA require applicant organizations to have an indirect cost rate?

No, if an organization does not have an indirect cost rate agreement, costs that would fall into such a rate (e.g., the cost of operating and maintaining facilities, administrative salaries) may be charged as direct line item costs. If an organization wishes to apply for an indirect cost rate agreement, more information is available at http://rates.psc.gov.

44. Is a budget justification the same thing as a budget narrative?

Yes, for the purpose of the SAC, they are the same. The template provided on the SAC TA page (http://www.hrsa.gov/grants/apply/assistance/sac) includes a box for providing any narrative explanation of costs necessary beyond what is provided in the line-item descriptions.

45. What should be included in the budget justification?

A detailed budget justification in line-item format must be completed for EACH requested 12-month period of Federal funding. The budget justification must detail the costs of each line item within each object class category from the SF-424A: Budget Information – Non-Construction Programs. It is important to ensure that the budget justification contains detailed calculations explaining how each line-item expense is derived (e.g., number of visits, cost per unit).

Current grantees (including those submitting supplemental applications) must submit a 5-year budget justification and new applicants must submit a 2-year budget justification. An itemization of revenues and expenses for each type of Health Center Program for which funding is requested (CHC, MHC, HCH, and/or PHPC) is required only for the first year of the budget justification.

46. Should the budget presentation include non-Federal funding (i.e., other program funding to represent the cumulative funding required for project implementation)?

Yes, the SAC requires the submission of a total project budget.

47. What should an applicant do if the budget figures change between the Grants.gov submission and the EHB submission?

Under "SF-424" in EHB, an applicant can view the original budget information submitted in Grants.gov and make adjustments as needed. Applicants must ensure that the budget information provided on the SF-424A and budget justification match.

48. If the sub-program is incorrect on the SF-424A: Budget Information – Non Construction Programs, how can an applicant change it?

Click the Change Sub-Program link, then select the applicable sub-program(s). Once the correction is made, the incorrect sub-program (e.g., Health Center Cluster) will be deleted and the new sub-program(s) (i.e., Community Health Center, Migrant Health Center, Health Care for the Homeless, and/or Public Housing Primary Care) will appear.

49. What is the basis for HRSA's implementation of new policies regarding salary limitations?

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted on December 23, 2011, limits use of DHHS funds awarded relative to salary amounts as follows:

> "SEC. 203. 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."

50. What individuals does the limitation apply to?

This limitation applies to salaries paid to all individuals that are employed by a Health Center Program grantee or by a sub-recipient of a Health Center Program grantee and whose FTE or partial FTE is charged to the Health Center Program grant project.

51. Since health center budgets reflect multiple revenue sources in addition to the section 330 grant consistent with authorizing statute, is it permissible for a health center budget to contain salaries at a rate in excess of Executive Level II (i.e., $179,700)?

Yes, Health Center Program grant project budgets may contain salaries at a rate in excess of $179,700 due to the fact that Health Center Program grantees are permitted, as specified in statute [Section 330(e)(5)(4)(D)], to use non grant funds for expenditures that would otherwise be considered unallowable uses of Federal grant funds, as long as these uses are not specifically prohibited in section 330 statute and further the objectives of the health center project.

Please note that health centers must be able to demonstrate that any salaried amounts paid in excess of the capped rate of pay are covered entirely by program income sources and not by Federal grant dollars. Consulting with the health center's auditor regarding appropriate accounting of income sources for such expenditures is recommended. In addition, HRSA recommends that health centers retain documentation that salary levels above the cap have been approved by the governing board as being reasonable and consistent with local and prevailing salary levels for such positions and furthering the objectives/mission of the health center project.

52. How is the salary limitation applied when less than 1.0 FTE is charged to the health center grant project?

There would be no change in the way the health center presents its total grant project budget in terms of reflecting partial FTEs in the Staffing Profile Form 2 and in the Salaries Object Class category line item in the 424A budget. However, the salary limitation DOES apply to the rate of pay. For example, a health center has a .5 FTE provider on staff with a base salary of $250,000. In this case, $125,000 would be permissible to include in the health center grant project's budget and expenditures, but only $89,850 of Federal funds can be used to support the salary. See the response to the question above regarding use of non-grant funds to support the amount in excess of $89,850.

53. Does the salary limitation apply to other forms of compensation (bonuses, incentives,   fringe benefits, etc.) that are awarded to individuals employed by the health center?

No.

