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

Bureau of Primary Health Care
Health Center Program

Service Area Competition

Announcement Type: Competing Continuation, New, and Supplemental
Announcement Numbers: HRSA-13-220, HRSA-13-221, HRSA-13-222, HRSA-13-223, HRSA-13-224, HRSA-13-225, HRSA-13-226, HRSA-13-227
(see Table 7)

Catalog of Federal Domestic Assistance (CFDA) No. 93.224

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date in Grants.gov:
Varies – See Table 7

Supplemental Information Due Date in EHB:
2 weeks after Grants.gov date – See Table 7

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

Release Date: June 6, 2012
Issuance Date: June 6, 2012

Cheri Daly
Public Health Analyst
Bureau of Primary Health Care
Office of Policy and Program Development
BPHCSAC@hrsa.gov
301-594-4300
http://www.hrsa.gov/grants/apply/assistance/sac

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

EXECUTIVE SUMMARY

This Funding Opportunity Announcement (FOA) details the Service Area Competition (SAC) eligibility requirements, review criteria, and awarding factors for organizations seeking a grant for operational support for an announced service area in fiscal year (FY) 2013 under the Health Center Program, authorized by section 330 of the Public Health Service (PHS) Act, as amended (42 CFR 254b). This includes Community Health Centers (CHC – section 330 (e)), Migrant Health Centers (MHC – section 330 (g)), Health Care for the Homeless (HCH – section 330 (h)), and /or Public Housing Primary Care (PHPC – section 330 (i)).

Eligible Applicants (Refer to Section III.1 for more information.)
Eligible applicants must be:

1. Public or nonprofit private entities, including tribal, faith-based, and community-based organizations; and

2. Organizations proposing 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, including:
   - Competing Continuation - A current Health Center Program grantee whose project period ends on, or after, October 31, 2012 and before October 1, 2013 that seeks to continue serving its current service area.
   - New - A health center not currently funded through the Health Center Program that seeks to serve an announced service area.
   - Supplemental - A current Health Center Program grantee that seeks to serve an announced service area in addition to its current service area.

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

Program Requirements (Refer to Section I.3 for more information.)
Competing organizations must:

a. Provide services to the entire announced service area as defined by the service area zip codes (see Service Area Announcement Table at http://www.hrsa.gov/grants/apply/assistance/sac).
b. Provide services to the same funded target population currently being served (i.e., applicants may not propose to serve only a segment of the existing population being served).
c. Provide the same or comparable comprehensive primary health care services presently being provided.
d. Request an equal or lesser amount than the projected annual level of section 330 funding for the announced service area, including funding for special populations (i.e., MHC, HCH, and/or PHPC).

Applicants are expected to demonstrate compliance with the requirements of section 330 of the PHS Act, as amended, and applicable regulations. Program requirements are available at http://bphc.hrsa.gov/about/requirements.

Application Submission
HRSA uses a two-tier submission process for SAC applications via Grants.gov and HRSA Electronic Handbooks (EHB). See Table 1 for detailed information on the application process.

> **Phase 1 – Grants.gov:** Must be completed and successfully submitted by 8:00 PM ET on the applicable due date.
>
> **Phase 2 – HRSA EHB:** Must be completed and successfully submitted by 8:00 PM ET on the applicable due date.

For applicable due dates, see Table 7 and the Service Area Announcement Table located at http://www.hrsa.gov/grants/apply/assistance/sac.

Pre-Application Conference Call
HRSA will hold a pre-application conference call to provide an overview of this FOA and offer an opportunity for organizations to ask questions. For the date, time, dial-in number, and other information for the call, visit http://www.hrsa.gov/grants/apply/assistance/sac.

Table 1: Summary of Two-Tiered Application Submission Process

Phase	Due Date	Helpful Hints
Phase 1 (Grants.gov): **Complete and submit the following by the Grants.gov deadline** (all forms are available in the Grants.gov application package): • SF-424 • Project Abstract (uploaded on line 15 of the SF-424) • SF-424B: Assurances – Non-Construction Programs • Project/Performance Site Location(s) Form • Grants.gov Lobbying Form • SF-LLL: Disclosure of Lobbying Activities (as applicable)	8:00 PM ET on the due date	**Complete Phase 1 as soon as possible. Phase 2 (HRSA EHB) may not begin until the successful submission of Phase 1.** Registration in Grants.gov is required. As registration may take up to a month, please start the process as soon as possible. If the registration process is not completed, an application cannot be submitted. HRSA recommends that applications be submitted in Grants.gov as soon as possible to ensure that maximum time is available for providing the remainder of the application information in HRSA EHB. Refer to http://www.hrsa.gov/grants/apply for detailed application and submission instructions. Central Contractor Registration (CCR) is an annual process. Verify your organization's CCR well in advance of the Grants.gov submission deadline. **CCR will be moved to the System for Award Management (SAM) starting late July 2012. See Section IV of this document for more SAM details.** The Grants.gov registration process involves three basic steps: A. Register your organization. B. Register yourself as an Authorized Organization Representative (AOR). C. Get authorized as an AOR by your organization. Applicants are strongly encouraged to register multiple authorized organization representatives. Visit http://www.grants.gov/applicants/get_registered.jsp or contact the Grants.gov Contact Center 24 hours a day, 7 days a

Phase	Due Date	Helpful Hints
		week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov for technical assistance on the registration process.
Phase 2 (HRSA EHB): **Complete and submit the following by the HRSA EHB deadline:** • SF-424A: Budget Information – Non-Construction Programs • Program Narrative • Budget Justification • Program Specific Forms • Program Specific Information Forms • Attachments Referenced forms are available for preview at http://www.hrsa.gov/grants/apply/assistance/sac.	8:00 PM ET on the due date	**Phase 1 (Grants.gov) must be completed prior to starting Phase 2.** Registration in HRSA EHB is required. For information on registering in HRSA EHB, refer to http://www.hrsa.gov/grants/userguide.htm Applicants will be able to access EHB (Phase 2) approximately seven business days following completing Grants.gov (Phase 1) and receipt of a Grants.gov tracking number. The Authorizing Official (AO) must complete submission of the application in Phase 2. Visit http://www.hrsa.gov/grants/apply or contact the HRSA Contact Center Monday through Friday, 9:00 a.m. to 5:30 p.m. ET (excluding Federal holidays) at 877-464-4772 or CallCenter@hrsa.gov for technical assistance on the registration process. For assistance with completing and submitting an application in HRSA EHB, contact the BPHC Helpline Monday through Friday, 8:30 a.m. to 5:30 p.m. ET (excluding Federal holidays) at 877-974-2742 or BPHCHelpline@hrsa.gov.

Per section 330(k)(3)(H) of the PHS Act, as amended (42 U.S.C. 254b), the health center governing board must approve the health center's annual budget and all grant applications. In addition, the applicant's authorized representative (most often the Executive Director, Program Director, or Board Chair), must electronically submit the SF-424 included in the application package. This form certifies that all application content is true and correct and that the application has been duly reviewed and authorized by the governing board. It also certifies that the applicant will comply with the assurances if a SAC grant is awarded.

The electronic signature in Grants.gov (created when the Grants.gov forms are submitted) is the official signature when applying for a SAC grant and is considered binding. Selection of the responsible person must be consistent with responsibilities authorized by the organization's bylaws. **HRSA requires that for any authorized representative who submits an SF-424 electronically, a copy of the governing board's authorization permitting that individual to submit the application as an official representative must be on file in the applicant's office.**

Application Deadlines
Table 7 provides the FY 2013 application deadlines.

Application Contact
If you have questions regarding the FY 2013 SAC application and/or the review process described in this FOA, refer to Section VII to determine the appropriate agency contact.

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PUBLIC BURDEN STATEMENT: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 285. Public reporting burden for the applicant for this collection of information is estimated to average 100 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-45, Rockville, Maryland, 20857.

I. Funding Opportunity Description

1. PURPOSE

The Health Resources and Services Administration (HRSA) administers the Health Center Program as authorized by section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b). Health centers improve the health of the Nation's underserved communities and vulnerable populations by ensuring access to comprehensive, culturally competent, quality primary health care services. Health Center Program grants support a variety of community-based and patient-directed public and private nonprofit organizations that serve an increasing number of the Nation's underserved.

Individually, each health center plays an important role in the goal of ensuring access to services, and combined, they have had a critical impact on the health care status of medically underserved and vulnerable populations throughout the United States and its territories. Targeting the Nation's neediest populations and geographic areas, the Health Center Program currently funds more than 1,120 health centers that operate more than 8,500 service delivery sites in every state, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin. In 2011, more than 20 million medically underserved and uninsured patients received comprehensive, culturally competent, quality primary health care services through the Health Center Program.

This Funding Opportunity Announcement (FOA) solicits applications for the Health Center Program's Service Area Competition (SAC). The FOA details the SAC eligibility requirements, review criteria, and awarding factors for organizations seeking a grant for operational support of an announced service area under the Health Center Program, including Community Health Center (CHC – section 330(e)), 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)). For the purposes of this document, the term "health center" refers to the diverse types of health centers (i.e., CHC, MHC, HCH, and /or PHPC) supported under section 330 of the PHS Act, as amended.

2. BACKGROUND

The SAC application is a request for Federal financial assistance to support comprehensive primary health care services for a competitively announced service area. For a list of all announced service areas and target populations, see the Service Area Announcement Table available at http://www.hrsa.gov/grants/apply/assistance/sac. **All service areas listed in the Service Area Announcement Table are currently served by Health Center Program grantees whose project period is ending.** It is the intent of HRSA to continue to support health services in these areas given the unmet need inherent in the provision of services to medically underserved populations. Competitive applicants must ensure that services will be available and accessible in a manner that will assure continuity of care to the individuals in the service area. Each SAC application submitted to serve one of these service areas, including any targeted special populations, must present a clear plan to maintain access to care, improve health status, and eliminate health disparities identified in the target population served by the existing Health

Center Program grantee. Please note that HRSA will award only one grant for each listed service area.

Specific Program Requirements

Applicants must document an understanding of the need for primary health care services in the service area and propose a sound plan to meet this need. The plan must ensure the availability and accessibility of essential primary and preventive health services to all individuals in the service area and target population. Further, applicants must demonstrate that the plan maximizes established collaborative and coordinated delivery systems for the provision of health care to the underserved.

Applicants must demonstrate compliance with the applicable requirements of section 330 of the PHS Act, as amended, including corresponding regulations and policies, based on the announced service area and target population. In addition to these general requirements, there are specific requirements for applicants requesting funding under each health center type (CHC, MHC, HCH, and/or PHPC) authorized under section 330 (see below). in the application with the specific requirements for each type. Failure to document and demonstrate compliance will significantly reduce the likelihood of funding. Applicants are encouraged to review the Health Center Program requirements at http://bphc.hrsa.gov/about/requirements.

ALL APPLICANTS:

a. Provide services to the entire announced service area as defined by the service area zip codes (see Service Area Announcement Table at http://www.hrsa.gov/grants/apply/assistance/sac).
b. Provide services to the same funded target population currently being served (i.e., applicants may not propose to serve only a segment of the existing population being served).
c. Provide the same or comparable comprehensive primary health care services presently being provided.
d. Request an equal or lesser amount than the projected annual level of section 330 funding for the announced service area, including funding for special populations (i.e., MHC, HCH, and/or PHPC).

COMMUNITY HEALTH CENTER APPLICANTS:

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

MIGRANT HEALTH CENTER APPLICANTS:

- Ensure compliance with section 330(g), section 330(e), and, as applicable, program regulations.
- Provide a plan that ensures: (1) the availability and accessibility of required primary and preventive health services to migrant and seasonal farm workers and their families in the service area; with *migrant farm workers* meaning individuals principally employed in agriculture on a seasonal basis within the last 24 months and who establish temporary

housing for the purpose of this work; with *seasonal farm workers* meaning individuals employed in agriculture on a seasonal basis, who are not also migratory; and with *agriculture* meaning farming in all its branches, as defined by the OMB-developed NAICS under the following codes and all sub-codes within—111, 112, 1151, and 1152.

HEALTH CARE FOR THE HOMELESS APPLICANTS:

- Ensure compliance with section 330(h), section 330(e), and, as applicable, program regulations.
- Provide a plan that ensures the availability and accessibility of required primary and preventive health services to people experiencing homelessness, defined to include residents of permanent supportive housing or other housing programs that are targeted to homeless populations, in the service area. Such plan may also allow for continuing to provide services for up to 12 months to individuals no longer homeless as a result of becoming a resident of permanent housing.

PUBLIC HOUSING PRIMARY CARE APPLICANTS

- Ensure compliance with section 330(i), section 330(e), and, as applicable, program regulations.
- Provide a plan that ensures the availability and accessibility of required primary and preventive health services to residents of public housing and individuals living in areas immediately accessible to such public housing. Public housing means public housing agency-developed, owned, or assisted low-income housing, including mixed finance projects, but excludes housing units with no public housing agency support other than Section 8 housing vouchers.

II. Award Information

1. TYPE OF AWARD

Funding will be provided in the form of a grant.

2. SUMMARY OF FUNDING

Award amounts will not exceed, in any year of the proposed project period, the projected annual level of section 330 funding for each service area. Information on the projected level of Federal section 330 funding can be found in the Service Area Announcement Table available at http://www.hrsa.gov/grants/apply/assistance/sac. Current Health Center Program grantees, whether applying to continue serving their current service area and/or to begin serving a new service area, must propose a five-year project period. Applicants that are not current Health Center Program grantees must propose a two-year project period.

Approximately $346,000,000 is expected to be available in FY 2013 to fund up to an estimated 220 SAC grants. **Funding beyond the first year is dependent upon Congressional appropriation, compliance with applicable statutory and regulatory requirements, demonstrated organizational capacity to accomplish the project's goals, and a**

determination that continued funding would be in the best interest of the Federal government.

Approved applications will not be funded at levels greater than the projected level of funding for the announced service area. See Section IV.2.iii. Budget for further information and instructions on the development of the application budget. Federal funding for new applicants may be adjusted based on an analysis of the budget and cost factors.

III. Eligibility Information

1. ELIGIBLE APPLICANTS

Applicants must meet all of the following eligibility requirements. **Applications that do not demonstrate compliance with all eligibility requirements will be deemed non-responsive and will not be considered for SAC funding.**

1) Applicant is a public or nonprofit private entity, such as a tribal, faith-based, or community-based organization.

2) Applicant proposes 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, including:
   - Competing Continuation - A current Health Center Program grantee whose project period ends on, or after, October 31, 2012 and before October 1, 2013 that seeks to continue serving its current service area.
   - New - A health center not currently funded through the Health Center Program that seeks to serve an entire announced service area.
   - Supplemental - A current Health Center Program grantee that seeks to serve an entire announced service area in addition to its current service area.

3) Applicant submits only one application for consideration under a single SAC announcement number.

   Note: An applicant wishing to apply to serve two different service areas announced under a single announcement number **must** contact the Office of Policy and Program Development at 301-594-4300 or BPHCSAC@hrsa.gov for guidance.

4) Applicant requests section 330 funds to support the operation of a health center for the provision of required comprehensive primary, preventive, and enabling health care services, either directly on-site or through established arrangements without regard to ability to pay. An applicant may **not** propose to provide only a single service, such as dental, behavioral, or prenatal services.

5) Applicant proposes access to services for all individuals in the service area and target population. In other words, applicant does not propose to exclusively serve a single age

group (e.g., children, elderly) or health issue/disease category (e.g., HIV/AIDS). In instances where a sub-population is being targeted within the service area or target population (e.g., homeless children; lesbian, gay, bisexual, and transgender individuals; adolescents/children in schools), the applicant must ensure that health care services will be made available to others in need of care who seek services at the proposed site(s).

6) Applicant requests annual Federal section 330 funding (as presented on the SF-424A) that **DOES NOT** exceed the established cap of section 330 funding available to support the announced service area and its designated population(s).

7) Applicant adheres to the 150-page limit on the length of the application when printed by HRSA. See Tables 2-5 for specific information regarding the documents included in the 150-page limit.

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

Interested organizations should refer to the Service Area Announcement Table available at http://www.hrsa.gov/grants/apply/assistance/sac for information regarding specific available service areas and their associated population(s).

2. COST SHARING/MATCHING

Cost sharing or matching is not a requirement for this funding opportunity. Under 42 CFR 51c.203, HRSA will take into consideration whether and to what extent an applicant plans to secure and maximize Federal, state, local, and private resources to support the proposed project. Please see the budget and budget justification sections (Section IV.2.iii and Section IV.2.iv, respectively) for clarification and guidelines pertaining to the budget presentation.

3. OTHER

Applications that exceed the ceiling amount for the proposed service area will be deemed non-responsive and will not be considered for funding. Additionally, any application that exceeds the page limit referenced in Section IV.2 or fails to satisfy the deadline requirements referenced in Section IV.3 will be deemed non-responsive and will not be considered for funding.

IV. Application and Submission Information

1. ADDRESS TO REQUEST APPLICATION PACKAGE

Application Materials and Required Electronic Submission Information
HRSA ***requires*** applicants for this funding opportunity announcement to apply electronically through Grants.gov. The registration and application process protects applicants against fraud

and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting an application. All applicants ***must*** submit in this manner unless they obtain a written exemption from this requirement in advance of the deadline by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from **DGPWaivers@hrsa.gov**, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission along with a copy of the "Rejected with Errors" notification as received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

IMPORTANT NOTICE: CCR to be moved to SAM at the end of July 2012

The General Services Administration (GSA) is moving the implementation date of the System for Award Management (SAM) from May 29, 2012 to the end of July 2012. The additional sixty days will allow Federal agencies to continue preparing their staff, give agencies and commercial system providers even more time to test their data transfer connections, and will ensure SAM contains the critical, documented capabilities users need from the system.

The first phase of SAM will include the capabilities of Central Contractor Registration (CCR)/Federal Agency Registration (FedReg), Online Representations and Certifications Application (ORCA), and the Excluded Parties List System (EPLS). In preparation for the launch, GSA conducted extensive testing internally and in coordination with Federal agencies using the data from these systems in their own contracting, grants, finance, and other departments. The testing was very valuable and will focus the efforts of the next sixty days.

SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

Active CCR registration is a pre-requisite for the successful submission of grant applications!

Grants.gov strongly suggests visiting CCR prior to this change and checking the account status. Some things to consider are:

- When does the account expire?

- Does the organization need to complete the annual renewal of registration?
- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about the switch from CCR to SAM, more information is available at https://www.bpn.gov/ccr/NewsDetail.aspx?id=2012&type=N. To learn more about SAM, please visit https://www.sam.gov.

Note: CCR or SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. This systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect; or SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, ***check for active registration well before the grant deadline.***

An applicant can view their CCR Registration Status by visiting http://www.bpn.gov/CCRSearch/Search.aspx and searching by the organization's DUNS number. The CCR Website provides user guides, renewal screen shots, FAQs and other resources.

Applicants that fail to allow ample time to complete registration with CCR (prior to late July 2012) / SAM (starting late July 2012) and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide,* available online at http://www.hrsa.gov/grants/apply/userguide.pdf. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process. Please note that according to the User Guide, applicants should submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Ariel, Courier) and 1-inch margins. Smaller font (no less than 10 point) may be used for tables, charts, and footnotes.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at http://www.grants.gov/assets/ApplicantUserGuide.pdf. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and this FOA in conjunction with Application Form SF-424. The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

(1) Downloading from http://www.grants.gov or

(2) Contacting HRSA Digital Services Operation (DSO) at HRSADSO@hrsa.gov

Each HRSA funding opportunity contains a unique set of forms, and only the specific forms package posted with the SAC funding opportunity will be accepted. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format Requirements" section below.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 150 pages when printed by HRSA. The total file size may not exceed 20 MB. See Tables 2-5 for information about the application components included in the page limit. Applicants are strongly encouraged to print their applications before submitting electronically to ensure that they do not exceed the 150-page limit. **Electronic submissions are subject to an automated page count, and those exceeding the limit in any way are automatically rejected.** Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the *HRSA Electronic Submission User Guide* referenced above.

Applications must be complete, within the specified limits (150 pages, approximately 20 MB), and submitted prior to the deadline to be considered for SAC funding.

Application Format

The following tables detail the documents required for this funding opportunity and the order in which they must be submitted. In the Form Type column of Tables 2-5, the word "Form" refers to a document that must be downloaded, completed in the template provided, and then uploaded. "E-Form" refers to forms that are completed online in EHB and therefore do not require downloading or uploading. "Document" refers to a document to be uploaded for which no template is provided. "Fixed" refers to forms that cannot be altered.

In Tables 2-5, documents and forms marked as "required for completeness" will be used to determine if an application is complete. Applications that fail to include all forms and documents indicated as "required for completeness" may be considered incomplete or non-responsive. Failure to include documents indicated as "required for review" may negatively impact an application's objective review score.

Applications must consist of the following documents in the following order.

Table 2: Step 1–Submission through Grants.gov

http://www.grants.gov

- It is mandatory to follow the provided instructions to ensure that your application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this FOA.
- Number the electronic attachment pages sequentially, resetting the numbering for each attachment (i.e., start at page 1 for each attachment). Do not attempt to number standard OMB approved form pages.
- For electronic submissions, no table of contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.
- Limit file attachment names to 50 characters or less. Do not use special characters (e.g., %, /, #) or spacing in the file name. An underscore (_) may be used to separate words in a file name. Attachments will be rejected by Grants.gov if special characters are included or if file names exceed 50 characters.
- The Other Attachments Form (listed as an Optional Document in Grants.gov) is not required and should NOT be submitted.

Application Section	Form Type	Instruction	Guidelines
Application for Federal Assistance (SF-424)	Form	Complete pages 1, 2, & 3 of the SF-424. See instructions in Section IV.2.i.	Not counted in the page limit
Project Abstract	Document	Type the title of the funding opportunity and upload the project abstract in Box 15 of the SF-424. See instructions in Section IV.2.viii.	Counted in the page limit
SF-424B: Assurances – Non-Construction Programs	Form	Complete the Assurances form.	Not counted in the page limit
Additional Congressional District(s) (as applicable)	Document	Upload a list of additional Congressional Districts served by the project if all districts served will not fit in 16b of the SF-424.	Not counted in the page limit
Project Performance Site Location(s)	Form	Current Health Center Program grantees applying to continue serving their current service area must provide ***only*** the administrative site of record. Applicants not currently receiving Health Center Program funds for the proposed service area must provide the administrative site information AND information about all project performance sites. A list of additional sites may be uploaded as necessary.	Not counted in the page limit
Grants.gov Lobbying Form	Form	Provide the requested contact information at the bottom of the form.	Not counted in the page limit
SF-LLL: Disclosure of Lobbying Activities (as applicable)	Form	Complete the form only if lobbying activities are conducted.	Not counted in the page limit

Within seven business days following successful submission of the required items in Grants.gov, you will be notified by HRSA confirming the successful receipt of your application and requiring the Project Director and Authorized Organization Representative to submit additional information in HRSA EHB. Your application will not be considered complete unless you review and validate the information submitted through Grants.gov and submit the additional required portions of the application through HRSA EHB. Refer to http://www.hrsa.gov/grants/apply for detailed application and submission instructions.

Table 3: Step 2–Submission through HRSA Electronic Handbooks (EHB)

https://grants.hrsa.gov/webexternal

- It is mandatory to follow the provided instructions to ensure that your application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered for funding under this FOA.
- Number the electronic attachment pages sequentially, resetting the numbering for each attachment (i.e., start at page 1 for each attachment). Do not attempt to number standard OMB approved form pages.
- Limit file names for documents to 100 characters or less. Documents will be rejected by EHB if file names exceed 100 characters.

Application Section	Form Type	Instruction	Guidelines
Program Narrative (required for completeness)	Document	Upload the Program Narrative. See instructions in Section IV.2.ix.	Counted in the page limit
SF-424A: Budget Information – Non-Construction Programs	E-Form	Complete Sections A, B, D, and E. Complete Section F if applicable. See instructions in Appendix C.	Not counted in the page limit
Budget Justification (required for completeness)	Document	Upload the Budget Justification in the Budget Narrative Attachment Form field. See instructions in Appendix C.	Counted in the page limit
Attachments	Documents	See Table 4.	Varies
Program Specific Forms	Varies	See Table 5.	Not counted in the page limit
Program Specific Information	E-Forms	See Table 5.	Not counted in the page limit

Table 4: Attachments Submission through HRSA EHB (Step 2 continued)

https://grants.hrsa.gov/webexternal

- To ensure that attachments are organized and printed in a consistent manner, follow the order provided below.
- Number the electronic attachment pages sequentially, resetting the numbering for each attachment (i.e., start at page 1 for each attachment).
- Merge similar documents (e.g., Letters of Support) into a single document. Add a table of contents page specific to the attachment. This page will ***not*** count toward the page limit.
- Limit file names for attachments to 100 characters or less. Attachments will be rejected by EHB if file names exceed 100 characters.
- If the attachments marked "required for completeness" are not uploaded, the application will be considered incomplete and non-responsive, thereby making it ineligible. Ineligible applications will not proceed to Objective Review.
- If the attachments marked "required for review" are not uploaded, the application's Objective Review score will be negatively impacted.

Attachment	Form Type	Instruction	Guidelines
Attachment 1: Service Area Map (required for review)	Document	Upload a map of the service area for the proposed project, noting the organization's service sites listed in Form 5B. The map must indicate any medically underserved areas (MUAs) and/or medically underserved populations (MUPs) and include other Health Center Program grantees, Federally Qualified Health Centers (FQHC) Look-Alikes, and health care providers serving the same population(s). For more information on MUAs or MUPs, see the Form 1A instructions in Appendix A. Map creation resources include http://www.udsmapper.org and http://datawarehouse.hrsa.gov.	Counted in the page limit
Attachment 2: Corporate Bylaws (required for completeness)	Document	Upload (in entirety) the applicant organization's most recent bylaws. Bylaws must be signed and dated by the appropriate individual indicating review and approval by the governing board.	Counted in the page limit
Attachment 3: Project Organizational Chart (required for review)	Document	Upload a one-page document that depicts the applicant's organizational structure, including the governing board, key personnel, staffing, and any sub-recipients or affiliated organizations.	Counted in the page limit
Attachment 4: Position Descriptions for Key Management Staff (required for review)	Document	Upload position descriptions for key management staff: Chief Executive Officer (CEO), Chief Clinical Officer (CCO), Chief Financial Officer (CFO), Chief Information Officer (CIO), and Chief Operating Officer (COO). Indicate on the position descriptions if key management positions are combined and/or part time (e.g., CFO and COO roles are shared). Each position description should	Counted in the page limit

Attachment	Form Type	Instruction	Guidelines
		be limited to **one page** and must include, at a minimum, the position title; description of duties and responsibilities; position qualifications; supervisory relationships; skills, knowledge, and experience requirements; travel requirements; salary range; and work hours.	
Attachment 5: Biographical Sketches for Key Management Staff (required for review)	Document	Upload biographical sketches for key management staff: CEO, CCO, CFO, CIO, and COO. Biographical sketches should not exceed **two** pages each. When applicable, biographical sketches must include training, language fluency, and experience working with the cultural and linguistically diverse populations to be served. In the event that an identified individual is not yet hired, include a letter of commitment from that person with the biographical sketch.	Counted in the page limit
Attachment 6: Co-Applicant Agreement (as applicable; required for public center[1] applicants that have a co-applicant board*) (*required for review)	Document	Public center applicants that have a co-applicant board must submit, in its entirety, the formal co-applicant agreement signed by both the co-applicant governing board and the public center. Note: Public centers that receive section 330 funding must comply with all applicable governance requirements and regulations. In cases where the public center's board cannot directly meet all applicable health center governance requirements, a separate co-applicant health center governing board must be established that meets all the section 330 governance requirements. When a public center has a co-applicant board, the public center and co-applicant board must have a formal co-applicant agreement that stipulates roles, responsibilities, and the delegation of authorities of each party in the oversight and management of the public health center, detailing any shared roles and the responsibilities of each party in carrying out governance functions.	Counted in the page limit
Attachment 7: Summary of Contracts and Agreements (as applicable for review)	Document	Upload a BRIEF SUMMARY describing current or proposed contracts and agreements. Applicants do not need to discuss contracts or agreements for such areas as janitorial services. The summary must address the following items for each contract or agreement: • Name and contact information for each affiliated agency.	Counted in the page limit

[1] Public centers were referred to as "public entities" in the past.

Attachment	Form Type	Instruction	Guidelines
		• Type of contract or agreement (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. If a contract or agreement will be attached to Form 8 (e.g., contract for a substantial portion of the proposed project), denote this with an asterisk (*).	
Attachment 8: Independent Financial Audit (required for completeness)	Document	Upload the most recent audit. The audit must include all balance sheets, profit and loss statements, audit findings, management letter (or a signed statement that no letter was issued with the audit), and noted exceptions. Organizations that have been operational less than one year and do not have an audit may submit monthly financial statements for the most recent six-month period. Organizations with no audit or financial statements (e.g., organization formed for the purposes of this grant application) must provide a detailed explanation of the situation, including supporting documentation.	Not counted in the page limit
Attachment 9: Articles of Incorporation – Signed Seal Page (required for review)	Document	Upload the official signatory page (seal page) of the organization's Articles of Incorporation. Organizations that do not have signed Articles of Incorporation **must** submit proof that an application has been submitted to the state for review.	Counted in the page limit
Attachment 10: Letters of Support (required for completeness)	Document	Upload current dated letters of support addressed to the appropriate organization contact (e.g., board, CEO) to document commitment to the project. Applicants must secure a letter of support from any existing health centers (section 330 grantees and FQHC Look-Alikes), rural health clinics, critical access hospitals, and health departments in the service area or provide documentation/explanation for why such letters could not be obtained. Demonstrated support from local community stakeholders, patients, and collaborating organizations is important. As necessary, applicants may provide a list of additional letters that are available onsite.	Counted in the page limit
Attachment 11: Sliding Fee Discount Schedule(s) (required for review)	Document	Upload the current or proposed sliding fee discount schedule(s). The scale(s) must correspond to a schedule of charges for which discounts are adjusted based on the patient's ability to pay and apply to persons with incomes below 200 percent of the Federal poverty level (see the Federal poverty guidelines at http://aspe.hhs.gov/poverty).	Counted in the page limit

Attachment	Form Type	Instruction	Guidelines
Attachment 12: Evidence of Nonprofit or Public Center Status (as applicable for review)	Document	Upload evidence of nonprofit or public center status **only if evidence is not already on file** with an HHS agency. Private Nonprofit: A private, nonprofit organization must submit any one of the following as evidence of its nonprofit status: • A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code. • A copy of a currently valid Internal Revenue Service Tax exemption certificate. • A statement from a state taxing body, state Attorney General, or other appropriate state official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals. • A certified copy of the organization's certificate of incorporation or similar document **if it clearly establishes** the nonprofit status of the organization. • Any of the above proof for a state or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate. Public Center: Consistent with Policy Information Notice 2010-10 (http://bphc.hrsa.gov/policiesregulations/policies/pin201001.html), applicants must provide documentation demonstrating that the organization qualifies as a public agency (e.g., health department, university health system) for the purposes of section 330 of the PHS Act, as amended. Any of the following is acceptable: 1. Affirm Instrumentality Letter (4076C) from the IRS or a letter of authority from the Federal, state, or local government granting the entity one or more sovereign powers. 2. A determination letter issued by the IRS providing evidence of a past positive ruling by the IRS or other documentation demonstrating that the organization is an instrumentality of government, such as documentation of the law that created the organization or documentation showing that the state or a political subdivision of the state controls the organization. 3. Formal documentation from a sovereign state's taxing authority equivalent to the IRS granting the entity one or more governmental powers.	Counted in the page limit

Attachment	Form Type	Instruction	Guidelines
Attachment 13: Floor Plans (as applicable for review)	Document	New applicants and current grantees applying to serve a new service area must provide copies of floor plans for all sites within the proposed scope of project. Current grantees applying to continue serving their current service area **do not** need to provide floor plans unless there has been a change in layout of any site(s).	Counted in the page limit
Attachment 14: Other Relevant Documents (as applicable)	Document	If desired, include other relevant documents to support the proposed project (e.g., charts, organizational brochures, lease agreements).	Counted in the page limit
Attachment 15: Other Relevant Documents (as applicable)	Document	If desired, include other relevant documents.	Counted in the page limit

Table 5: Program Specific Forms and Information Submission through HRSA EHB (Step 2 continued)

https://grants.hrsa.gov/webexternal

- With the exception of Form 3, all Program Specific Forms will be completed online in HRSA EHB. All Program Specific Forms are required unless otherwise noted.
- Limit the file name for Form 3 to 100 characters or less. Attachments will be rejected by EHB if file names exceed 100 characters.
- All Program Specific Information is required and will be completed online in HRSA EHB.
- Refer to Appendix A for detailed instructions for the Program Specific Forms.
- Refer to Appendix B for Program Specific Information detailed instructions and Clinical and Financial Performance Measures samples.
- The Program Specific Forms and Program Specific Information forms DO NOT count against the page limit.

Program Specific Form/Information	Form Type	Instruction
Form 1A: General Information Worksheet	E-Form	Complete the form online.
Form 1C: Documents on File	E-Form	Complete the form online.
Form 2: Staffing Profile (**first year of project period only)**	E-Form	Complete the form online.
Form 3: Income Analysis (**first year of project period only)**	Form	Complete the form using the template provided in HRSA EHB and upload it as an attachment.
Form 4: Community Characteristics	E-Form	Complete the form online.

Program Specific Form/Information	Form Type	Instruction
Form 5A: Services Provided	Fixed E-Form	Current grantees applying to continue serving their current service area – This form will be pre-populated with the services in the current approved scope of project. **No changes can be made.** New applicants and current grantees applying to serve a new service area – Complete this form online for all required and additional services to be provided in the proposed service area.
Form 5B: Service Sites	Fixed E-Form	Current grantees applying to continue serving their current service area – This form will be pre-populated with the sites in the current approved scope of project. **No changes can be made.** New applicants and current grantees applying to serve a new service area – Complete this form online by providing information about the sites where grant-related health care services will be delivered in the proposed service area.
Form 5C: Other Activities/Locations (if applicable)	Fixed E-Form	Current grantees applying to continue serving their current service area – This form will be pre-populated with the other activities/locations in the current approved scope of project. **No changes can be made.** New applicants and current grantees applying to serve a new service area – Complete this form online by providing information about the activities planned for the proposed service area that (1) 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.
Form 6A: Current Board Member Characteristics	E-Form	Complete the form online.
Form 6B: Request for Waiver of Governance Requirements	E-Form	Complete the form online. Responses beyond Question 1 are required only for applicants requesting a waiver. Applicants eligible to request a waiver are those requesting funding **solely** to serve special populations (i.e., MHC, HCH, and/or PHPC).
Form 8: Health Center Agreements	E-Form	Complete the form online. Responses beyond Parts I and II are required only for applicants who have agreements/affiliations as described on the form.
Form 9: Need for Assistance Worksheet	E-Form	Complete the form online.
Form 10: Annual Emergency Preparedness Report	E-Form	Complete the form online.
Form 12: Organization Contacts	E-Form	Complete the form online.

Program Specific Form/Information	Form Type	Instruction
Clinical Performance Measures	E-Forms	Complete the form online.
Financial Performance Measures	E-Forms	Complete the form online.

Applicants are reminded that failure to include in the application all forms and documents indicated as "required for completeness" may result in an application being considered incomplete or non-responsive. Failure to include documents indicated as "required for review" may negatively impact an application's objective review score.

Application Preparation
Applicants are encouraged to work with the appropriate Primary Care Associations (PCAs), Primary Care Offices (PCOs), and/or National Cooperative Agreements (NCAs) to prepare quality, competitive applications. Refer to lists available at http://www.bphc.hrsa.gov/technicalassistance/partnerlinks for contact information.

Applicants must provide all required information in the sequence and format described. Information and data must be accurate and consistent. Instructions must be followed carefully and completely. **Applications that fail to meet all requirements may not be accepted for review or may receive a low rating from the Objective Review Committee (ORC).**

Only materials included with an application submitted by the announced deadlines will be considered. Supplemental materials submitted after the application deadlines will not be considered. Letters of support submitted after the HRSA EHB deadline or sent directly to HHS, HRSA, or BPHC will **not** be added to an application.