54. Does the salary limitation apply to individuals performing services on behalf of the health center via a contract?

The salary limitation does not apply to the typical types of contractual arrangements that health centers enter into for the purchase of goods and services necessary to carry out a Health Center Program grant project. The one exception would be those Health Center Program grantees that do not directly hire core provider staff and/or key management staff, but contract with other organizations to deliver these services on their behalf (i.e., a substantial portion of the health center project is being carried out via a contract). Even in these cases, the salary limitation would only apply to amounts being charged to and paid by the Health Center Program grantee, when such amounts are based solely on an FTE percentage that is applied to an individual rate of pay and these details are clearly specified within the terms of the contract.

ISSUE: Forms

55. How should an applicant complete the Type of Application field on the SF-424?

Use the following guidelines:
- New = New applicants
- Continuation = Health Center Program grantees applying to continue serving the current service area
- Supplemental = Health Center Program grantees applying to serve a new service area in addition to the current service area

56. What dates should be listed in Item 17 of the SF-424 for the Proposed Project Start Date and Proposed Project End Date?

For a current Health Center Program grantee applying to continue serving the current service area, the Proposed Project Start Date is the calendar day following the project period end date on the most recent Notice of Award. The Proposed Project End Date would be 5 years minus 1 day from the Proposed Project Start Date. If the Proposed Project Start Date is November 1, 2012, then the Proposed Project End Date would be October 31, 2017.

For a new applicant, the Proposed Project Start Date would be the Project Period Start Date from the Service Area Announcement Table (available at http://www.hrsa.gov/grants/apply/assistance/sac) for the selected service area. The Proposed

Project End Date would be 2 years minus 1 day from the Proposed Project Start Date. If the Proposed Project Start Date is November 1, 2012, then the Proposed Project End Date would be October 31, 2014.

For a current Health Center Program grantee applying to serve a new service area, the Proposed Project Start Date would be the Project Period Start Date from the Service Area Announcement Table (available at http://www.hrsa.gov/grants/apply/assistance/sac) for the selected service area. The Proposed Project End Date would be 5 years minus 1 day from the Proposed Project Start Date. If the Proposed Project Start Date is November 1, 2012, then the Proposed Project End Date would be October 31, 2017.

57. The Project Performance Site Location(s) Form to be completed in Grants.gov and Form 5B to be completed in EHB seem to be asking for the same information. Does the same information have to be provided in both places?

Applicants must use Form 5B to provide information on all proposed sites. For current Health Center Program grantees applying to continue serving their current service area, Form 5B will be pre-populated and the Project Performance Site Location(s) Form should be utilized to provide information on the administrative site only. For new applicants and current grantees applying to serve a new service area, all proposed sites must be listed on both Form 5B and the Project Performance Site Location(s) Form.

58. How should pharmacy services be reported on the Form 1A?

Form 1A requires grantees to report information on the number of providers by provider type and the unduplicated number of patients and visits by service type. For consistency with UDS, do not include pharmacy staff, visits, or patients in the "Total FTE Medical Providers" or "Total Medical" rows on Form 1A. However, pharmacy staff should be noted on Form 2.

59. What changes have been made to the Form 1C?

Form 1C has been revised to incorporate the Health Center Program requirements.

60. What do the 100% figures in Form 4 mean?

The 100% figures signify that the total number for Service Area Data and the total number for Target Population Data must be accounted for in the Race, Hispanic or Latino Identity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source sections. For example, if the Service Area includes 1,000 individuals and the Target Population includes 800 individuals, the total in each of the first four sections (Race, Hispanic or Latino Identity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source) must be 1,000 for Service Area Data and 800 for Target Population Data. The 100% figure does not appear in the Special Populations section because one individual may be counted in multiple special population groups.

61. What are "Other Activities/Locations" and how should I record them on my Form 5C?

Form 5C is used to document activities that support the health center's scope of project that:
1. Take place at locations that do not meet the definition of a service site,
2. Are conducted on an irregular timeframe/schedule, and
3. Offer a limited activity from within the full complement of health center activities included in the scope of project.

These activities and locations, where clinicians and project staff go from time-to-time to seek out, engage, and serve persons eligible for the project's services (e.g. conducting outreach,

providing portable clinical care, etc.), are covered under the scope of the project; however, these are recorded as general categories of activities at various locations on Form 5C: Other Activities/Locations. For further information on Other Activities and Locations, please review PIN 2008-01, available at http://bphc.hrsa.gov/policiesregulations/policies/pin200801defining.html (see section g: "Other Activities").