Application Format

i. *Application for Federal Assistance SF-424*
In Grants.gov, complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself (mouse over fields for specific instructions) and the following guidelines:

- *Box 2: Type of Applicant:* Select New (new applicants), Continuation (current grantees applying to continue serving their current service area), or Revision, A. Increase Award (current grantees applying to serve a new service area). **Incorrect selection may delay EHB access.**
- *Box 4: Applicant Identifier:* Leave blank.
- *Box 5a: Federal Entity Identifier:* Leave blank.
- *Box 5b: Federal Award Identifier:* 10-digit grant number (H80…) found in box 4b from the most recent Notice of Award for current section 330 grantees. New applicants should leave this blank.
- *Box 8c: Organizational DUNS:* Applicant organization's DUNS number (see below).
- *Box 8f: Name and Contact Information of Person to be Contacted on Matters Involving this Application:* Provide the Project Director's name and contact information.
  Note: If, for any reason, the Project Director will be out of the office between the Grants.gov submission date and the project period start date, ensure that the email Out of Office Assistant is set so HRSA will be aware of whom to contact if issues arise with the application and a timely response is required.
- *Box 11: Catalog of Federal Domestic Assistance Number:* 93.224
- *Box 14: Areas Affected by Project:* Provide a summary of the areas to be served (e.g., if entire counties are served, cities do not need to be listed) and upload it as a Word document. This document will NOT count toward the page limit.
- *Box 15: Descriptive Title of Applicant's Project:* Type the title of the FOA (Service Area Competition) and upload the project abstract. The abstract WILL count toward the page limit.

- *Box 16: Congressional Districts:* Provide the congressional district where the administrative office is located in 16a and the congressional districts to be served by the proposed project in 16b. If information will not fit in the boxes provided, attach a Word document. This document will NOT count toward the page limit.
- *Box 17: Proposed Project Start and End Date:* Provide the start and end dates for the proposed project period (5 years for current grantees and 2 years for new applicants).
- *Box 18: Estimated Funding:* Complete the required information based on the funding request for the **first year** of the proposed project period.
- *Box 19: Review by State:* See Section IV.4 for guidance in determining applicability.
- *Box 21: Authorized Representative:* The electronic signature in Grants.gov (created when the Grants.gov forms are submitted) is the official signature when applying for a SAC grant. The form should NOT be printed, signed, and mailed to HRSA.

DUNS Number
Applicant organizations (and sub-recipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant from the Federal government. The DUNS number is a unique nine-character identification number provided by the commercial company Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found by visiting http://fedgov.dnb.com/webform or calling 1-866-705-5711. Applications ***will not*** be reviewed without a DUNS number.

Note: A missing or incorrect DUNS number is the number one reason for applications being "Rejected for Errors" by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants must take care in entering the DUNS number in the application.

Additionally, applicant organizations (and sub-recipients of HRSA award funds) are required to register annually with the Federal government's Central Contractor Registration (CCR) in order to do electronic business with the Federal government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award from or an application under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at https://www.bpn.gov/ccr.

ii. *Table of Contents*
The application components should be submitted in the order presented in Tables 2-5. For electronic applications, no table of contents is necessary as it will be generated by the EHB system. ***Note:*** The table of contents will not count in the page limit.

iii. *Budget*
In HRSA EHB, complete Application Form SF-424A: Budget Information – Non-Construction Programs. Complete Sections A, B, and D for the first year of the proposed project period, and complete Section E for the remaining years of the proposed project period (Year 2 for new applicants or Years 2-5 for current Health Center Program grantees). Complete section F only if applicable. See Appendix C for detailed instructions.

Salary Limitation
The Consolidated Appropriations Act, 2012 (P.L. 112-74), enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants. Award funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the Federal Executive Pay scale. The Executive Level II salary is currently $179,700. This amount reflects an individual's base salary **exclusive of fringe benefits** and income that an individual may be permitted to earn outside of the duties to the applicant organization (i.e., the rate limitation only limits the amount that may be awarded and charged to HRSA grants). This salary limitation also applies to sub-awards/subcontracts under a HRSA grant.

Example of Application of this Limitation
If an individual's base salary is $350,000 per year plus fringe benefits of 25 percent ($87,500), and that individual is devoting 50 percent of his/her time to this award, the base salary must be adjusted to $179,700 plus fringe benefits of 25 percent ($44,925). This results in a total of $112,312 that may be included in the project budget and charged to the award in salary/fringe benefits for this individual. See the breakdown below:

Table 6: Actual versus Claimed Salary

Current Actual Salary Individual's actual base full time salary: $350,000 (50% of time will be devoted to project)	
Direct Salary	$175,000
Fringe (25% of salary)	$ 43,750
Total	$218,750
Amount of Actual Salary Eligible to be Claimed on the Application Budget due to the Legislative Salary Limitation Individual's base full time salary adjusted to Executive Level II: $179,700 (50% of time will be devoted to the project)	
Direct Salary	$ 89,850
Fringe (25% of salary)	$ 22,462
Total	$112,312

iv. *Budget Justification*
Provide a justification in HRSA EHB that provides a line-item budget for each year of the proposed project period and explains in line-item format the amounts requested for each object class category in the budget (SF-424A, Section B). **The budget justification must clearly describe how each cost element contributes to meeting the project's objectives/goals.** The budget period is for ONE year. However, the applicant **must** submit one-year budget justifications for each budget period within the proposed project period (up to 5 years) at the time of application. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. See Appendix C for a detailed explanation of object class categories to be included.

Budget for Multi-Year Award
This announcement is inviting applications for project periods up to five years. Competitive awards will be for a budget period of one year, although the project period may be for up to five years. Submission and HRSA approval of the yearly Federal Financial Report (FFR) and Budget Period Progress Report (BPR) is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the two-year or five-year project period is subject to availability of funds, satisfactory grantee progress, and a determination that continued funding is in the best interest of the Federal government.

v. *Staffing Plan and Personnel Requirements*
In HRSA EHB, staffing and personnel information will be provided through Form 1A: General Information Worksheet, Form 2: Staffing Profile, Attachment 3: Organizational Chart, Attachment 4: Position Descriptions, and Attachment 5: Biographical Sketches. Please ensure consistency of the staffing information provided across these application components. Position descriptions must include the roles, responsibilities, and qualifications of proposed project staff. When applicable, biographical sketches should include training, language fluency, and experience working with the cultural and linguistically diverse populations served.

vi. *Assurances*
In Grants.gov, complete Application Form SF-424B: Assurances – Non-Construction Programs.

vii. *Certifications*
In Grants.gov, complete the Certification Regarding Lobbying. Complete the SF-LLL: Disclosure of Lobbying Activities in Grants.gov only if the organization engages in lobbying.

viii. *Project Abstract*
In Grants.gov, upload a single-spaced, one-page summary of the application in Box 15 of the SF-424. Because the abstract is distributed to the public and Congress, please ensure that it is clear, accurate, concise, and without reference to other parts of the application.

Place the following at the top of the abstract:

- Project Title
- Applicant Name
- Address
- Project Director Name
- Phone Numbers (voice, fax)
- E-Mail Address
- Web Site Address (if applicable)
- Congressional District(s) for the Applicant Organization and Proposed Service Area (if different)
- Types of Section 330 Funding Requested (i.e., CHC, MHC, HCH, and/or PHPC)
- Current Federal Funding (including HRSA funding)

The abstract must include a brief description of the proposed project, including the applicant organization, target population, needs to be addressed, and proposed services. Include the following in the body of the abstract:

- A brief history of the organization, the community to be served, and the target population.
- A summary of the major health care needs and barriers to care to be addressed by the proposed project, including the needs of special populations (migrant and seasonal farm workers, people experiencing homelessness, and/or residents of public housing).
- How the proposed project will address the need for comprehensive primary health care services in the community and target population.
- Number of current and proposed patients, visits, providers, service delivery sites and locations, and services to be provided.

ix. *Program Narrative*

In HRSA EHB, provide a comprehensive description of all aspects of the proposed SAC project. The Program Narrative must be succinct, consistent with other application components, and well organized so that reviewers can fully understand the proposed project. Applicants should review http://bphc.hrsa.gov/about/requirements for information on program requirements. The Program Narrative should:

- Address the specific Review Criteria elements (see Section V) in the areas specified (i.e., Program Narrative, form, or attachment). Unless specified, the attachments should not be used to extend the Program Narrative.

- Reference attachments and forms as needed to clarify information about sites, geographic boundaries, demographic data, and proposed key management staff. Referenced items must be part of the HRSA EHB submission.

A **new applicant** must ensure that the Program Narrative reflects the entire proposed scope of project (all proposed services and sites).

A **current grantee applying to continue serving its current service area** must ensure that the Program Narrative reflects the current approved scope of project. Any change in scope **must** be submitted separately through HRSA EHB. Refer to the Scope of Project policy documents at http://bphc.hrsa.gov/policiesregulations/policies (search for Scope of Project under Sub-topic or Keyword search) for information on scope of project.

A **current grantee applying to serve a new service area** must ensure that the Program Narrative reflects only the proposed scope of project for the new service area. However, reference may be made in the Program Narrative to current sites, services, policies, procedures, and capacity as they relate to the new service area (e.g., experience, transferrable procedures).

The following provides a framework for the Program Narrative. The Program Narrative must be organized by section headers (***NEED***, ***RESPONSE***, ***COLLABORATION***, ***EVALUATIVE MEASURES***, ***RESOURCES/CAPABILITIES***, ***GOVERNANCE***, ***SUPPORT REQUESTED***), with the requested information appearing in the appropriate section of the Program Narrative or the designated forms and attachments.

NEED

1) Describe the characteristics of the target population within the proposed service area by:
   - Completing Form 9: Need for Assistance Worksheet (see Appendix A to quantitatively establish target population health care needs, utilizing the data/methodology field to provide comparison data (e.g., state, national) to fully demonstrate target population need.
   - Describing the following factors in narrative format and how they impact access to primary health care, health care utilization, and health status, citing data resources, including local target population needs assessments when available:
     a) Geographical/transportation barriers (consistent with Attachment 1).
     b) Unemployment, income level, or educational attainment.
     c) Health disparities.
     d) Unique health care needs of the target population not previously addressed.
     e) Cultural/ethnic factors (consistent with Form 4), including sexual orientation, language, attitudes, knowledge, and beliefs.

2) **Applicants requesting special population funding** to serve migrant and seasonal farm workers (MHC), people experiencing homelessness (HCH), and/or residents of public housing (PHPC): Describe the specific health care needs and access issues of the proposed special population(s).
   a) Migrant and Seasonal Farm Workers (MHC) needs/access issues, including agricultural environment (e.g., crops and growing seasons, demand for labor, number of temporary workers), approximate period(s) of residence of migrant workers and their families and the availability of local providers to provide primary care services during these times, migrant occupation-related factors (e.g., working hours, housing, hazards including pesticides and other chemical exposures), and significant increases or decreases in migrant and seasonal farm workers.
   b) People Experiencing Homelessness (HCH) needs/access issues, such as the number of providers treating people experiencing homelessness, availability of homeless shelters and affordable housing, and significant increases or decreases in people experiencing homelessness.
   c) Residents of Public Housing (PHPC) needs/access issues, such as the availability of public housing, the impact of the availability of public housing on the residents in the targeted public housing communities served, and significant increases or decreases in residents of public housing.

   Applicants not requesting special population funding but that currently serve or may serve these populations in the future: Describe the current or future planned services for and specific health care needs and access issues of the targeted special populations (i.e., migrant and seasonal farm workers (MHC), people experiencing homelessness (HCH), and/or residents of public housing (PHPC)).

3) Describe other primary health care services currently available in the service area (consistent with Attachment 1) and the role and location of the providers/organizations that provide these services, including whether they also serve the applicant's target population. Justify the

need for Health Center Program support by highlighting gaps in services that the applicant currently fills (current grantees applying to continue serving their current service area) or will fill (new applicants or current grantees applying to serve a new service area).

4) Describe the health care environment and its impact on the applicant organization's current and future operations, including any significant changes that affect the availability of health care services. Include external factors within the service area and internal factors specific to the applicant's fiscal stability, including:
   a) Changes in insurance coverage, including Medicaid, Medicare, and Children's Health Insurance Program (CHIP).
   b) Changes in state/local/private uncompensated care programs.
   c) Economic or demographic shifts (e.g., influx of immigrant/refugee population; closing of local hospitals, community health care providers, or major local employers).
   d) Natural disasters or emergencies (e.g., hurricanes, flooding, terrorism).
   e) Changes affecting special populations.

Information provided in Need Section must serve as the basis for, and align with, the proposed activities and goals described throughout the application.

RESPONSE

1) Describe the service delivery model(s) proposed to address the health care needs identified in ***NEED*** section and how the model(s) are appropriate and responsive to the identified health care needs, including the specific needs of any special populations for which funding is sought (MHC, HCH, and/or PHPC). The description must address the following:
   a) Site(s)/location(s) where services will be provided (consistent with Attachment 1, Form 5B, and Form 5C).
   b) Service site type (e.g., fixed site, mobile van, school-based clinic) for each site (consistent with Form 5B).
   c) Hours of operation, including how the scheduled hours will assure that services are accessible and available at times that meet the needs of the target population (consistent with Forms 5B and 5C).
   d) Professional after-hours care/coverage during hours when service sites or locations are closed.

   Note: Public Housing Primary Care (PHPC) applicants must document that service sites are immediately accessible to the targeted public housing communities.

2) Describe how the proposed primary health care services (consistent with Form 5A) and other activities (consistent with Form 5C) are appropriate for the needs of the target population. The description must include:
   a) The provision of required and additional clinical and non-clinical services, including whether these are provided directly or through established written arrangements and referrals.
   b) How services will be culturally and linguistically appropriate (e.g., availability of interpreter/translator services).

c) Method by which enabling services such as case management, outreach, and transportation are integrated into the primary health care delivery system. Highlight enabling services designed to increase access for targeted special populations, if any.

Note: Health Care for the Homeless (HCH) applicants must document how substance abuse services will be made available either directly or via a formal written referral arrangement.

3) Describe how the service delivery model(s) assure continuity of care and access to a continuum of care. The description must address:
   a) Continuity of care, including arrangements for admitting privileges for health center physicians at one or more hospitals (consistent with Form 5C). In cases where hospital privileges are not possible, describe other arrangements to ensure continuity of care.
   b) A seamless continuum of care, including discharge planning, post-hospitalization tracking, patient tracking (e.g., shared electronic health records), and referral relationships for specialty care (including relationships with one or more hospitals), with an emphasis on working collaboratively to meet local needs.

4) Describe the proposed clinical team staffing plan (consistent with Form 2), include the mix of provider types and support staff necessary for:
   a) Providing services for the projected number of patients (consistent with Form 1A).
   b) Assuring appropriate linguistic and cultural competence (e.g., bilingual/multicultural staff, training opportunities).
   c) Carrying out required and additional health care services (as appropriate and necessary), either directly or through established written arrangements and referrals (consistent with Form 5A).

   Note: Contracted providers should not be included on the clinical team staffing plan (Form 2). Such providers should be included on the summary of current or proposed contracts/agreements in Attachment 7. If a contract/agreement for core primary care providers is for a substantial portion of the proposed scope of project, include the contract/agreement as an attachment to Form 8.

5) Describe how the established schedule of charges is consistent with locally prevailing rates and designed to cover the reasonable cost of service operation (consistent with Form 5A).

6) Describe the sliding fee discount schedule(s) (consistent with Attachment 11), including:
   a) The process utilized to develop the sliding fee discount schedule(s).
   b) The policies and procedures used to implement the sliding fee discount schedule(s), including provisions that assure that no patient will be denied service based on an inability to pay.
   c) How the sliding fee discount schedule(s):
      - Are applied only for individuals and families with an annual income at or below 200 percent of the most current Federal Poverty Guidelines (available at http://aspe.hhs.gov/poverty).
      - Provide a full discount (no charge) or only a nominal fee for individuals and families with an annual income at or below 100 percent of the Federal Poverty Guidelines.

d) How any nominal fees are determined. (Nominal fees may be collected from patients at and below 100 percent of the Federal Poverty Guidelines only if the imposition of a nominal fee is consistent with project goals and **does not** pose a barrier to receiving care.)
e) How often the governing board reviews and updates the sliding fee discount schedule(s) to reflect the most recent Federal Poverty Guidelines.
f) How often the governing board evaluates and updates (as needed) the policies and procedures that support the implementation of the sliding fee discount schedule(s).
g) How patients are made aware of available discounts (e.g., signs posted in accessible and visible locations, registration materials, brochures, verbal messages delivered by staff).

7) Describe how the organization's quality improvement/quality assurance (QI/QA) and risk management plan(s) address/involve:
   a) A clinical director whose focus of responsibility clearly supports the QI/QA program as integral to the provision of high quality patient care.
   b) Clinical services and management (e.g., financial and administrative areas, required performance measures).
   c) Maintenance of the confidentiality of patient records.
   d) Periodic assessment of the appropriateness of service utilization, quality of services delivered, and patient outcomes, including/resulting in:
      - Conduct of assessment by physicians or other licensed health professionals under the supervision of physicians.
      - The systematic collection and evaluation of patient records.
      - Utilization of appropriate information systems for tracking, analyzing, and reporting key performance data, including data necessary for the required performance measures (e.g., electronic health records).
      - Utilization of results of these assessments to improve performance.

   Note: Clinical Directors may be full or part-time staff and should have appropriate credentials (e.g., MD, RN, MPH) to support the QI/QI plan as determined by the needs/size of the health center.

8) Describe the organization's board-approved policies and procedures that support the QI/QA and risk management plan(s) related to:
   a) Clinical standards of care
   b) Peer reviews
   c) Chart audits
   d) Provider licensure, credentials, and privileges [ensuring that all providers (e.g., employed, contracted, volunteers, locum tenens) are appropriately licensed, credentialed, and privileged to perform the proposed services (consistent with Form 5A) at the proposed sites/locations (consistent with Forms 5B and 5C)], including the utilization of formal privileging lists for all such providers
   e) Risk management procedures
   f) Patient grievance procedures
   g) Patient satisfaction assessments
   h) Incident management
   i) Confidentiality of patient records

9) **NEW APPLICANTS AND CURRENT GRANTEES APPLYING TO SERVE A NEW SERVICE AREA ONLY:** Describe the implementation plan, with appropriate and reasonable time-framed tasks (i.e., infrastructure development, including developing operational policies/procedures, applying for billing numbers, and formalizing referral agreements; provider/staff recruitment and retention; facility development/operational planning; information system acquisition/integration; risk management/quality assurance procedures; and governance), to assure that within 120 days of the Notice of Award, which may occur up to 60 days prior to the project period start date, any proposed site(s) will:
   a) Be open and operational.
   b) Have appropriate staff and providers in place.
   c) Deliver services at the same or comparable level as presently provided to the entire announced service area.

   Provide additional documentation (e.g., renovation plans, provider contracts and/or agreements, provider commitment letters) as desired in Attachment 14 or 15.

COLLABORATION

1) Describe both formal and informal collaboration and coordination of services[2] with other health care providers. Specifically describe collaboration and coordination with the following:
   a) Existing section 330 grantees
   b) FQHC Look-Alikes
   c) Rural health clinics
   d) Critical access hospitals
   e) Other federally-supported grantees (e.g., Ryan White programs)
   f) State and local health departments
   g) Private providers
   h) Programs serving the same target population (e.g., social services; job training; Women, Infants, and Children (WIC); coalitions; community groups; school districts)
   i) If applicable, organizations that provide services or support to the special population(s) for which funding is sought (e.g., Migrant Head Start, Public Housing Authority, homeless shelters).

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

2) Document support for the proposed project through current dated letters of support[3] from all of the following in the service area:
   a) Health centers (section 330 grantees and Look-Alikes)

[2] Refer to http://bphc.hrsa.gov/policiesregulations/policies/pal201102.html for information on maximizing collaborative opportunities.
[3] Letters of support should be addressed to the organization's board, CEO, or other appropriate key management staff member (e.g., Medical Director), not HRSA staff.

b) Rural health clinics
c) Critical access hospitals
d) Health departments

If such organizations do not exist in the service area (consistent with Attachment 1), state this. If such letters cannot be obtained from organizations in the service area, include documentation of efforts made to obtain the letters along with an explanation for why such letters could not be obtained.

3) Provide current dated letters of support that reference **specific commitment, collaboration, and/or coordinated activities** with community organizations in support of the proposed project beyond those required in Item 2 above (e.g., service providers, school districts, homeless shelters).

Note: Merge all letters of support from Items 2 and 3 into a single document and submit it as Attachment 10.

EVALUATIVE MEASURES

1) Within the Clinical Performance Measures form (see detailed instructions in Appendix B), outline time-framed and realistic goals that are responsive to the needs identified in the ***NEED*** section. ***NOTE:*** *For new applicants and current grantees applying to serve a new service area, if baselines are not yet available, state when data will be available.* Goals should be limited to the proposed project period (2 years for new applicants and 5 years for current grantees). Specifically include:
   a) Goals for improving quality of care and health outcomes in the required areas of Diabetes, Cardiovascular Disease, Cancer, Prenatal Health, Perinatal Health, Child Health, Weight Assessment and Counseling for Children and Adolescents, Adult Weight Screening and Follow-Up, Tobacco Use Assessment, Tobacco Cessation Counseling, Asthma – Pharmacological Therapy, Behavioral Health, and Oral Health. *Although not required, applicants are encouraged to include goals that address the new measurement areas of Coronary Artery Disease (CAD) – Lipid Therapy, Ischemic Vascular Disease (IVD) – Aspirin Therapy, and Colorectal Cancer Screening* (see Appendix B for more information on the new measurement areas).
   b) Goals relevant to the needs of migrant and seasonal farm workers, people experiencing homelessness, and/or residents of public housing for applicants seeking targeted special population funding. An applicant that is not requesting targeted funding but currently serves or plans to serve special population(s) is encouraged to include relevant goals reflecting the needs of these populations.
   c) Measures (numerator and denominator) and data collection methodology for all goals.
   d) A summary of at least one key factor anticipated to contribute to and one key factor anticipated to restrict progress toward the stated performance measure goals, and action steps planned for addressing described factors.

2) Within the Financial Performance Measures form (see detailed instructions in Appendix B), outline time-framed and realistic goals that are responsive to the organization's financial

needs. ***NOTE:*** *For new applicants and current grantees applying to serve a new service area, if baselines are not yet available, state when data will be available.* Goals should be limited to the proposed project period (2 years for new applicants and 5 years for current grantees). Specifically include:

a) Goals for improving the organization's status in terms of costs and financial viability.
b) Measures (numerator and denominator) and data collection methodology for all goals.
c) A summary of at least one key factor anticipated to contribute to and one key factor anticipated to restrict progress toward the stated performance measure goals, and action steps planned for addressing described factors.

3) Provide a brief description of any additional evaluation activities planned to enhance the assessment of progress and project improvement throughout the project period, including tools utilized to collect and analyze relevant data (e.g., patient satisfaction surveys).

RESOURCES/CAPABILITIES

1) Describe how the organizational structure (including any sub-recipients) is appropriate for the operational needs of the project (consistent with Attachments 2 and 3, and, as applicable, Attachments 6[4] and 7), including how lines of authority are maintained from the governing board to the CEO/Executive Director down through the management structure.

2) Describe how the organization maintains appropriate oversight and authority in accordance with Health Center Program requirements over all contracted services, including (as applicable):
   a) Current or proposed contracts and agreements summarized in Attachment 7.
   b) Sub-recipient arrangements[5] referenced in Form 8 (any negative response to the Governance Checklist in Form 8 must be explained).

3) Describe how the organization's management team (CEO, CCO, CFO, CIO, and COO, as applicable):
   a) Is appropriate and adequate for the operational and oversight needs and scope of the proposed project.
   b) Has appropriately defined roles as outlined in Attachment 4.

[4] When a public center has a co-applicant board, the public center and co-applicant board must have a formal co-applicant agreement that stipulates roles, responsibilities, and the delegation of authorities of each party in the oversight and management of the public health center, detailing any shared roles and the responsibilities of each party in carrying out governance functions.

[5] A sub-recipient is an organization that receives a subaward from a Health Center Program grantee to carry out a portion of the grant-funded scope of project. Sub-recipients must be compliant with all Health Center Program statutory and regulatory requirements, as well as applicable grant requirements specified in 45 CFR Part 74. As a sub-recipient of section 330 funding, such organizations are eligible to receive FQHC benefits, including reimbursement as an FQHC, 340b drug pricing, and FTCA coverage. All sub-recipient arrangements must be documented through a formal written contract/agreement, and a copy must be provided to HRSA as an attachment to Form 8. The grantee must demonstrate that it has systems in place to provide reasonable assurances that the sub-recipient organization complies with—and will continue to comply with—all statutory and regulatory requirements throughout the period of award.

c) Possesses needed skills and experience for the defined roles as demonstrated in Attachment 5.

If applicable, describe any changes in key management staff in the last year, including recruitment plans for vacancies.

Note: Current Health Center Program grantees must receive prior approval from HRSA via the EHB Prior Approval Module when there is a change in the Project Director/CEO or when the Project Director/CEO will be absent for more than three months or have a 25 percent reduction in time devoted to the project.

4) Describe the plan for recruiting and retaining health care providers necessary for achieving the proposed staffing plan (consistent with Form 2).

5) Describe how the proposed service site(s) (consistent with Form 5B) are appropriate for implementing the service delivery plan in terms of the projected number of patients and visits (consistent with Form 1A). New applicants and current grantees applying to serve a new service area must attach floor plans for all proposed sites in Attachment 13. If desired, lease/intent to lease documents may be included in Attachment 14 or 15.

6) Describe expertise in the following areas:
   a) Working with the target population.
   b) Developing and implementing systems and services appropriate for addressing the target population's identified health care needs.

   Note: Public Housing Primary Care (PHPC) applicants must specifically describe how residents of public housing were involved in the development of the application and will be involved in administration of the proposed project.

7) Describe the organization's ongoing strategic planning process, including:
   a) The role of the governing board in strategic planning
   b) The role of key management staff and any other relevant individuals in strategic planning
   c) The frequency of strategic planning meetings (e.g., annually, bi-annually)
   d) Strategic planning products (e.g., strategic plan, operational plan)
   e) How often and when health care needs of the target population were last assessed
   f) How the target population's health care needs and the related program evaluation plans have been or will be incorporated into the organization's ongoing strategic planning process.
   g) How the applicant organization's financial needs/performance are addressed.

8) Describe any national quality recognition the organization has received or is in the process of achieving (e.g., Patient-Centered Medical Home, Accreditation Association for Ambulatory Health Care, Joint Commission, state-based or private payer initiatives) as well as any current or planned acquisition/development and implementation of certified EHR systems (including the number of sites) used for tracking patient and clinical data to achieve meaningful use. Information about meaningful use is available at http://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp.

9) Describe the processes in place to maximize collection of payments and reimbursement for services, including written policies and procedures for billing, credit, and collection.

10) Describe how the financial accounting and control systems, as well as related policies and procedures:
    a) Are appropriate for the size and complexity of the organization.
    b) Reflect Generally Accepted Accounting Principles (GAAP).
    c) Separate functions/duties appropriate to the organization's size to safeguard assets and maintain financial stability.
    d) Enable the collection and reporting of the organization's financial status as well as tracking of key financial performance data (e.g., visits, revenue generation, aged accounts receivable by income source or payor type, aged accounts payable, lines of credit, debt to equity ratio, net assets to expenses, working capital to expenses).
    e) Support management decision making.

11) Describe the organization's annual independent auditing process performed in accordance with Federal audit requirements and submit the most recent financial audit and management letter (or a signed statement that no letter was issued with the audit) as Attachment 8.[6] Organizations that have been operational for less than one year and do not have an audit may submit monthly financial statements for the most recent six-month period. Organizations with no audit/financial information (i.e., organization formed to apply for this grant) must provide a detailed explanation of the situation, including supporting documentation.

12) Describe the status of emergency preparedness planning and development of emergency management plan(s), including efforts to participate in state and local emergency planning. Any negative response on Form 10 must be addressed.

GOVERNANCE

Note: Health centers operated by Indian tribes or tribal, Indian, or urban Indian groups should respond to ONLY Item 5 below.[7]

1) Describe how the Corporate Bylaws (Attachment 2), Articles of Incorporation (Attachment 9), and/or Co-Applicant Agreement (Attachment 6)[8] demonstrate that the organization has an independent governing board that meets the following criteria:

[6] Current grantees are reminded that the annual audit must also be provided to the Federal Audit Clearinghouse and submitted via EHB. For more information, see http://bphc.hrsa.gov/policiesregulations/policies/pal200906.html.
[7] Per section 330(k)(3)(H), of the PHS Act, Health Center Program governance requirements do not apply to health centers operated by Indian tribes, tribal groups, or Indian organizations under the Indian Self-Determination Act or urban Indian organizations under the Indian Health Care Improvement Act.
[8] Public center applicants whose board cannot directly meet health center governance requirements are permitted to establish a separate co-applicant health center governing board that meets all the section 330 governance requirements. In the co-applicant arrangement, the public center receives the section 330 grant and the co-applicant board serves as the health center board. Together, the two are collectively referred to as the health center. The public center and health center board must have a formal co-applicant agreement in place.

a) Meets at least once a month (this requirement may be waived for eligible applicants; see Form 6B).
b) Ensures that minutes are captured for all meetings (i.e., full board and subcommittee meetings).
c) Selects the services to be provided.
d) Determines the hours during which services will be provided.
e) Measures and evaluates the organization's progress and develops a plan for the long-range viability of the organization through strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational performance and assets.
f) Approves the health center's annual budget.
g) Approves the health center's grant applications.
h) Approves the selection/dismissal and conducts the performance evaluation of the organization's Executive Director/CEO.
i) Establishes general policies for the organization. ***Note:*** In the case of public centers with co-applicant governing boards, the public center is permitted to retain authority for establishing general fiscal and personnel policies for the health center.
j) Establishes policies that include provisions that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the health center.

2) Document that the structure of the board (co-applicant board for a public center) is appropriate in terms of size, composition, and expertise by describing how the following criteria are met:
   a) At least 51 percent of board members are individuals who are/will be patients of the health center (this requirement may be waived for eligible applicants[9]; see Form 6B).
   b) As a group, the patient board members reasonably represent the individuals served by the organization in terms of race, ethnicity, and gender (consistent with Forms 4 and 6A).
   c) Non-patient board members are representative of the community in which the health center's service area is located and selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions and other commercial and industrial concern, or social services.
   d) Board has a minimum of nine but no more than 25 members, as appropriate for the complexity of the organization.
   e) No more than half of the non-patient board members derive more than 10 percent of their annual income from the health care industry.
   f) No board member is an employee of the health center or an immediate family member of an employee. (The CEO may serve only as a non-voting *ex officio* board member.)

   Note: An applicant requesting funding to serve general community (CHC) AND special populations (MHC, HCH, and/or PHPC) must have appropriate board representation from these populations. At minimum, there must be at least one representative from/for each of the

[9] Eligible applicants requesting a waiver of the 51% patient majority board composition requirement must list the applicant's board members on Form 6A: Current Board Member Characteristics, NOT the members of any advisory councils.

special population groups for which funding is requested. Board members representing a special population should be individuals that can clearly communicate the needs/concerns of the target populations to the board (e.g., advocate for migrant and seasonal farm workers, formerly homeless individual, current resident of public housing).

3) Document the effectiveness of the governing board by describing how the board:
   a) Operates, including the organization and responsibilities of board committees (e.g., Executive, Finance, Quality Improvement/ Assurance, Risk Management, Personnel, Planning).
   b) Monitors and evaluates its own (the board's) performance (e.g., identifies and develops processes for assessing and addressing board weaknesses, challenges, training needs).
   c) Provides board training, development, and orientation fo**r new members** to ensure that they have sufficient knowledge to make informed decisions regarding the strategic direction, general policies, and financial position of the organization**.** ***Note:*** In the case of a public center with a co-applicant governing board, the public center is permitted to retain authority for establishing general fiscal and personnel policies for the health center.

4) An applicant requesting a waiver for one or both of the governance requirements must indicate such on Form 6B and respond to the following, as appropriate (an applicant that currently receives or is applying to receive CHC funding will not be permitted to enter information in this form). If the applicant selected that they were a tribal entity on Form 1A, then they will not be able to provide information on this form:
   a) If the patient majority is requested to be waived, discuss why the project cannot meet this requirement and describe in Form 6B the alternative mechanism(s) for gathering and utilizing patient input (e.g., separate advisory boards, patient surveys, focus groups), including:
      - Specific types of patient input to be collected.
      - Methods for documenting input in writing.
      - Process for formally communicating the input directly to the governing board (e.g., quarterly presentations of the advisory group to the full board, quarterly summary reports from patient surveys).
      - How the patient input will be used by the governing board in areas such as: 1) selecting services; 2) setting operating hours; 3) defining strategic priorities; 4) evaluating the organization's progress in meeting goals, including patient satisfaction; and 5) other relevant areas of governance that require and benefit from patient input.
   b) If monthly meetings are requested to be waived, discuss why this requirement cannot be met and describe in Form 6B the alternative meeting schedule and how it will assure that the board will maintain appropriate oversight of the project.

   Note: Only an applicant requesting targeted funding to serve special populations (MHC, HCH, and/or PHPC) that DOES NOT receive or IS NOT requesting CHC funding may request a waiver of the monthly meeting and/or 51 percent patient majority requirements. **An approved waiver does not relieve the governing board from fulfilling all other board authorities and responsibilities required by statute.**

5) **INDIAN TRIBES OR TRIBAL, INDIAN, OR URBAN INDIAN GROUPS ONLY:** Describe the applicant organization's governance structure and how it will assure adequate

(1) input from the community/target population on health center priorities and (2) fiscal and programmatic oversight of the proposed project.

SUPPORT REQUESTED

1) Provide a complete, consistent, and detailed budget presentation through the submission of the following: SF-424A, budget justification, Form 2: Staffing Profile, and Form 3: Income Analysis.

2) Describe how the total budget is aligned and consistent with the proposed service delivery plan and number of patients to be served (consistent with Form 1A).

3) Describe how the proportion of requested Federal grant funds is appropriate given other sources of income specified in Form 3 and the budget justification.

x. *Program Specific Forms*
See Appendix A for Program Specific Forms instructions.

xi. *Program Specific Information*
See Appendix B for Program Specific Information instructions.

xii. *Attachments*
Attachments are supplementary in nature and are not intended to be a continuation of the Program Narrative. Attachments must be clearly labeled and uploaded in the appropriate place within HRSA EHB. See Table 4 for a complete listing of required attachments, including instructions for completing them.

3. SUBMISSION DATES AND TIMES

Application Due Date
Table 7 indicates the due dates for applications under this FOA. Applications completed online are considered formally submitted when: (1) the application has been successfully transmitted electronically by the Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the Grants.gov deadline date and time; and (2) the Authorizing Official (AO) has submitted the additional information in HRSA EHB on or before the EHB deadline date and time.

Receipt Acknowledgement
Upon receipt of an application, Grants.gov will send a series of email messages regarding the progress of the application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application. The applicant will receive an "Application successfully transmitted to HRSA" message in HRSA EHB upon successful application submission within the EHB system.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods, hurricanes) or other service disruptions such as prolonged blackout. The CGMO or designee will determine the affected geographic area(s).

Table 7: Application Deadlines

Project Period Start Date	HRSA Announcement Number	Grants.gov Deadline (8:00 PM ET)	HRSA EHB Deadline (8:00 PM ET)
November 1, 2012	HRSA-13-220	July 25, 2012	August 8, 2012
December 1, 2012	HRSA-13-221	August 1, 2012	August 15, 2012
January 1, 2013	HRSA-13-222	August 15, 2012	August 29, 2012
February 1, 2013	HRSA-13-223	September 12, 2012	September 26, 2012
March 1, 2013	HRSA-13-224	October 10, 2012	October 24, 2012
April 1, 2013	HRSA-13-225	October 31, 2012	November 14, 2012
May 1, 2013	HRSA-13-226	December 5, 2012	December 19, 2012
June 1, 2013	HRSA-13-227	January 9, 2013	January 23, 2013

Late Applications
Applications that do not meet the deadline criteria above are considered late applications and will not be considered in the current competition.

4. INTERGOVERNMENTAL REVIEW

State System Reporting Requirements
The Health Center Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows states the option of setting up a system for reviewing applications from within their states for assistance under certain Federal programs. The Single Point of Contact (SPOC) for review within each participating state can be found at http://www.whitehouse.gov/omb/grants_spoc. Information may also be obtained from the Grants Management Specialist listed in Section VII.

All applicants other than federally recognized Native American Tribal Groups must contact their SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the process used under this Executive Order. For proposed projects serving more than one state, the applicant is advised to contact the SPOC of each affected state.

Letters from the SPOC in response to Executive Order 12372 are due sixty days after the application due date. These should be sent to the Division of Grants Policy at DGPWaivers@hrsa.gov.