62. Why does the Target Population Data number have to be equal to or smaller than the Service Area Data number in Form 4?
The target population is typically a subset of the service area population based on the population(s) the health center is focused on serving. For example, if the service area is an entire county, then the service area population would be the entire population of the county. A health center serving the county would likely focus its efforts on serving individuals that are a subset of the county's population (e.g., individuals below a certain income level, public housing residents). In some cases, the target population and the service area population may be the same.

63. Is there a limit for the number of board members that can be listed on Form 6A?
Yes. Applicants may include no less than 9 and no more than 25 board members on this form. These numbers are determined by Health Center Program regulations.

64. What is different about Form 8, and what qualifies as a substantial portion of the proposed project?
Form 8 must be completed by all applicants. Applicants must attach any contracts or memoranda of agreement/understanding for a substantial portion of the proposed project as well as any agreements that impact the applicant's governing board. A contract that constitutes a substantial portion of the proposed project could include a contract for core primary care providers, non-provider health center staff, Chief Medical Officer (CMO), or Chief Financial Officer (CFO). A contract with an organization to provide wide range of services on behalf of the health center to its patients would constitute a substantial portion of the proposed project.

Please note that agreements that do not rise to the threshold of "substantial portion" should be kept onsite and, should a SAC grant be awarded, provided to HRSA for review upon request.

65. Will Form 9 be scored separately from the rest of the SAC application?
Form 9 provides a simplified way for applicants to provide quantitative data related to core barriers and health indicators. The information provided in Form 9 will be considered by objective reviewers alongside the information provided in the Need section of the Program Narrative to determine a single score for the Need criterion out of 15 available points.

66. Is patient data an acceptable source of information for Form 9?
No. Form 9 is intended to work hand-in-hand with the Need section of the Program Narrative to quantitatively describe need in the target population. Patient data is not generally a good representation of the full target population. Applicants must determine the best source of data for describing the overall target population's needs (e.g., community-level data, county level data, Census data adjusted via extrapolation techniques).

67. Where can comparison data (e.g., state, national) be included on Form 9 so reviewers will better understand the severity of needs in a given service area?
The Methodology Utilized/Data Source Description/Other field on Form 9 has a 500-character limit and can be used to provide comparison data. If the character limit for this field is exceeded, additional information can be included in the Need section of the Program Narrative.

68. How do you define terms like "diabetes short-term complication hospital admission rate" for Form 9?

Data Resources for Demonstrating Need for Primary Care Services, available at http://www.hrsa.gov/grants/apply/assistance/sac/sacdataguidepdf.pdf, is a useful resource for defining Form 9 terms. The Glossary of Terms at the end of this document includes a definition for "diabetes short-term complication hospital admission rate" as well as a link for accessing source data.

ISSUE: Attachments

69. How should attachments be formatted?

All attachments should be provided to HRSA in a computer-readable format (i.e., do not upload text as images). To the extent possible, HRSA recommends PDF files but will accept Microsoft Word or Excel files. Please do not use spaces or special characters when naming files. Applicants should avoid Excel documents with multiple spreadsheets as individual worksheets may not print out in their entirety. Be sure to upload the attachments in the appropriate fields in EHB.

70. Can applicants upload additional attachments?

Applicants may upload additional relevant material in Attachment 15. Documents provided in this attachment will be included in the 150-page limit.

71. Does an applicant have to submit letters of support for the SAC application?

Yes. Please see the guidelines in the Collaboration section of the Program Narrative. If required letters of support are not available, an applicant must provide documentation of efforts made to obtain the letters along with an explanation for why such letters could not be obtained (e.g., there are no critical access hospitals in the service area).

72. To whom should letters of support be addressed and how should they be provided?

Letters of support should be addressed to the appropriate applicant organization contact person (e.g., board, CEO). They should not be addressed to HRSA or mailed separately from the application. Letters of support must be included with the application as Attachment 10 or they will not be considered by objective reviewers.

73. Is there a specific order required for the assembly of the application?

Yes. Organizations applying electronically must upload attachments into the appropriate fields in EHB. Organizations with a waiver enabling submission of a paper application must follow the format and order described in Tables 2-5 of the FOA.

74. For Attachment 3: Project Organizational Chart, who is considered "key personnel"?

Key personnel may include key management staff such as the Chief Executive Officer (CEO), Chief Clinical Officer (CCO), Chief Financial Officer (CFO), Chief Information Officer (CIO), and Chief Operating Officer (COO), along with other individuals directly involved in oversight of the proposed project (e.g., Project Director) as determined by the applicant.