Public Health System Reporting Requirements
Under the requirements approved by the Office of Management and Budget, 0937-0195, community-based non-governmental applicants must prepare and submit a Public Health System

Impact Statement (PHSIS) to the heads of the appropriate state or local health agencies in the areas to be impacted by the proposed project no later than the Federal application due date.

The PHSIS must include: (1) a copy of the SF-424 and (2) a summary of the project, not to exceed one page, which provides:

- A description of the target population whose needs would be met under the proposal.
- A summary of the services to be provided.
- A description of coordination planned with the appropriate state or local health agencies.

Applicants should contact their state PCA for instructions on how and where to submit the PHSIS. A list of PCAs is available at http://www.bphc.hrsa.gov/technicalassistance/partnerlinks/associations.html.

5. FUNDING RESTRICTIONS

Funds under this announcement may not be used for fundraising or the construction of facilities. The HHS Grants Policy Statement (HHS GPS) available at http://www.hrsa.gov/grants includes information about allowable expenses.

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 grants awarded under this announcement and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

Salary Limitation

The Consolidated Appropriations Act, 2012 (P.L. 112-74), enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II of the Federal Executive Pay scale. The Executive Level II salary is $179,700. This amount reflects an individual's base salary **exclusive** of fringe benefits and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub-awards/subcontracts for a substantial portion of the project under a HRSA grant.

Per Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011:

> (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any state or local legislature or legislative body, except in presentation to the Congress or any state or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any state or local government, except in presentation to the executive branch of any state or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

6. OTHER SUBMISSION REQUIREMENTS

As stated in Section IV.1, except in very rare cases, HRSA will no longer accept applications in paper form. Applicants are ***required*** to submit ***electronically*** through Grants.gov and HRSA EHB.

Grants.gov
To submit an application electronically, use the APPLY FOR GRANTS section at http://www.grants.gov. When using Grants.gov, download a copy of the application package, complete it off-line, and then upload and submit the application via Grants.gov.

It is essential that each organization ***immediately register*** in Grants.gov and become familiar with the Grants.gov application process. The registration process must be complete in order to submit an application. The registration process can take up to one month. To successfully register in Grants.gov, complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registration (CCR) (or System for Award Management (SAM) starting late July 2012. See Section IV of this document for more SAM details.)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR Marketing Partner ID Number (M-PIN) (or SAM – starting late July 2012) password
- Register and approve at least one Authorized Organization Representative (AOR)—HRSA recommends registering multiple AORs
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials, and FAQs are available on the Grants.gov Web site at http://www.grants.gov/applicants/app_help_reso.jsp. Assistance is also available from the

Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at support@grants.gov or 1-800-518-4726. Applicants must ensure that all passwords and registrations are current well in advance of the deadline.

HRSA EHB

To submit the application in HRSA EHB, the Authorizing Official (AO) and other application preparers must register in EHB. The purpose of the registration process is to collect consistent information from all users, avoid collection of redundant information, and allow for the unique identification of each system user. Registration within HRSA EHB is required only once for each user.

User registration within HRSA EHB is a two-step process:

1) Individuals who participate in the grants process create individual system accounts.
2) Individual users associate themselves with the appropriate grantee organization(s).

Once an individual is registered, the user can search for an existing organization using the **10-digit grant number** from the **Notice of Award** or the **EHB Tracking Number** provided via e-mail within seven business days of successful Grants.gov submission. The organization's HRSA EHB record is created based on information provided in Grants.gov.

To complete the registration quickly and efficiently, HRSA recommends that applicants identify EHB roles for all participants in the grants management process. HRSA EHB offers three functional roles for individuals from applicant organizations:

- Authorizing Official (AO)
- Business Official (BO)
- Other Employee (for project directors, assistant staff, AO designees, and others)

For more information on functional responsibilities, refer to the HRSA EHB online help feature available at https://grants.hrsa.gov/webexternal/help/hlpTOC.asp. Please note that following registration, EHB users must complete a validation step before they can complete the application.

For assistance with HRSA EHB registration, refer to http://www.hrsa.gov/grants/apply or contact the HRSA Contact Center Monday through Friday, 9:00 a.m. to 5:30 p.m. ET (excluding Federal holidays) at:

- 877-464-4772
- TTY for hearing impaired: 877-897-9910
- CallCenter@hrsa.gov

For assistance with completing and submitting an application in HRSA EHB, contact the BPHC Helpline Monday through Friday, 8:30 a.m. to 5:30 p.m. ET (excluding Federal holidays) at:

- 877-974-2742
- BPHCHelpline@hrsa.gov

Note: The BPHC Helpline will remain open until 8:00 p.m. ET on EHB application due dates.

Formal Submission of the Electronic Application
It is incumbent on applicants to ensure that the AOR is available to submit the application in Grants.gov and the AO is available to submit the application in HRSA EHB by the published due dates and times. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadlines. Therefore, an organization is urged to submit an application in advance of the deadlines. If an application is rejected by Grants.gov due to errors, the application must be corrected and resubmitted to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadlines. Please note that unlike Grants.gov, which allows for revision submissions before the Grants.gov deadline, applicants will **not** be allowed to correct and resubmit applications in HRSA EHB.

If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the Grants.gov application due date and time, and the corresponding HRSA EHB submission (submitted prior to the EHB application due date and time), as the final and only acceptable application.

Tracking an application: It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking an application can be found at https://apply07.grants.gov/apply/checkApplStatus.faces. Be sure the application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of grant applications have been instituted to provide an objective review of applications and assist applicants 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 and provide the reviewer with a standard for evaluation. Review criteria, with scoring points, are outlined below. Reviewers will use the HRSA Scoring Rubric as a guideline when assigning scores to each criterion. The HRSA Scoring Rubric may be found at http://www.hrsa.gov/grants/apply/assistance/sac.

In the event that a current grantee applying to continue serving its current service area submits the only application for the service area, HRSA will conduct a comprehensive internal review of the application in lieu of an external objective review. Applications receiving internal HRSA review will be subject to the same completeness and eligibility screening as those receiving external review and will be reviewed for compliance with all Health Center Program requirements and projected performance goals.

Review criteria are used to review and rank applications. Applicants must ensure that the review criteria are fully addressed within the Program Narrative, except where indicated, and supported

by supplementary information in the other sections of the application. Each application will be evaluated on the following seven review criteria:

Criterion 1: NEED (15 Points)

- The extent to which the applicant demonstrates the health care needs in the service area/target population, including any targeted special populations as documented by quantitative and qualitative data provided in the Need for Assistance Worksheet - Form 9 and listed in Item 1 of the Needs section of the Program Narrative.

- The extent to which the applicant clearly describes the existing primary health care services and service gaps in the service area, the factors affecting the broader health care environment, and the role that the applicant organization currently plays or will play in the local health care landscape through SAC grant support.

Criterion 2: RESPONSE (20 Points)

- The extent to which the applicant demonstrates that the proposed service delivery model(s), sites, services, staffing plan, and coordination with other providers/institutions in the community will provide continuity of care while ensuring that the target population's continuum of health care needs (as outlined in the ***NEED*** section) are met.

- The extent to which the applicant establishes that the schedule of charges: is reasonable and consistent with local rates and that the corresponding sliding fee discount schedule(s), including any justified nominal fees; ensures that services are available and accessible to all without regard to ability to pay; applies discounts based on a patient's income; and is appropriately promoted.

- The extent to which the applicant establishes that the QI/QA and risk management plans are or will be integrated into the health center's routine management efforts and will be utilized to ensure ongoing improvement of services and practices.

- The extent to which the applicant demonstrates compliance with requirements for targeted special populations, including demonstrating that services targeting residents of public housing (PHPC) are immediately accessible to the targeted public housing communities and that services targeting people experiencing homelessness (HCH) will include the provision of substance abuse services (either directly or through referral).

New applicant or current grantee applying to serve a new service area: The extent to which the applicant ensures that within 120 days of the Notice of Award, which may occur up to 60 days prior to the project period start date, any proposed site(s) will be open and operational with appropriate staff and providers in place to deliver services at the same or a comparable level as presently provided to the entire announced service area through the provision of a clear and reasonable implementation plan.

Criterion 3: COLLABORATION (10 points)

- The extent to which the applicant establishes that other health care providers in the service area support the proposed project through detailed descriptions of collaboration and coordination. Descriptions are supported by the provision of specific letters of support from, at a minimum, the organizations listed in Item 2 of the ***COLLABORATION*** section of the Program Narrative and community organizations to be involved in the proposed project.

Criterion 4: EVALUATIVE MEASURES (15 points)

- The extent to which the applicant establishes Clinical and Financial Performance Measures that include realistic contributing and restricting factors, plans for addressing such factors, and goals for the length of the project period that address the required elements as well as unique special population needs identified in the ***NEED*** section.

- The extent to which the applicant establishes that additional planned evaluation activities are methodologically sound and will lead to project improvements.

Criterion 5: RESOURCES/CAPABILITIES (20 points)

- The extent to which the applicant establishes that the organizational structure, proposed sites, management staff, and policies/procedures are appropriate for the operational and oversight needs of the proposed project, including any contractors and sub-recipients.

- The extent to which the applicant establishes that its experience and expertise working with and addressing the target population's health care needs have well prepared the applicant organization to successfully implement the proposed project.

- The extent to which the applicant establishes a commitment to sustainability by documenting: plans to effectively recruit and retain key management staff and health care providers; policies and procedures for maximizing collection of payments and reimbursement for costs; plans for emergencies; and a strategic planning process that incorporates the target population's needs and related performance measure goals.

- The extent to which the applicant describes current or planned acquisition/development and implementation of certified EHR technology systems as well as any national quality recognition the organization has received or is working towards.

- The extent to which the applicant establishes that appropriate financial accounting and control systems, policies, and procedures are in place to enable data tracking and reporting of the organization's financial status in accordance with Generally Accepted Accounting Principles (GAAP). Applicant provides: (1) an annual independent financial audit that demonstrates the organization's financial stability and compliance with Federal laws and regulations, or lack thereof; (2) most recent six months of financial statements; or (3) a detailed explanation of why no audit or financial statement is available.

- The extent to which the applicant demonstrates compliance with requirements for targeted special populations, including involvement of residents of public housing in application development and proposed project implementation.

Criterion 6: GOVERNANCE (10 points)

- The extent to which the applicant establishes that the independent governing board appropriately oversees the proposed project through: compliance with Health Center Program requirements; appropriateness in terms of size, composition, expertise; effective operations; and establishment and review of policies and procedures.

- Applicant targeting only special populations and requesting a waiver: The extent to which the applicant justifies the waiver request by providing a reasonable statement of need for the request and describing sufficient alternative procedures for ensuring patient input and/or appropriate project oversight by the governing board.

- Indian tribe or tribal, Indian, or urban Indian group applicant: The extent to which the applicant establishes that the governance structure will assure adequate input from the community/target population as well as fiscal and programmatic oversight of the proposed project.

Criterion 7: SUPPORT REQUESTED (10 points)

- The extent to which the applicant provides a detailed and reasonable budget presentation that will reasonably support the proposed project, including planned service delivery and patient/visit projections.

- The extent to which the applicant establishes that the Federal request for funds is appropriate given other sources of project income.

2. REVIEW AND SELECTION PROCESS

HRSA's Division of Independent Review is responsible for managing objective reviews. With the exception of situations in which a current grantee submits the only application for a given service area, applications competing for Federal funds receive an objective independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee (e.g., geographic distribution). Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted in Section V.1. The committee provides expert advice on the merits of each application to program officials responsible for final award selections.

All applications will be reviewed initially for eligibility (see Section III), completeness (see Section IV.2), and responsiveness. **Applications determined to be ineligible, incomplete, or**

non-responsive to this FOA and/or section 330 program requirements will not be considered for funding.

Applications that pass the initial HRSA completeness and eligibility screening, with the exception of situations in which a current grantee submits the only application for a given service area, will be reviewed and rated by a panel based on the program elements and review criteria presented in this FOA. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

HRSA reserves the right to review fundable applicants for compliance with HRSA program requirements through site visits, audit data, UDS or similar reports, Medicare/Medicaid cost reports, external accreditation, or other performance reports, as applicable. The results of this review may impact final funding decisions.

Special Funding Considerations
Other factors such as geographic distribution, past performance, and compliance with section 330 program requirements and applicable regulations may be considered as part of the selection of applications for funding. HRSA will consider the following factors in making FY 2013 SAC awards:

- *RURAL/URBAN DISTRIBUTION OF AWARDS:* Aggregate awards in FY 2013 will be made to ensure that no more than 60 percent and no fewer than 40 percent of centers serve people from either rural or urban areas.

- *PROPORTIONATE DISTRIBUTION:* Aggregate awards in FY 2013 to support the various types of health centers (CHC, MHC, HCH, and/or PHPC) will be made to ensure continued proportionate distribution of funds across the Health Center Program as set forth in section 330(r)(2)(B) of the PHS Act.

3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES

It is anticipated that awards will be announced prior to the applicable project period start date (see Table 7).

VI. Award Administration Information

1. AWARD NOTICES

For applications that receive external objective review, applicants will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants selected for funding may be required to

respond in a satisfactory manner to conditions placed on their award before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the funding amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and is the only authorizing document. It will be sent prior to the project period start date (see Table 7).

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92 Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate.

HRSA grant awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at http://www.hrsa.gov/grants/hhsgrantspolicy.pdf. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see http://www.hhs.gov/ocr/civilrights/understanding/index.html. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

Trafficking in Persons

Awards issued under this FOA are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.html.

Smoke-Free Workplace
The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children.

Cultural and Linguistic Competence
HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA-funded programs embrace a broader definition to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15. Additional cultural competency and health literacy tools, resources and definitions are available online at http://www.hrsa.gov/culturalcompetence and http://www.hrsa.gov/healthliteracy.

Healthy People 2020
Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas containing measurable objectives. HRSA has actively participated in the work groups of all topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found at http://www.healthypeople.gov.

National HIV/AIDS Strategy (NHAS)
The National HIV/AIDS Strategy (NHAS) has three primary goals: (1) reducing the number of people who become infected with HIV; (2) increasing access to care and optimizing health outcomes for people living with HIV; and (3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people

who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see http://www.aidsinfo.nih.gov/Guidelines/Default.aspx as a reliable source for current guidelines). More information can also be found at http://www.whitehouse.gov/administration/eop/onap/nhas.

Health IT

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:

- Health Information Technology (HHS)
- What is Health Care Quality and Who Decides? (AHRQ)

3. REPORTING

Successful applicants under this FOA must comply with the following reporting and review activities:

a. Audit Requirements

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default. Organizations should refer to the submission process described in Program Assistance Letter 2009-06: New Electronic Process for Submitting Required Annual Financial Audits located at http://bphc.hrsa.gov/policiesregulations/policies/pal200906.html.

b. Payment Management Requirements

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to http://www.dpm.psc.gov for additional information.

c. Status Reports

1) **Federal Financial Report** – The Federal Financial Report (SF-425) is required according to the following schedule: http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through HRSA EHB. More specific information will be included in the Notice of Award.

2) **Uniform Data System (UDS) Report –** The UDS is an integrated reporting system used to collect data on all health center programs to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. All grantees are required to submit a Universal Report and, if applicable, a Grant Report annually. The Universal Report provides data on patients, services, staffing, and financing across all section 330 health centers. The Grant Report provides data on patients and services for special populations served (i.e., migrant and seasonal farm workers, people experiencing homelessness, and/or residents of public housing).

3) **Progress Report –** Submission and HRSA approval of an annual BPR non-competing continuation application will trigger the budget period renewal and release of each subsequent year of funding. The BPR documents grantee progress on program-specific goals and collects core performance measurement data to track the progress and impact of the project. Grantees will receive an email message via HRSA EHB when it is time to begin working on their progress reports.

4) **Final Report.** A final report is due within 90 days after the end project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at https://grants.hrsa.gov/webexternal/home.asp.

5) **Tangible Personal Property Report.** If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all federally-owned property and acquired equipment with an acquisition cost of $5,000 or more per unit. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. Property may be provided by HRSA or acquired by the recipient with award funds. Federally-owned property consists of items that were furnished by the Federal Government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the NoA.

d. Transparency Act Reporting Requirements

New awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of $25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170. (FFATA details are available online at http://www.hrsa.gov/grants/ffata.html). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

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

Donna Marx
Office of Federal Assistance Management
HRSA Division of Grants Management Operations
5600 Fishers Lane, Room 12A-07
Rockville, MD 20857
301-594-4245
dmarx@hrsa.gov

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

Cheri Daly
Office of Policy and Program Development
HRSA Bureau of Primary Health Care
5600 Fishers Lane, Room 17C-26
Rockville, MD 20857
301-594-4300
BPHCSAC@hrsa.gov
http://www.hrsa.gov/grants/apply/assistance/sac

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

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
E-mail: support@grants.gov
iPortal: http://grants.gov/iportal

Note: Applicants should always obtain a case number when calling Grants.gov for support.

For assistance with submitting the remaining information in HRSA EHB, contact HRSA's Bureau of Primary Health Care, Monday through Friday, 8:30 a.m. to 5:30 p.m. ET, excluding Federal holidays:

BPHC Helpline
1-877-974-2742
BPHCHelpline@hrsa.gov

Note: The BPHC Helpline will remain open until 8:00 p.m. ET on EHB application due dates.

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Other Information

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://www.hrsa.gov/grants/apply/assistance/sac.

Federal Tort Claims Act Coverage/Medical Malpractice Insurance
Organizations that receive grant funds under section 330 are eligible for protection from suits alleging medical malpractice through the Federally Supported Health Centers Assistance Act of 1992 (Act). The Act provides that health center employees may be deemed Federal employees and afforded the protections of the Federal Tort Claims Act (FTCA).

Organizations must be aware that **participation in the FTCA program is not guaranteed**. If an applicant is not absolutely certain it can meet the requirements of the Act, the costs associated with the purchase of malpractice insurance must be included in the proposed budget. The search for malpractice insurance, if necessary, should begin as soon as possible. All applicants interested in FTCA will need to submit a new application annually. Applicants are encouraged

to review the Federal Tort Claims Act (FTCA) Health Center Policy Manual available at http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pin201101manual.pdf and contact 866-FTCA-HELP (866-382-2435) for additional information.

340B Drug Pricing Program
The 340B Drug Pricing Program resulted from enactment of Public Law 102-585, the Veterans Health Care Act of 1992, codified as Section 340B of the Public Health Service Act, as amended (see http://www.hrsa.gov/opa/pl102585.htm). The program limits the cost of covered outpatient drugs for certain Federal grantees, FQHC Look-Alikes, and qualified disproportionate share hospitals. Covered entities may realize a cost savings of 20-50 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, please contact the Office of Pharmacy Affairs (OPA) at 800-628-6297 or visit the OPA Web site at http://www.hrsa.gov/opa.

IX. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at http://www.hhs.gov/asrt/og/grantinformation/apptips.html.

X. Health Center Program: Terms and Definitions

A consolidated list of Terms and Definitions for the Health Center Program may be found at http://www.hrsa.gov/grants/apply/assistance/sac. HRSA recommends the use of this resource in conjunction with the Glossary in the HHS GPS available at http://www.hrsa.gov/grants.

Appendix A: Program Specific Forms Instructions

Program Specific Forms must be completed electronically in EHB. Use only the forms approved by the U.S. Office of Management and Budget. To preview the forms, visit http://www.hrsa.gov/grants/apply/assistance/sac. Portions of the forms that are "blocked/grayed" out are not relevant to the application and DO NOT need to be completed.

Note: Current grantees applying to serve a new service area must utilize the Program Specific Forms to describe ONLY the proposed project in the new service area.

FORM 1A – GENERAL INFORMATION WORKSHEET (REQUIRED)

Complete Form 1A based on the proposed project.

1. APPLICANT INFORMATION

Complete all relevant information that is not pre-populated. Grant and UDS numbers are only applicable for current grantees. Use the Fiscal Year End Date field to note the month and day in which the applicant organization's fiscal year ends (e.g., June 30) to help HRSA know when to expect your audit submission.

2. PROPOSED SERVICE AREA

2a. Target Population and Service Area Designation

Population Type:

Population types for which funding is requested will be pre-populated based on information provided in Section A (Budget Summary) of the SF-424A. If the population types are not pre-populated or if changes are required, make them on the SF-424A using the **Change Sub-Program** link.

Service Area Designation:

Applicants seeking CHC funding MUST provide Medically Underserved Area (MUA) and/or Medically Underserved Population (MUP) designation information. Select the MUA and/or MUP designations that best describe the proposed service area. For inquiries regarding MUAs or MUPs, call 1-888-275-4772 (option 2) or contact the Shortage Designation Branch at sdb@hrsa.gov or 301-594-0816. For additional information, visit the Shortage Designation Web site at http://bhpr.hrsa.gov/shortage.

2b. Service Area Type: Select the type (rural, urban, or sparsely populated) that describes the majority of the target population. If sparsely populated is selected, provide the number of people per square mile (must be 7 or less).

2c. Target Population and Provider Information: For all portions of this section:

- Applicants with more than one service site must report aggregate data for all sites in the proposed project.
- **A current grantee applying to continue serving its current service area may report current numbers that are consistent with the most recent data submitted**

in UDS. If UDS data does not accurately reflect current numbers (due to additional funding received, change in scope, or shifting service area characteristics such as influx of migrant and seasonal farm workers), please indicate the accurate current data and describe the discrepancy between UDS and current data in Item 5 of the *RESOURCES/CAPABILITIES* section of the Program Narrative.

- A new applicant or current grantee applying to serve a new service area should report current numbers based on services the applicant is currently providing in the proposed service area (report annualized data) or, if not currently operational in the service area, list the current numbers as zero.
- Data should be consistent across all tables.

Service Area and Target Population:
Provide the estimated number of individuals currently composing the service area and target population. ***Note:*** Target population numbers must be less than or equal to service area numbers since the target population is generally a subset of the service area population.

Provider FTEs by Type:

1. Provide a count of current provider full-time equivalents (FTEs), paid and voluntary, by staff type. Current grantees should ensure that the FTEs reported are consistent with the reporting of FTEs in UDS (see the 2011 UDS Manual available at http://bphc.hrsa.gov/healthcenterdatastatistics/reporting). **Include only provider FTEs** (e.g., physician, nurse practitioner, certified nurse midwife, dentist, dental hygienist, psychiatrist, psychologist, social worker, case manager, patient educator, outreach worker).

2. Project the number of provider FTEs anticipated by the end of the project period (up to 5 years for current grantees and up to 2 years for new applicants) based on maintaining the current level of funding.

3. Do **not** report provider FTEs providing vision or pharmacy services or functioning outside the proposed scope of project.

Patients and Visits by Service Type:

1. Provide the number of current patients and visits within each service type category: medical, dental, behavioral health, substance abuse, and enabling. Within each category, an individual can only be counted once as a patient. An individual who receives multiple types of services should be counted once for each service type (e.g., once for medical and once for dental).

2. Project the number of patients and visits anticipated within each service type category by the end of the project period (up to 5 years for current grantees and up to 2 years for new applicants) at the current level of funding. ***Note*: HRSA does not expect the number of patients and visits to decline over time.** Explain any proposed decrease in Item 5 of the *RESOURCES/CAPABILITIES* section of the Program Narrative.

3. Do not report patients and visits for vision services. Do not report patients and visits for services outside the proposed scope of project.

When providing the count of patients and visits within each service type category, note the following (see the 2011 UDS Manual available at http://bphc.hrsa.gov/healthcenterdatastatistics/reporting for detailed information):

- A visit is a documented face-to-face contact between a patient and a provider who exercises independent judgment in the provision of services to the individual. To be included as a visit, services rendered must be paid for by the applicant organization and documented in the patient's record.
- A patient is an individual who had at least one visit in the previous year.
- Since a patient must have at least one documented visit, it is not possible for the number of patients to exceed the number of visits.

Patients and Visits by Population Type:

1. Provide the current number of patients and visits within each population type category: general community, migrant/seasonal farm workers, public housing residents, and homeless persons. Within each category, an individual can only be counted once as a patient.
   Note: The population types in this section of the form do NOT refer only to the requested funding for special populations (i.e., CHC, MHC, HCH, and/or PHPC). An applicant applying for only CHC funding (general underserved community) may still have patients/visits reported in the other population type categories.

2. Follow instructions 2-3 under ***Patients and Visits by Service Type***.

FORM 1C – DOCUMENTS ON FILE (REQUIRED)

Provide the date that each document listed was last reviewed and, if appropriate, revised. This form provides a summary of documents that support the implementation of Health Center Program Requirements and key areas of health center operations. The requirements numbers listed on the form correspond to the list of Health Center Program requirements found at http://bphc.hrsa.gov/about/requirements; reference this list for more detailed information about each requirement. Please note that Form 1C is not intended to provide an exhaustive list of all types of health center documents (e.g., policies and procedures, protocols, legal documents).

All documents noted on Form 1C should be maintained and updated by key management staff and, as appropriate, approved and monitored by the health center's governing board. Keep these documents on file, making them available to HRSA **upon request** within 3-5 business days. **DO NOT** submit these documents with the application.

Note: Beyond Health Center Program requirements, other Federal and state requirements may apply to health centers. Applicants are encouraged to seek legal advice from their own counsel to ensure that organizational documents accurately reflect all applicable requirements.

FORM 2 – STAFFING PROFILE (REQUIRED)

Report personnel salaries supported by the total budget for the **first budget year** of the proposed project, including those that are part of an indirect cost rate. Include staff for the entire scope of project (i.e., all sites, include volunteer providers). Anticipated staff changes within the proposed project period must be addressed in Item 4 of the *RESOURCES/CAPABILITIES* section of the Program Narrative.

- Salaries in categories representing multiple positions (e.g., LPN, RN) must be averaged. To calculate the average annual salary, sum the salaries within the category and divide that amount by the total number of FTEs.
- Do not report portions of salaries that support activities outside the proposed scope of project.
- Do not include contracted staff on this form.

Note: The amount for total salaries (this figure will auto-calculate in EHB) may not match the amount allocated for the Personnel cost category of the SF-424A due to the inclusion of salaries charged to indirect costs on the Staffing Profile.

FORM 3 – INCOME ANALYSIS (REQUIRED)

Project the program income, by source, for the **first budget year** of the proposed project period by presenting the estimated non-Federal revenues **(all sources of income ASIDE FROM the section 330 grant funds)** for the requested budget. Anticipated changes within the proposed project period must be addressed in the budget justification. Entries that require additional explanation (e.g., projections that include reimbursement for billable events that UDS does not count as visits) must be discussed in the Comments/Explanatory Notes box and, if necessary, detailed in the budget justification.

Note: Do not include funds from pending supplemental grants or unapproved changes in scope (e.g., sites, services).

The two major classifications of revenues are as follows:

- **Program Income (Part 1)** includes fees, premiums, third party reimbursements, and payments generated from the projected delivery of services. Program income is divided into Fee for Service and Capitated Managed Care. **All service-related income must be reported in this section of the form.**
- **Other Income (Part 2)** includes state, local, other Federal grants or contracts (e.g., Ryan White, HUD, Head Start), and local or private support that is not generated from charges for services delivered.

If the categories in the worksheet do not describe all possible categories of Program Income or Other Income (e.g., laboratory, imaging, pharmacy, other professional services), applicants may add lines for additional income sources. Explanations for such additions must be noted in the Comments/Explanatory Notes box.

Note: *Not all visits reported on this form are reported in UDS, and similarly, not all visits reported in UDS are included on this form. This form reports only visits that are billable to first*

or third parties, including individuals who, after the sliding fee discount schedule, may pay little or none of the actual charge. (See Column (a) instructions below for additional details.)

PART 1: PROGRAM INCOME
All service-related income must be reported in this section of the form.

Projected Fee For Service Income
Lines 1a.-1e. and 2a.-2b. (Medicaid and Medicare): Show income from Medicaid and Medicare *regardless of whether there is another intermediary involved*. For example, if the applicant has a Blue Cross fee-for-service managed Medicaid contract, the information would be included on lines 1a.-1e., not on lines 3a.-3d. If CHIP is paid through Medicaid, it must be included in the appropriate category on lines 1a-1e. In addition, if the applicant receives Medicaid reimbursement via a Primary Care Case Management (PCCM) model, this income must be included on line 1e.—Medicaid: Other Fee for Service.

Line 5 (Other Public): Include CHIP **not** paid through Medicaid as well as any other state or local programs that pay for visits (e.g., Title X family planning visits, CDC's Breast and Cervical Cancer Early Detection Program, Title I and II Ryan White visits).

Column (a): Enter the number of billable visits that will be covered by each category and payment source: Medicaid, Medicare, other third-party payors, and uninsured self-pay patients. **Do not calculate visits for laboratory, imaging, pharmacy, or other professional services.**

Column (b): Enter the average charge per visit by payor category. An analysis of charges will generally reveal different average charges (e.g., average Medicare charges may be higher than average Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) charges). If this level of detail is not available, calculate averages on a more general level (i.e., at the payor, service type, or agency level).

Column (c): Enter Gross Charges before any discount or allowance for each payment category calculated as [columns (a)*(b)].

Column (d): Enter the adjustment rate (percentage) to the average charge per visit listed in column (b). In actual operation, adjustments may be taken either before or after the bill is submitted to a first or third party. Adjustments reported here do NOT include adjustments for bad debts which are shown in columns (f) and (g). Adjustments in column (d) include those related to:

1. Projected contractual allowances or discounts to the average charge per visit.
2. Sliding discounts given to self-pay patients (with incomes 0-200% of the FPL).
3. Adjustments to bring the average charge/reimbursement up or down to the:
    a. Negotiated Federally Qualified Health Center (FQHC) reimbursement rate
    b. Established Prospective Payment System reimbursement rate
    c. Cost based reimbursement expected <u>after</u> completion of a cost reimbursement report
4. Any other applicable adjustments. These must be discussed in the

Comments/Explanatory Notes box.
Note: An adjustment rate that has the effect of increasing charges is expressed as a negative.

Column (e): Enter the total Net Charges by payment source calculated as [column (c)*(100 - column (d))]. Net charges are gross charges less adjustments described in column (d).

Column (f): Enter the estimated collection rate by payor category. The collection rate is the amount projected to be collected divided by the net charges. As a rule, collection rates will not exceed 100%, and may be less than 100% due to factors such as bad debts (especially for self pay), billing errors, or denied claims not re-billable to another source. Explain any rate greater than 100% using the Comments/Explanatory Notes box.
Note: Do not show sliding discount percentages here; they are included in column (d). Show the collection rate for actual direct patient billings.

Column (g): Enter Projected Income for each payor category calculated as [columns (e)*(f)].

Column (h): Enter the actual accrued income by payor category for the most recent 12-month period for which data are available (e.g., previous fiscal year, previous audit year) and state the time period in the text box below Line 6. Any significant variance between projected income in column (g) and actual accrued income in column (h) must be explained in Item 3 of the *SUPPORT REQUESTED* section of the Program Narrative. New applicants and current grantees applying to serve a new service area that are not yet operational in the service area should report zero in this column.

Projected Capitated Managed Care Income
This section applies only to capitated programs. Visits provided under a fee-for-service managed care contract are included in the fee-for-service section of this form.

Lines 7a.-7d. (Type of Payor): Group all capitated managed care income types of service by payor on a single line. Thus, capitated Medicaid dental visits and capitated Medicaid medical visits are added together and reported on line 7a.

Number of Member Months (Column a): The number of member months for which payment is received. One person enrolled for one month is one member month; a family of five enrolled for six months is 30 member months. A member month may cover just medical services, or medical and dental, or a unique mix of services. Unusual service mixes that provide for unusually high or low per member per month (PMPM) payments must be described in the Comments/Explanatory Notes box.

Rate per Member Month (Column b): Also referred to as PMPM rate, this is the average payment across all managed care contracts for one member. PMPM rates may be based on multiple age/gender specific rates or on service specific plans, but all these must be averaged together for a "blended rate" for the provider type.

Risk Pool and Other Adjustments (Column c): This is an *estimate* of the *total* amount that will be earned from risk or performance pools, including any payment made by a Health

Maintenance Organization (HMO) to the applicant for effectively and efficiently managing the health care of enrolled members. The estimate is usually for a prior period, but must be accounted for in the period it is received. Describe risk pools and other adjustments in the Comments/Explanatory Notes box. Risk pools may be estimated using the average risk pool receipt PMPM over an appropriate prior period selected by the applicant.

FQHC Cost Settlement and Wrap Adjustments (Column d): This is the *total* amount of payments made to the applicant to cover the difference between the PMPM amount paid for Medicaid or Medicare managed care visits and the applicant's PPS/FQHC rate.

Projected Gross Income (Column e): Calculate this for each line as [columns (a)*(b)] + [columns (c)+(d)] = column (e).

PART 2: OTHER INCOME

This section includes **all non-section 330 income not entered elsewhere** on this form. It includes grants for services, construction, equipment, or other activities that support the project, where the revenue is **not** generated from services provided or visit charges. It also includes income generated from fundraising and contributions.

Line 10: Enter the amount of funds applied from the applicant's retained earnings, reserves, and/or assets needed to achieve a breakeven budget. Please explain the reason for and source of amounts entered on this line in the Comments/Explanatory Notes box.

Note: In-kind donations MUST NOT be included on the Income Analysis form. However, applicants may discuss in-kind contributions in the Program Narrative. Additionally, such donations may be included on the SF-424A (Section A: Budget Summary—Non-Federal Resources under New or Revised Budget).

FORM 4 – COMMUNITY CHARACTERISTICS (REQUIRED)

The Community Characteristics form reports service area and target population data for the entire scope of the project for the most recent period for which data are available. Information provided regarding race and ethnicity will be used only to ensure compliance with statutory and regulatory governing board requirements and will not be used as an awarding factor.

Service area data must be specific to the proposed SAC project and include the total number of persons for each characteristic (percentages will automatically calculate in EHB). If information for the service area is not available, extrapolate data from the U.S. Census Bureau, local planning agencies, health departments, and other local, state, and national data sources. **Estimates are acceptable.**

Target population data is most often a subset of service area data and must include the number of persons for each characteristic the applicant **targets** (percentages will automatically calculate in EHB). ***Patient data should not be used to report target population data since patients are typically a subset of all individuals targeted for service.***

If the target population includes a large number of transient individuals (e.g., the county has a influx of migrant and seasonal farm workers during the summer months) that are not included in the dataset used for service area data (e.g., census data), the applicant should adjust the service area numbers accordingly to ensure that the target population numbers are always less than or equal to the service area numbers.

Note: The total numbers for the first four sections of this form (i.e., Race, Hispanic or Latino Identity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source) **must match**. These total numbers should also be consistent with the service area and target population totals reported on Form 1A. The Special Populations section of Form 4 does not have a row for total numbers; individuals that represent multiple special population categories should be counted in all applicable categories.

Guidelines for Reporting Race

- All individuals must be classified in one of the racial categories, including individuals who also consider themselves Hispanic or Latino. If the data source does not separately classify Hispanic or Latino individuals by race, report them as Unreported/Refused to Report.
- Utilize the following race definitions:
    - Native Hawaiian – Persons having origins in any of the original peoples of Hawaii.
    - Other Pacific Islanders – Persons having origins in any of the original peoples of Guam, Samoa, Palau, Truk, Yap, or other Pacific Islands in Micronesia, Melanesia or Polynesia.
    - Asian – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
    - American Indian/Alaska Native – Persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
    - More Than One Race – Patient who chooses 2 or more races.

Guidelines for Reporting Hispanic or Latino Identity

- If ethnicity is unknown, report individuals as Unreported/Refused to Report.
- Utilize the following ethnicity definition: Hispanic or Latino – Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Note: Applicants compiling data from multiple data sources may find that the total numbers vary across sources. Such applicants should make adjustments as needed to ensure that the total numbers for the first four sections of this form match. Adjustments must be explained in Item 1 of the *NEED* section of the Program Narrative.

FORMS 5A, 5B, AND 5C—GENERAL NOTES

- Current grantees applying to continue serving their current service area: These forms will be pre-populated with no opportunity for modification. The SAC application should reflect only the current scope of project. Changes in services, sites, and other activities/locations require prior approval through a change in scope request submitted in EHB.
  Note: In order for pre-population to occur, a current grantee applying to continue serving its current service area must select **Continuation** for Item 2 and provide the grant number for Item 4 on the SF-424 (submitted in Grants.gov). Failure to apply in this manner will result in delayed EHB application access.
- New applicants and current grantees applying to serve a new service: Complete these forms based only on the scope of project for only the proposed service area.