75. What is the difference between a Position Description (Attachment 4) and a Biographical Sketch (Attachment 5)?

A position description outlines the key aspects of a position (e.g., position title; description of duties and responsibilities; position qualifications; supervisory relationships; skills, knowledge, and experience requirements; travel requirements; salary range; work hours). A biographical sketch describes the key qualifications of an individual that make him/her qualified for a position (e.g., past work experience, education/training, language fluency, experience working with the cultural and linguistically diverse populations to be served).

76. What should a public entity submit for Attachment 8 (Audit) and Attachment 9 (Articles of Incorporation)?

A public entity (the grantee of record for a public center) is required to submit an annual audit (Attachment 8) and the co-applicant's Articles of Incorporation (Attachment 9), if applicable.

ISSUE: Application Submission

77. Where can I access the SAC FOA and application form?

The SAC FOA is available at Grants.gov. To access the FOA, utilize the following steps:

- Navigate to http://www.grants.gov/
- Under the Quick Links header on the right, click the Grant Search link
- Enter the announcement number (HRSA-13-XXX)* in the Search by Funding Opportunity Number field and click the SEARCH button
- Click the FOA title (Service Area Competition)
- Select the Application button (to the right of the Synopsis and Full Application buttons)
- Under Instructions and Application, click the download link
- Click the Download Application Instructions link to download the FOA
- Click the Download Application Package link to download the Grants.gov application form

*Use the Service Area Announcement Table available at http://www.hrsa.gov/grants/apply/assistance/sac to determine the correct announcement number.

78. How do I submit my application and when is it due?

There is a two-phase application submission process for the FY 2013 SAC. Refer to Table 7 in the FOA for the Grants.gov and EHB deadlines for each announcement number.

79. When can applicants begin the HRSA EHB submission process?

Applicants can begin Phase 2 in HRSA EHB only after Phase 1 in Grants.gov has been successfully completed by the Grants.gov due date and HRSA has issued an email confirmation to the Authorizing Official with the application tracking number. The Authorizing Official(s) registered in Grants.gov will be notified by email when the application is ready within EHB.

80. How will applicants be notified if their application was not successfully submitted in Grants.gov and/or EHB?

Applicants should monitor their e-mail accounts, including spam folders, for e-mail notifications and/or error messages from Grants.gov and EHBs. Grants.gov will send an email to the AO, BO, PD, and SPOC listed on the grants.gov application to notify the applicant once the grants.gov application has been validated or if there are errors. If there are errors, the applicant must correct the errors and re-submit the application in grants.gov. Once the grants.gov application is validated, the applicant will receive an email stating that the application is

available in the EHBs. The applicant will complete and submit the application in the EHBs. All validation errors must be resolved in the EHBs before the application can be submitted to HRSA by the AO. The status of the application in the EHBs will appear as "Application Submitted to HRSA" once it has been submitted successfully.

ISSUE: Technical Assistance and Contact Information

81. If I encounter technical difficulties when trying to submit my application in Grants.gov, who should I contact?
Refer to http://www.grants.gov/applicants/applicant_faqs.jsp or call the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov. Register as early as possible since registration may take up to one month.

82. If I encounter technical difficulties when trying to submit my application in HRSA EHB, who should I contact?
Contact the BPHC Helpline Monday through Friday, 8:30 AM to 5:30 PM ET (excluding Federal holidays) at 1-877-974-2742 or BPHCHelpline@hrsa.gov. Applicants may also refer to the *HRSA Electronic Submission User Guide* available at http://www.hrsa.gov/grants/apply.

83. Who should I contact with programmatic questions concerning the SAC application requirements and application process?
Refer to the SAC TA page at http://www.hrsa.gov/grants/apply/assistance/sac for TA slides, instructions for accessing a replay of the applicant TA call, FAQs, and samples of the Program Specific Forms, among other resources. Applicants may also contact Cheri Daly in the Bureau of Primary Health Care's Office of Policy and Program Development at BPHCSAC@hrsa.gov or 301-594-4300.

84. Who should I contact with budget-related questions?
Contact Donna Marx in the Division of Grants Management Operations at 301-594-4245 or dmarx@hrsa.gov.

85. Are there other sources for TA that I could contact?
Applicants are encouraged to contact the appropriate Primary Care Associations (PCAs), Primary Care Offices (PCOs), and/or National Cooperative Agreements (NCAs) to develop a SAC application. Refer to http://bphc.hrsa.gov/technicalassistance/partnerlinks for a complete listing of PCAs, PCOs, and NCAs.