FORM 5A – SERVICES PROVIDED (REQUIRED) – NEW APPLICANTS AND CURRENT GRANTEES APPLYING TO SERVE A NEW SERVICE AREA ONLY

Identify how the required and optional additional services will be provided. Only one form is required regardless of the number of proposed sites. All referral arrangements/agreements for required services must be formal written arrangements/agreements. Refer to the Scope of Project policy documents available at http://bphc.hrsa.gov/policiesregulations/policies (search for Scope of Project under Sub-topic or Keyword search) for more information on services and modes of service delivery. If the project is funded, only the services included on this form will be considered to be in the approved scope of project regardless of what is described or detailed in other portions of the application.

FORM 5B – SERVICE SITES (REQUIRED) – NEW APPLICANTS AND CURRENT GRANTEES APPLYING TO SERVE A NEW SERVICE AREA ONLY

Provide requested data for each proposed service site. Refer to the Scope of Project policy documents available at http://bphc.hrsa.gov/policiesregulations/policies (search for Scope of Project under Sub-topic or Keyword search) for information on defining sites, including special instructions for recording mobile, intermittent, and other site types. If the project is funded, only the service sites listed on this form will be considered to be in the approved scope of project regardless of what is described or detailed in other portions of the application.

FORM 5C – OTHER ACTIVITIES/LOCATIONS (AS APPLICABLE) – NEW APPLICANTS AND CURRENT GRANTEES APPLYING TO SERVE A NEW SERVICE AREA ONLY

Provide requested data for other activities/locations (e.g., home visits, health fairs). Only activities that (1) do not meet the definition of a service site, (2) are conducted on an irregular timeframe/schedule, and/or (3) offer a limited activity from within the full complement of health center activities should be listed on this form. Refer to the Scope of Project policy documents available at http://bphc.hrsa.gov/policiesregulations/policies (search for Scope of Project under Sub-topic or Keyword search) for information on the types of activities/locations that should be included. If the project is funded, only the other activities/locations listed on this form will be considered to be in the approved scope of project regardless of what is described or detailed on other portions of the application.

FORM 6A – CURRENT BOARD MEMBER CHARACTERISTICS (REQUIRED)

List all current board members and provide the requested details.

- Indian tribes or tribal, Indian, or urban Indian groups are not required to complete this form. When the applicant selects Tribal as the business entity in Form 1A, Form 6A will automatically show as complete. However, such applicants may include information on this form as desired.
- Public centers with co-applicant health center governing boards must list the co-applicant board members.
- Applicants requesting a waiver of the patient majority requirement must list the health center's board members, not the members of any advisory council(s).

FORM 6B – REQUEST FOR WAIVER OF GOVERNANCE REQUIREMENTS (REQUIRED)

Only MHC, HCH and/or PHPC applicants requesting a waiver for the patient majority and/or monthly meetings requirements are required to complete this form.

- An applicant that currently receives or is applying to receive CHC funding is not eligible for a waiver. Form 6B will automatically show as complete and it will not permit you to enter any information on this form.
- Indian tribes or tribal, Indian, or urban Indian groups are not required to complete this form. Form 6B will not permit you to enter information on this form.

Current grantees with an existing governance waiver must reapply for approval. See Item 4 of the *GOVERNANCE* section of the Program Narrative for details on the type of information to include in the strategies section.

FORM 8 – HEALTH CENTER AGREEMENTS (REQUIRED)

Complete Part I, indicating whether current or proposed agreements constitute a substantial portion of the proposed scope of project. If **Yes**, indicate the number of each type in the appropriate field. If **No**, skip to the Governance Checklist in Part II.

Complete the Governance Checklist. If the response to any of the Governance Checklist items is **No**, the response to the question regarding agreements/arrangements affecting the governing board's composition, authorities, functions, or responsibilities must be **Yes**, and the number of such agreements/arrangements must be indicated. Additionally, **No** responses for the Governance Checklist must be explained in Item 2 of the *RESOURCES/CAPABILITIES* section of the Program Narrative.

Part III should be completed only by applicants that responded **Yes** to Part I.1 or Part II.2. In Part III, use the Organization Agreement Details section to provide the contact information for each organization (up to 10) with which an agreement/arrangement either (1) constitutes a substantial portion of the proposed scope of project (as described in Part I) or (2) impacts the governing board's composition, authorities, functions, or responsibilities (as described in Part II). **Upload each agreement/arrangement** (up to 5 for each organization) in full. Agreements/arrangements that exceed these limits should be included in Attachment 14 or 15.

Note: Items attached to Form 8 wil**l not** count against the page limit. Items included in Attachment 14 or 15 **will** count against the page limit.

FORM 9 – NEED FOR ASSISTANCE WORKSHEET (REQUIRED)

Present data related to the needs in the **target population** within the proposed service area. Data presented must be based on the target population for the entire proposed SAC project. For data collection resources specific to this form, review the Data Resources guide available at http://www.hrsa.gov/grants/apply/assistance/SAC/sacdataguidepdf.pdf.

General Guidelines for Completing the NFA Worksheet

- Responses cannot be expressed as ranges (e.g., 31-35).
- Responses must be expressed in the same format/unit of analysis identified in each barrier or health indicator (e.g., a mortality ratio cannot be used to provide a response to age-adjusted death rate).

Table 7: Need for Assistance Data Format Examples

Format/Unit of Analysis	Example
Percent	25% (25 percent of target population is uninsured)
Prevalence (expressed as percent or rate)	8.5% (8.5 percent of population has asthma) **or** 85 per 1,000 (85 asthma cases per 1,000 population)
Proportion	0.25 (25 out of 100 people, or 25% of all persons, are obese)
Rate	50 per 100,000 (50 hospital admissions for hypertension per 100,000 population)
Ratio	3000:1 (3000 people per every 1 primary care physician)

Guidelines for Describing the Target Population

- Applicants requesting **ONLY** CHC funding to serve the medically underserved population of a service area must provide responses that reflect the health care needs of the entire target population. When the service area is a sub-county area (a group of census tracts or zip codes), but data for a particular barrier or health indicator are not available at the sub-county level, applicants may use an extrapolation technique to appropriately modify the available data to reflect the target population.
- Applicants requesting MHC, HCH, and/or PHPC funding to serve **ONLY a homeless population, a migrant and seasonal farm workers population, and/or residents of public housing** may use an extrapolation technique to modify available data to reflect the specific targeted special population(s) within the proposed service area.
- Applicants requesting CHC **and** MHC, HCH, and/or PHPC funding must present responses that reflect the total target population. In calculating responses, applicants may use extrapolation techniques to appropriately modify available data to reflect the targeted special population(s), then combine this with data about the general target population within the service area.

Guidelines for Selecting and Presenting Data

- All data must be from a reliable and independent source, such as a state or local government agency, professional body, foundation, or other well-known organization using recognized, scientifically accepted data collection and analysis methods.
- Applicants must provide the following information for all data:
    1. Year(s) in which data were collected

2. Data source (e.g., census)
3. Target population for data

- Applicants should use the optional Methodology Utilized/Data Source Description/Other field to provide additional information about the data (e.g., description of extrapolation techniques utilized to acquire the data, comparison state and/or national data).

SECTION 1: CORE BARRIERS

A response is required for **three of the four** core barriers listed:

- Ratio of Population to One FTE Primary Care Physician
- Percent of Population at or Below 200 Percent of Poverty
- Percent of Population Uninsured
- Distance (miles) OR Travel Time (minutes) to Nearest Primary Care Provider Accepting New Medicaid and/or Uninsured Patients (e.g., private practitioner, health center)

SECTION 2: CORE HEALTH INDICATORS

A response is required for **one indicator within each of the six** core health indicator categories: Diabetes, Cardiovascular Disease, Cancer, Prenatal and Perinatal Health, Child Health, and Behavioral and Oral Health. If an applicant believes that none of the specified indicators within a category (see table below) represent the applicant's target population, the applicant may propose an Other indicator for that category. In such a case, the applicant must specify the indicator's definition, data source, and rationale for using the alternative indicator.

Table 8: Core Health Indicators

CORE HEALTH INDICATOR CATEGORIES	Format/Unit of Analysis
1. Diabetes	
1(a) Diabetes Short-Term Complication Hospital Admission Rate	Number per 100,000
1(b) Diabetes Long-Term Complication Hospital Admission Rate	Number per 100,000
1(c) Uncontrolled Diabetes Hospital Admission Rate	Number per 100,000
1(d) Rate of Lower-Extremity Amputation Among Patients with Diabetes	Number per 100,000
1(e) Age Adjusted Diabetes Prevalence	Percent
1(f) Adult Obesity Prevalence	Percent
1(g) Diabetes Mortality Rate[10]	Number per 100,000
1(h) Other	Provided by Applicant
2. Cardiovascular Disease	
2(a) Hypertension Hospital Admission Rate	Number per 100,000
2(b) Congestive Heart Failure Hospital Admission Rate	Number per 100,000
2(c) Angina without Procedure Hospital Admission Rate	Number per 100,000
2(d) Mortality from Diseases of the Heart[11]	Number per 100,000
2(e) Proportion of Adults Reporting Diagnosis of High Blood Pressure	Percent
2(f) Other	Provided by Applicant
3. Cancer	
3(a) Cancer Screening – Percent of Women 18 and Older with No Pap Test in Past 3 Years	Percent
3(b) Cancer Screening – Percent of Women 40 and Older with No Mammogram in Past 3 Years	Percent

[10] Number of deaths per 100,000 reported as due to diabetes as the underlying cause or as one of multiple causes of death (ICD-9 Code 250).

[11] Total number of deaths per 100,000 reported as due to heart disease (includes ICD-9 Codes I00-I09, I11, I13, and I20-I51).

CORE HEALTH INDICATOR CATEGORIES	Format/Unit of Analysis
3(c) Cancer Screening – Percent of Adult 50 and Older with No Fecal Occult Blood Test in Past 2 Years	Percent
3(d) Other	Provided by Applicant
4. Prenatal and Perinatal Health	
4(a) Low Birth Weight Rate (5 year average)	Percent
4(b) Infant Mortality Rate (5 year average)	Number per 1000 births
4(c) Births to Teenage Mothers (ages 15-19; percent of all births)	Percent
4(d) Late Entry into Prenatal Care (entry after first trimester; percent of all births)	Percent
4(e) Cigarette Use During Pregnancy (percent of all pregnancies)	Percent
4(f) Other	Provided by Applicant
5. Child Health	
5(a) Pediatric Asthma Hospital Admission Rate	Number per 100,000
5(b) Percent of Children Tested for Elevated Blood Lead Levels by 36 Months of Age	Percent
5(c) Percent of Children Not Receiving Recommended Immunizations: 4-3-1-3-3[12]	Percent
5(d) Other	Provided by Applicant
6. Behavioral and Oral Health	
6(a) Depression Prevalence	Percent
6(b) Suicide Rate	Number per 100,000
6(c) Youth Suicide Attempts Requiring Medical Attention	Percent
6(d) Percent of Adults with Mental Disorders Not Receiving Treatment	Percent
6(e) Any Illicit Drug Use in the Past Month (percent of all adults)	Percent
6(f) Heavy Alcohol Use (percent among population 12 and over)	Percent
6(g) Homeless with Severe Mental Illness (percent of all homeless)	Percent
6(h) Oral Health (percent without dental visit in last year)	Percent
6(i) Other	Provided by Applicant

SECTION 3: OTHER HEALTH INDICATORS

A response is required for **two of the twelve** other health indicators listed below. Alternatively, an applicant can propose Other indicators by specifying the indicator's definition, data source, and rationale for using the alternative indicator.

Table 9: Other Health Indicators

OTHER HEALTH INDICATORS	Format/Unit of Analysis
(a) Age-Adjusted Death Rate	Number per 100,000
(b) HIV Infection Prevalence	Percent
(c) Percent Elderly (65 and older)	Percent
(d) Adult Asthma Hospital Admission Rate	Number per 100,000
(e) Chronic Obstructive Pulmonary Disease Hospital Admission Rate	Number per 100,000
(f) Bacterial Pneumonia Hospital Admission Rate	Number per 100,000
(g) Three Year Average Pneumonia Death Rate[13]	Number per 100,000
(h) Adult Current Asthma Prevalence	Percent
(i) Adult Ever Told Had Asthma (percent of all adults)	Percent
(j) Unintentional Injury Deaths	Number per 100,000
(k) Percent of Population Linguistically Isolated (percent of people 5 years and over who speak a language other than English at home)	Percent

[12] 4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B

[13] Includes ICD-9 Codes 480-486

OTHER HEALTH INDICATORS	Format/Unit of Analysis
(l) Waiting Time for Public Housing Where Public Housing Exists	Months
(m) Other	Provided by Applicant
(n) Other	Provided by Applicant

FORM 10 – ANNUAL EMERGENCY PREPAREDNESS REPORT (REQUIRED)

Select the appropriate responses regarding emergency preparedness. Explain negative responses in Item 12 of the *RESOURCES/CAPABILITIES* section of the Program Narrative. This form will be used to assess the status of emergency preparedness planning and progress towards developing and implementing an emergency management plan.

FORM 12 – ORGANIZATION CONTACTS (REQUIRED)

Provide the requested contact information. For the Contact Person field, provide an individual who can represent the organization in communication regarding the SAC application.

Appendix B: Program Specific Information Instructions

CLINICAL AND FINANCIAL PERFORMANCE MEASURES

The Clinical and Financial Performance Measures set the clinical and financial goals for the project period. The goals must be responsive to identified community health and organizational needs and correspond to key service delivery activities and organizational capacity discussed in the Program Narrative. The Clinical and Financial Performance Measures goals must be inclusive of all sites and services within scope. Further detail on the Clinical and Financial Performance Measures can be found at http://www.hrsa.gov/grants/apply/assistance/sac and http://www.hrsa.gov/data-statistics/health-center-data/reporting (refer to the UDS Reporting Manual for specific measurement details such as exclusionary criteria).

Important Details about the Performance Measures Forms

- Applicants ***must include*** one **behavioral health** (e.g., mental health/substance abuse screening, treatment, or referral) and one **oral health** (e.g., screenings and exams, referrals, dental caries) Clinical Performance Measure of their choice. Current grantees applying to serve their current service area should report on their previously developed, pre-populated behavioral and oral health performance measures as long as such measures remain relevant to the project.

- Applicants applying for funds to target special populations (i.e., migrant and seasonal farm workers, people experiencing homelessness, and/or residents of public housing), ***must include*** additional performance measures that address the health care needs of these populations. In providing additional performance measures specific to a special population, applicants must reference the target group in the performance measure. For example, if an applicant seeks funds to serve migrant and seasonal farm workers, then the applicant must propose to measure *"the percentage of migrant and seasonal farm workers who…"* ***rather than*** simply *"the percentage of patients who…"*

- Applicants that have identified unique issues (e.g., populations, age groups, health issues, risk management efforts) in the ***NEED*** section of the Program Narrative are encouraged to include additional related performance measures.

- All performance measure must include a numerator and denominator that can be tracked over time.

New 2012 UDS Performance Measures

For the 2012 UDS Report (to be submitted in early 2013), grantees will be required to report on new Clinical Performance Measures. In preparing the SAC application, applicants are encouraged (but not required) to include the new Clinical Performance Measures listed below to establish baseline data. Applicants who select "Not Applicable" for these measures should note that if they receive SAC funding, they will be required to report on these measures in the 2012 UDS Report. More information on the new Clinical Performance Measures is available at http://www.hrsa.gov/data-statistics/health-center-data/reporting.

Coronary Artery Disease (CAD): Lipid Therapy: Percentage of patients age 18 years and older with a diagnosis of CAD prescribed a lipid lowering therapy (based on current ACC/AHA guidelines) during the measurement year

Numerator Description: Number of patients age 18 years and older with a diagnosis of CAD prescribed a lipid lowering therapy (based on current ACC/AHA guidelines) during the measurement year, among those patients included in the denominator

Denominator Description: Number of patients age 18 years and older as of December 31 of the measurement year with a diagnosis of CAD who have been seen in the clinic at least once during the measurement year

Ischemic Vascular Disease (IVD): Aspirin Therapy: Percentage of patients age 18 years and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA), or who had a diagnosis of Ischemic Vascular Disease (IVD), and who had documentation of use of aspirin or another antithrombotic during the measurement year

Numerator Description: Number of patients age 18 years and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA), or who had a diagnosis of Ischemic Vascular Disease (IVD), and who had documentation of use of aspirin or another antithrombotic during the measurement year, among those patients included in the denominator

Denominator Description: Number of patients age 18 years and older as of December 31 of the measurement year who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA), or who had a diagnosis of Ischemic Vascular Disease (IVD), who have been seen in the clinic at least once during the measurement year

Colorectal Cancer Screening: Percentage of patients age 50 to 75 years who had appropriate screening for colorectal cancer (includes colonoscopy ≤ 10 years, flexible sigmoidoscopy ≤ 5 years, or annual fecal occult blood test)

Numerator Description: Number of patients age 50 to 75 years who had appropriate screening for colorectal cancer (includes colonoscopy ≤ 10 years, flexible sigmoidoscopy ≤ 5 years, or annual fecal occult blood test), among those patients included in the denominator

Denominator Description: Number of patients age 50 to 75 years as of December 31 of the measurement year, who have been seen in the clinic at least once during the measurement year

Special Instructions for Existing Performance Measures

Report the **Diabetes Clinical Performance Measure** as follows:

- Report adult patients with HbA1c levels ≤ 9 percent in the Baseline Data (numerator and denominator subfields) and Projected Data fields.
- If desired, report the additional measurement thresholds (i.e., < 7 percent, < 8 percent, > 9 percent) in the Comments field.

The **Child Health Performance Measure** includes the following: 4 DTP/DTaP, 3 IPV, 1 MMR, 2 Hib, 3 HepB, 1VZV (Varicella), 4 Pneumococcal conjugate, 2 HepA, 2 or 3 RV, and 2 influenza vaccines.
Note: While 2 Hib shots are required, HRSA recommends that 3 Hib shots be given per the CDC recommendation.

Overview of the Performance Measures Form Fields
In Table 11, YES in the **Is this Field Pre-Populated?** column notes an item that is pre-populated for current grantees applying to continue serving their current service area. A single asterisk (*) in this column denotes a field pre-populated from the latest SAC/NAP/BPR submission. A double asterisk (**) denotes a field pre-populated from the 2011 UDS submission.

Table 10: Overview of Measures Form Fields

Field Name	Is this Field Pre-Populated?	Can I Edit this Field?	Notes
Focus Area	YES	NO	This field contains the content area description for each required performance measure. Applicants may specify additional focus areas for Oral Health and Behavioral Health measures and when adding a non-required Other performance measure.
Performance Measure	YES	NO	This field defines each measure and is editable for Oral Health, Behavioral Health, and Other performance measures. Applicants are required to provide a justification for each edit in the Comments field.
Performance Measure Applicability	YES	YES	The new Clinical Performance Measures (Coronary Artery Disease: Lipid Therapy, Ischemic Vascular Disease: Aspirin Therapy, and Colorectal Cancer Screening) may be marked *Not Applicable* for the 2013 SAC only. If marked *Not Applicable*, a justification must be provided in the Comments field and all other fields must be left blank. If data are available, applicants are encouraged to mark these measures *Applicable* and report available baseline data. Prenatal Health and Perinatal Health Clinical Performance Measures can be marked *Not Applicable* by applicants who do not provide or pay for such services (those who have selected **only** the third column on Form 5A for these services). Such designation requires justification in the Comments field regarding referral and tracking practices. Audit-related Financial Performance Measures (Change in Net Assets to Expense Ratio, Working Capital to Monthly Expense Ratio, and Long Term Debt to Equity Ratio) may be marked *Not Applicable* **ONLY** by tribal and public center applicants. As desired, these applicants may choose to include substitute measures.

Field Name	Is this Field Pre-Populated?	Can I Edit this Field?	Notes
Target Goal Description	YES*	YES	This field provides a description of the target goal. Edits must be justified in the Comments field.
Numerator Description	YES*	NO	In the case of the Clinical Performance Measures, the numerator is the number of patients that meet the criteria identified by the measure (e.g., patients in a specified age range that received a specified service). In the Financial Performance Measures, the numerator field must be specific to the organizational measure. This field can be edited for only Oral Health, Behavioral Health, and Other performance measures. All edits require justification in the Comments field.
Denominator Description	YES*	NO	In the case of the Clinical Performance Measures, the denominator is all patients to whom the measure applies (e.g., patients in a specified age range, regardless of whether they received a specified service). In the Financial Performance Measures, the denominator field must be specific to the organizational measure. This field can be edited for only Oral Health, Behavioral Health, and Other performance measures. All edits require justification in the Comments field.
Baseline Data Baseline Year Measure Type Numerator Denominator	 YES** YES* YES** YES**	 NO NO NO NO	This field contains subfields that provide information regarding the initial threshold used to measure progress over the course of the project period. The Baseline Year subfield identifies the initial data reference point. The Measure Type subfield provides the unit of measure (e.g., percentage, ratio). The Numerator and Denominator subfields specify patient or organizational characteristics (see rows above). **Current grantees applying to continue serving their current service area will not be able to edit this data for the required measures.** If such applicants would like to report more current baseline data, this information should be included in the Comments field.
Projected Data	NO	YES	This field provides the goal for the end of the project period (2 years for new applicants and 5 years for current grantees). **Current grantees applying to continue serving their current service area should ensure that this goal is a 5-year projection from the 2011 UDS baseline data.**
Data Source and Methodology	YES*	YES	This field provides information about the data sources used to develop the performance measures. Applicants are required to identify data sources and discuss the methodology used to collect and analyze data (e.g.,

Field Name	Is this Field Pre-Populated?	Can I Edit this Field?	Notes
			electronic health records (EHR), disease registries). Data must be valid, reliable, and derived from established management information systems. For Clinical Performance Measures, applicants must select the data source—EHR, Chart Audit, or Other (please specify)—before describing the methodology. For Financial Performance Measures, note if data are based on the most recent audit.
Key Factors and Major Planned Actions Key Factor Type Key Factor Description Major Planned Action Description	 NO NO NO	 YES YES YES	The Key Factor Type subfield requires applicants to select Contributing and/or Restricting factor categories. Applicants must specify at least one key factor of each type. The Key Factor Description subfield provides a description of the factors predicted to contribute to and/or restrict progress toward stated goals. The Major Planned Action Description subfield provides a description of the major actions planned for addressing key factors. Applicants must use this subfield to provide detailed major action steps and strategies for achieving each performance measure. This field has a 1,000-character limit.
Comments	NO	YES	This open text field, limited to 1,000 characters, enables applicants to provide additional information. Current grantees applying to continue serving their current service area **MUST** use this field to provide information regarding the past year's progress. Additionally, justifications required from changes made to other form fields must be included here. Information exceeding the character limit should be placed in the ***EVALUATIVE MEASURES*** section of the Program Narrative.

Other Performance Measures

In addition to the required Clinical and Financial Performance Measures, applicants may identify other measures relevant to their health center and/or target population. Each additional measure must be defined by a numerator and denominator, and progress must be tracked over time. If a Health Center Program grantee applying to continue serving its current service area no longer tracks a self-defined Other measure, the grantee must note this by marking the measure *Not Applicable* and including a justification in the Comments field as to why reporting is no longer possible and/or relevant.

Resources for the Development of Performance Measures

Current grantees are encouraged to use their UDS Health Center Trend Report and/or Summary Report available in EHB when considering how improvements to past performance can be achieved. Instructions for accessing these reports can be found at

http://bphc.hrsa.gov/healthcenterdatastatistics/reporting under the **UDS Website and Reports** heading. Applicants may also find it useful to do the following:

- Note all that the UDS clinical performance measures are aligned with the meaningful use measures specified at http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp.
- Examine the performance measures of other health centers that serve similar target populations.
- Consider state and national performance UDS benchmarks and comparison reports (available http://www.hrsa.gov/data-statistics/health-center-data/reporting).
- Use the Healthy People 2020 goals as a guide when developing their organization's performance measures. Healthy People 2020 objectives are at http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf. Six of these objectives can be compared directly to UDS clinical performance measures (high blood pressure under control, diabetes HbA1c readings less than or equal to nine, low and very low birth weight infants, access to prenatal care in the first trimester, tobacco use assessment, and tobacco cessation counseling). A table outlining the Healthy People 2020 objectives related to these performance measures can be found at http://www.hrsa.gov/grants/apply/assistance/sac.

SAMPLE CLINICAL PERFORMANCE MEASURE

OMB No.: 0915-0285. Expiration Date 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration SAMPLE CLINICAL PERFORMANCE MEASURE	FOR HRSA USE ONLY	
	Grantee Name	Application Tracking Number
	XYZ Health Center	00000
	Project Period Date	11/01/2012 - 10/31/2017

Focus Area: Diabetes

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent

Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By the end of the Project Period, increase the % of adult patients with type 1 or 2 diabetes whose most recent hemoglobin A1c (HbA1c) is ≤ 9% (under control) from 55% up to 65%.		
Numerator Description	Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c level during the measurement year is ≤ 9%, among those patients included in the denominator.		
Denominator Description	Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes, who have been seen in the clinic at least twice during the reporting year and do not meet any of the exclusion criteria.		
Baseline Data	**Baseline Year:** 2011 **Measure Type:** Percentage **Numerator:** 2200 **Denominator:** 4000	Projected Data (by End of Project Period)	65%
Data Source & Methodology	**Data Source:** [x] EHR [_] Chart Audit [_] Other (specify below) Audit of all applicable patient records utilizing EHR system installed in 2008. (Data from 2011 UDS report – data run occurred 1/10/2012)		
Key Factor and Major Planned Action #1	**Key Factor Type:** [x] Contributing [_] Restricting [_] Not Applicable **Key Factor Description:** XYZ offers a variety of pharmaceutical assistance programs, including the provision of free, discounted, or generic medications as well as medications through its 340B Federal Drug Pricing arrangement. At least 70% of diabetic patients are on 3 to 8 medications because of co-morbidity complications that occur. **Major Planned Action Description:** Increase education and outreach efforts to diabetic patients on the importance of daily testing and the availability of free/discounted glucometers and test strips available through XYZ.		

Key Factor and Major Planned Action #2	**Key Factor Type:** [x] Contributing [_] Restricting [_] Not Applicable **Key Factor Description:** XYZ has an agency-wide, multidisciplinary team that includes physicians, nurses, medical assistants, a quality management coordinator and a data specialist. The team works with each site to analyze and improve the internal processes to achieve effective diabetes care delivery. **Major Planned Action Description:** At each site, XYZ will identify a physician champion who will be allotted administrative time to work with fellow staff to test and implement changes. The agency-wide and site-specific teams will form a collaborative infrastructure that provides diabetic patients with the necessary tools and support to successfully manage their disease.
Key Factor and Major Planned Action #3	**Key Factor Type:** [_] Contributing [x] Restricting [_] Not Applicable **Key Factor Description:** Time management becomes problematic when XYZ staff juggles regular work with Diabetes Collaborative tasks. The agency-wide team would like to meet more frequently, but providers are pressed for administrative time given their full clinical schedules. Any type of backlog or deficiency adds system stress to a provider or staff member's work schedule that negatively affects patient care management. **Major Planned Action Description:** Hire an additional clinical staff person to provide additional "non-clinical" review time for the agency-wide team members.
Comments	

SAMPLE FINANCIAL PERFORMANCE MEASURE

OMB No.: 0915-0285. Expiration Date 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES **Health Resources and Services Administration** **SAMPLE FINANCIAL PERFORMANCE MEASURE**	**FOR HRSA USE ONLY**	
	Grantee Name	Application Tracking Number
	XYZ	00000
	Project Period Date	11/01/2012 - 10/31/2017

Focus Area: Costs			
Performance Measure: Medical Cost per Medical Visit			
Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By the end of the Project Period, maintain rate of increase not exceeding 5% per year, such that medical cost per medical visit is less than or equal to $164.83 (current cost is $123.00).		
Numerator Description	Total accrued medical staff and medical other cost after allocation of overhead (excludes lab and x-ray costs).		
Denominator Description	Non-nursing medical visits (excludes nursing (RN) and psychiatrist visits).		
Baseline Data	**Baseline Year:** 2011 **Measure Type:** Ratio **Numerator:** 492000 **Denominator:** 4000	Projected Data (by End of Project Period)	164.83
Data Source & Methodology	Data from 2011 UDS report – data based on 2010 audit		
Key Factor and Major Planned Action #1	**Key Factor Type:** [x] Contributing [_] Restricting [_] Not Applicable **Key Factor Description:** Recent addition of nurse practitioner providers increased to XYZ visits. **Major Planned Action Description:** Continue assessing current patient/provider mix to best utilize resources.		
Key Factor and Major Planned Action #2	**Key Factor Type:** [_] Contributing [X] Restricting [_] Not Applicable **Key Factor Description:** Recently lost our pediatrician to a local competitor, therefore child visits are down. **Major Planned Action Description:** We are beginning efforts to recruit a NHSC loan repayor to address the shortage.		
Key Factor and Major Planned Action #3	**Key Factor Type:** [_] Contributing [_] Restricting [_] Not Applicable **Key Factor Description:** **Major Planned Action Description:**		
Comments			

Appendix C: Budget Presentation Instructions

Applicants must note that in the formulation of their budget presentation, per section 330(e)(5)(A) of the PHS Act (42 U.S.C. 254b), the amount of grant 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. As stated in section 330 of the PHS Act, the Federal cost principles apply only to Federal grant funds.

STANDARD FORM 424A

Complete Sections A, B, D, E, and F (if F is applicable) of the SF-424A: Budget Information – Non-Construction Programs. The budget must be entered separately for each type of Health Center Program (CHC, MHC, HCH, and/or PHPC). The budget must clearly indicate the cost for each program and should be prepared for a **12-month period based on the project period start date.** The budget must be based on the projected level of support for the service area. Current grantees applying to continue serving their current service area should reference Item 13 (Recommended Future Support) or Item 19 (Future Recommended Funding) on the most recent Notice of Award for the appropriate funding amount. This amount will match the amount listed on the Service Area Announcement Table (available at http://www.hrsa.gov/grants/apply/assistance/sac) to be referenced by other applicants. Budget amounts must be rounded to the nearest whole dollar.

Use the following guidelines to complete the SF-424A. In addition, please review the sample SF-424A located in this appendix.

SECTION A – BUDGET SUMMARY

Under New or Revised Budget, provide the proposed budget for the first 12-month budget period broken down by each section 330 program for which funding is requested (CHC, MHC, HCH, and/or PHPC). The Federal amount refers to only the Federal section 330 grant funding requested, not all Federal grant funding that an applicant receives. Provide non-Federal Resources by funding source. Program Income must be consistent with the Total Program Income presented in Form 3: Income Analysis. If the applicant is a state agency, state funding should be included in the applicant field.

NOTE: Do not enter any amount under Estimated Unobligated Funds.

SECTION B – BUDGET CATEGORIES

Present a summary of all budget calculations for the first 12-month budget period. Each line represents a distinct object class category that must be addressed in the budget justification.

SECTION D – FORECASTED CASH NEEDS
Enter the amount of cash needed by quarter during the first year for both the Federal request and all other sources. This field is optional.

SECTION E – BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR THE BALANCE OF THE PROJECT
Use the columns titled (b) First, (c) Second, (d) Third, and (e) Fourth to present the Federal section 330 funding requested for Year 2 (new applicants) or Years 2, 3, 4, and 5 (current grantees) for each section 330 program for which funding is requested. **The requested amount for each future year of the project period must not exceed the requested level of funding for the first year.**

SECTION F – OTHER BUDGET INFORMATION (IF APPLICABLE)
Direct Charges: Explain amounts for individual direct object class categories that may appear to be out of the ordinary.
Indirect Charges: Enter the type of indirect rate (provisional, predetermined, final, or fixed) that will be in effect during the project period, the estimated amount of the base to which the rate is applied, and the total indirect expense.
Remarks: Provide other explanations as necessary.

BUDGET JUSTIFICATION

A detailed budget justification in line-item format must be provided for **each requested 12-month period** of Federal funding. Current grantees 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.**

If there are budget items for which costs are shared with other programs (e.g., other HRSA programs), the basis for the allocation of costs between the programs must be explained. Attach the budget justification in the Budget Narrative Attachment Form section in EHB. The budget justification must be concise and should not be used to expand the Program Narrative.

The budget justification must detail the costs of each line item within each object class category from the SF 424A. 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). Refer to the HHS Grants Policy Statement available at http://www.hrsa.gov/grants for information on allowable costs.

Please be aware that Excel or other spreadsheet documents with multiple pages (sheets) may not print out in their entirety.

Include the following in the budget justification:

Personnel Costs: Personnel costs must be explained by listing the exact amount requested each year. Reference Form 2: Staffing Profile as justification for dollar figures, noting that

the total dollar figures will not match if any salaries are charged as indirect costs. ***Reminder:*** Award funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II or $179,700. An individual's base salary, per se, is **not** constrained by the legislative provision (see Section IV.2.iii). The rate limitation simply limits the amount that may be awarded and charged to HRSA grant. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Table 11: Budget Justification Sample for Salary Adjustment

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	$179,700*	$89,850
R. Doe	Nurse Practitioner	100	$ 75,950	$75,950
D. Jones	Data/AP Specialist	25	$ 33,000	$ 8,250

*Actual annual salary = $350,000

Fringe Benefits: List the components of the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). Fringe benefits must be directly proportional to the portion of personnel costs allocated for the project.

Travel: List travel costs categorized by local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel, and staff members/patients/board members completing the travel must be outlined. The budget must also reflect travel expenses associated with participating in proposed meetings, trainings, or workshops.

Equipment: Identify the cost per item and justify the need for each piece of equipment to carry out the proposed project. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture that meet the definition of equipment (a unit cost of $5,000 or more and a useful life of one or more years).

Supplies: List the items necessary for implementing the proposed project, separating items into three categories: office supplies (e.g., paper, pencils), medical supplies (e.g., syringes, blood tubes, gloves), and educational supplies (e.g., brochures, videos).

Contractual: Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. List both patient care (e.g., laboratory) and non-patient care (e.g., janitorial) contracts. Each applicant is responsible for ensuring that its organization/institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost (e.g., audit, legal counsel). In some cases, rent, utilities, organizational membership fees, and insurance fall under this category if they are not included in an approved indirect cost rate. This category can also include the cost of access accommodations, including sign language interpreters, plain language materials, health-

related print materials in alternate formats (e.g., Braille, large print), and cultural/linguistic competence modifications (e.g., use of cultural brokers, translation, or interpretation services at meetings, clinical visits, and conferences).

Indirect Charges: Costs incurred for common or joint objectives that cannot be readily identified but are necessary to organizational operation (e.g., facility operation and maintenance, depreciation, administrative salaries). If an organization does not have an indirect cost rate, the applicant may wish to obtain one through the HHS Division of Cost Allocation (DCA). Visit http://rates.psc.gov to learn more about rate agreements, including the process for applying for them.

If an organization does not have a Federally Negotiated Indirect Costs (IDC) Rate Agreement, all costs will be considered direct costs until a rate agreement is negotiated with a Federal cognizant agency and provided to HRSA as part of the budget request. If the application is funded, HRSA will reallocate any amount identified under the Indirect Charges cost category to the Other cost category. If the grantee can provide an approved IDC Rate Agreement within 90 days of award, the funds can be moved back to the Indirect Charges cost category. **Organizations with previously negotiated Federal indirect cost rates must provide the current Federal indirect cost rate agreement in Attachment 14 or 15 Other Relevant Documents.**

SAMPLE SF-424A FOR SERVICE AREA COMPETITION (First Page Only)

BUDGET INFORMATION – Non-Construction Programs

SECTION A – BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Fed Domestic Assist No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. **Community Health Centers- 330(e)**	93.224			$2,758,334	$7,599,486	$10,357,820
2. **Migrant Health Centers - 330(g)**	93.224			$1,253,113	$3,452,704	$4,705,817
3.						
4.						
5. TOTALS				$4,011,447	$11,052,190	$15,063,637

SECTION B - BUDGET CATEGORIES

6. Object Class Category	Grant Program Function or Activity					Total (5)
	(1) **Community**	(2) **Migrant**				
a. Personnel	$6,464,540	$2,937,060				$9,401,600
b. Fringe Benefits	$1,488,424	$676,241				$2,164,665
c. Travel	$92,276	$41,924				$134,200
d. Equipment	$464,513	$211,044				$675,557
e. Supplies	$323,172	$146,828				$470,000
f. Contractual	$647,169	$294,031				$941,200
g. Construction	$0	$0				$0
h. Other	$877,663	$398,752				$1,276,415
i. Total Direct Charges (sum of 6a-6h)	$10,357,757	$4,705,880				$15,063,637
j. Indirect Charges	$0	$0				$0
k. TOTALS (sum of 6i and 6j)	$10,357,757	$4,705,880				$15,063,637
7. Program Income	$7,251,113	$3,294,427				$10,545,540

Standard Form 424A (7-97)
Prescribed by OMB Circular A-102